

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ATLANTA HISTORICAL SOCIETY, INC.			<b>D</b> Employer identification number 58-0566162
	Doing Business As			<b>E</b> Telephone number (404) 814-4020
	Number and street (or P.O. box if mail is not delivered to street address) 130 WEST PACES FERRY ROAD		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30305			<b>G</b> Gross receipts \$ 25,816,788.
<b>F</b> Name and address of principal officer: F. SHEFFIELD HALE 130 WEST PACES FERRY ROAD ATLANTA, GA 30305			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ WWW.ATLANTAHISTORYCENTER.COM				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1927	<b>M</b> State of legal domicile: GA

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY PURPOSE IS TO COLLECT, PRESERVE, AND DISSEMINATE INFORMATION ABOUT ATLANTA, GEORGIA AND ITS ENVIRONS IN ORDER TO CONNECT PEOPLE, HISTORY, AND CULTURE.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	26.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	26.
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	163.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	230.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,271,902.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-39,961.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,641,328.	16,572,477.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,099,685.	1,190,644.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,363,020.	5,657,910.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,179,797.	1,652,463.
		13,283,830.	25,073,494.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,140,059.	4,219,124.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	94,849.	51,582.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 485,010.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,619,304.	5,807,068.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,854,212.	10,077,774.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,429,618.	14,995,720.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	101,475,957.	122,550,472.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	6,941,555.	6,340,398.
	94,534,402.	116,210,074.	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARC AZAR	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00746804
	Firm's name ▶ SMITH & HOWARD, P.C.		Firm's EIN ▶ 58-1250486	
	Firm's address ▶ 271 17TH STREET, SUITE 1600 ATLANTA, GA 30363		Phone no. 404-874-6244	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: 900099) (Expenses \$ 5,802,105. including grants of \$ ) (Revenue \$ 2,797,505. )

ATTACHMENT 2

4b (Code: 900099) (Expenses \$ 1,013,277. including grants of \$ ) (Revenue \$ 141,152. )

THROUGHOUT THE YEAR, WE BRING HISTORY TO LIFE ACROSS BOTH CAMPUSES - ATLANTA HISTORY CENTER AND MARGARET MITCHELL HOUSE - THROUGH A VARIETY OF EXHIBITIONS; MEET THE PAST MUSEUM THEATRE PROGRAMMING; ONGOING AUTHOR PROGRAMMING AND LECTURE SERIES; TODDLER PROGRAMS; HOMESCHOOL DAYS; SUMMER CAMPS; GENEALOGY AND RESEARCH WORKSHOPS; MONTHLY FAMILY FESTIVALS, INCLUDING SHEEP TO SHAWL, FALL FOLKLIFE FESTIVAL, AND CANDLELIGHT NIGHTS; AND AWARD-WINNING SCHOOL TOURS THAT HAVE SERVED MORE THAN 55,000 SCHOOL CHILDREN ANNUALLY.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,815,382.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	X	
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
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? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>		X
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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (26), 1b (26), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JEFF RUTLEDGE 130 WEST PACES FERRY ROAD ATLANTA, GA 30305 404-814-4000

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

Check if Schedule O contains a response or note to any line in this Part VII.  X

**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, and 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN M. ALLAN TRUSTEE	1.00	X					0	0	0	
(2) TOM ASHER TRUSTEE	1.00	X					0	0	0	
(3) CHARLES H. BATTLE JR. TRUSTEE	1.00	X					0	0	0	
(4) GREG BRONSTEIN TRUSTEE	1.00	X					0	0	0	
(5) JAMES EDWARD CUSHMAN, JR. TRUSTEE	1.00	X					0	0	0	
(6) BARBARELLA DIAZ TRUSTEE	1.00	X					0	0	0	
(7) BEVERLY M. DUBOSE III TRUSTEE	1.00	X					0	0	0	
(8) MICHAEL FLOCK TRUSTEE	1.00	X					0	0	0	
(9) THOMAS S. FRICKE TRUSTEE	1.00	X					0	0	0	
(10) SAMUEL G. FRIEDMAN TRUSTEE	1.00	X					0	0	0	
(11) SHELLEY GIBERSON TRUSTEE	1.00	X					0	0	0	
(12) MARY KATHERINE GREENE TRUSTEE	1.00	X					0	0	0	
(13) JAMES HANNAN TRUSTEE	1.00	X					0	0	0	
(14) M. MAXINE HICKS TRUSTEE	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JOCELYN JANINE HUNTER TRUSTEE	1.00	X					0	0	0	
( 16) JAMIE MACLEAN TRUSTEE	1.00	X					0	0	0	
( 17) JACK S. MARKWALTER TRUSTEE	1.00	X					0	0	0	
( 18) LAURA MILES TRUSTEE	1.00	X					0	0	0	
( 19) SHIRLEY MITCHELL TRUSTEE	1.00	X					0	0	0	
( 20) PETER CORBIN MOISTER TRUSTEE	1.00	X					0	0	0	
( 21) JOHN MONTAG TRUSTEE	1.00	X					0	0	0	
( 22) PHILIP F. MOONEY TRUSTEE	1.00	X					0	0	0	
( 23) RICHARD BRAND MORGAN TRUSTEE	1.00	X					0	0	0	
( 24) REINALDO PASCUAL TRUSTEE	1.00	X					0	0	0	
( 25) WILLIAM B. PEARD TRUSTEE	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							456,191.	0	37,685.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							456,191.	0	37,685.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 8**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) JENNY PRUITT TRUSTEE	1.00	X						0	0	0
( 27 ) MICHAEL ROGERS TRUSTEE	1.00	X						0	0	0
( 28 ) CHRIS SCHOEN TRUSTEE	1.00	X						0	0	0
( 29 ) WILLIAM B. SHEARER, JR. TRUSTEE	1.00	X						0	0	0
( 30 ) JOHN P. SPALDING TRUSTEE	1.00	X						0	0	0
( 31 ) CHRISTOPHER WOMACK TRUSTEE	1.00	X						0	0	0
( 32 ) MICHAEL A. WOOCHEER TRUSTEE	1.00	X						0	0	0
( 33 ) FRANK HALE CEO/PRESIDENT	40.00			X				265,407.	0	20,666.
( 34 ) MICHAEL ROSE EXECUTIVE VP	40.00			X				103,288.	0	8,553.
( 35 ) JEFF RUTLEDGE VP - FINANCE	40.00			X				87,496.	0	8,466.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	327,648.				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	613,995.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	64,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	15,566,834.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		5,458.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			16,572,477.			
	<b>Program Service Revenue</b>	<b>Business Code</b>					
<b>2a</b> <u>ADMISSIONS</u>			900099	1,028,268.	1,028,268.		
<b>b</b> <u>FEEES FOR SEMINARS</u>			900099	162,376.	162,376.		
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .				1,190,644.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). <u>ATTACHMENT 4</u> . . . . .			1,367,452.			1,367,452.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0			
	<b>5</b> Royalties . . . . .			1,324.			1,324.
		(i) Real	(ii) Personal				
	<b>6a</b> Gross rents . . . . .	1,084,143.	30,445.				
	<b>b</b> Less: rental expenses . . . . .	110,527.					
	<b>c</b> Rental income or (loss) . . . . .	973,616.	30,445.				
	<b>d</b> Net rental income or (loss) . . . . .			1,004,061.		876,971.	127,090.
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	3,490,458.	800,000.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .	3,490,458.	800,000.				
	<b>d</b> Net gain or (loss) . . . . .			4,290,458.			4,290,458.
	<b>8a</b> Gross income from fundraising events (not including \$ <u>613,995.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	<u>ATCH 5</u>	120,514.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		236,589.			
<b>c</b> Net income or (loss) from fundraising events . . . . .		<u>ATCH 6</u>		-116,075.		-116,075.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .				0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		1,025,947.				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	<u>ATCH 7</u>	396,178.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				629,769.	394,931.	234,838.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> <u>MANAGEMENT FEES</u>			541610	133,384.	133,384.		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				133,384.			
<b>12 Total revenue.</b> See instructions . . . . .				25,073,494.	1,324,028.	1,271,902.	5,905,087.

**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).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 . . . . .	480,290.	114,141.	366,149.	
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 . . . . .	3,113,316.	1,909,426.	904,783.	299,107.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	42,666.		42,666.	
9 Other employee benefits . . . . .	332,424.	193,447.	108,605.	30,372.
10 Payroll taxes . . . . .	250,428.	141,675.	87,741.	21,012.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	30,994.	26,855.	4,139.	
c Accounting . . . . .	57,000.		57,000.	
d Lobbying . . . . .	25,000.		25,000.	
e Professional fundraising services. See Part IV, line 17 . . . . .	51,582.			51,582.
f Investment management fees . . . . .	246,819.		246,819.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	362,199.	254,501.	107,698.	
12 Advertising and promotion . . . . .	169,384.	54,764.	114,620.	
13 Office expenses . . . . .	762,039.	467,630.	252,206.	42,203.
14 Information technology . . . . .	344,166.	118,398.	212,025.	13,743.
15 Royalties . . . . .	347.	1,365.	-1,018.	
16 Occupancy . . . . .	2,004,836.	1,868,968.	135,868.	
17 Travel . . . . .	28,926.	22,814.	6,071.	41.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	32,118.	20,554.	11,266.	298.
20 Interest . . . . .	88,960.	88,960.		
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	1,089,624.	1,089,624.		
23 Insurance . . . . .	137,467.	119,398.	18,069.	
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.)				
a EXHIBITIONS AND COLLECTIONS -----	241,723.	241,723.		
b PRINTING -----	111,019.	59,427.	44,457.	7,135.
c POSTAGE -----	43,199.	8,549.	16,892.	17,758.
d SUBSCRIPTIONS AND DUES -----	31,248.	13,163.	16,326.	1,759.
e All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	10,077,774.	6,815,382.	2,777,382.	485,010.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0	<b>1</b>	1,036,106.
	<b>2</b> Savings and temporary cash investments	3,599,137.	<b>2</b>	9,571,669.
	<b>3</b> Pledges and grants receivable, net	1,784,172.	<b>3</b>	6,481,086.
	<b>4</b> Accounts receivable, net	100,062.	<b>4</b>	70,970.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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 II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	159,012.	<b>8</b>	170,651.
	<b>9</b> Prepaid expenses and deferred charges	563,688.	<b>9</b>	461,440.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 51,040,589.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 24,965,570.	25,647,456.	<b>10c</b> 26,075,019.
	<b>11</b> Investments - publicly traded securities	<b>ATCH 8</b>	54,888,628.	<b>11</b> 62,115,393.
	<b>12</b> Investments - other securities. See Part IV, line 11		7,459,830.	<b>12</b> 8,660,719.
	<b>13</b> Investments - program-related. See Part IV, line 11		0	<b>13</b> 0
	<b>14</b> Intangible assets		0	<b>14</b> 0
	<b>15</b> Other assets. See Part IV, line 11		7,273,972.	<b>15</b> 7,907,419.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		101,475,957.	<b>16</b> 122,550,472.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	271,694.	<b>17</b>	496,599.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	622,894.	<b>19</b>	617,791.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	5,682,874.	<b>23</b>	5,042,823.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	364,093.	<b>25</b>	183,185.
	<b>26 Total liabilities.</b> Add lines 17 through 25	6,941,555.	<b>26</b>	6,340,398.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	62,971,302.	<b>27</b>	69,197,214.
	<b>28</b> Temporarily restricted net assets	14,140,090.	<b>28</b>	28,956,404.
	<b>29</b> Permanently restricted net assets	17,423,010.	<b>29</b>	18,056,456.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	94,534,402.	<b>33</b>	116,210,074.
	<b>34</b> Total liabilities and net assets/fund balances	101,475,957.	<b>34</b>	122,550,472.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	25,073,494.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,077,774.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	14,995,720.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	94,534,402.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,548,779.
<b>6</b>	Donated services and use of facilities	<b>6</b>	33,350.
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	97,823.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	116,210,074.

**Part XII 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 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 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  Both consolidated and separate 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 basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2013**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization: ATLANTA HISTORICAL SOCIETY, INC.  
Employer identification number: 58-0566162

**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.)

- 1  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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % 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 33 1/3 % 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. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II 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.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (74.81%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (61.07%); 16a 33 1/3% support test - 2013 (checked); 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►



**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
OTHER INCOME	21,392.					21,392.
TOTALS	<u>21,392.</u>					<u>21,392.</u>

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," to 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.
- Section 527 organizations: Complete Part I-A only.

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>ATLANTA HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>58-0566162</b>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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 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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities and their amounts.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, and No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question and Amount. Rows include questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

PART II-B, LINE 1F

ATLANTA HISTORY CENTER ENGAGED WITH LOBBYIST TO ASSIST WITH THE PASSAGE OF GEORGIA SENATE BILL 240 OF THE 2014 LEGISLATIVE SESSION. THIS SPECIAL LEGISLATION ALLOWS US TO BUILD AND OPERATE A FULLY-FUNCTIONING 19TH CENTURY WHISKEY STILL ON OUR 1860S FARM SITE. IT IS OUR PLAN TO USE THIS STILL TO DEMONSTRATE HOW CORN AND OTHER AGRICULTURAL PRODUCTS WERE DISTILLED INTO WHISKEY BY 19TH CENTURY FARMERS. HISTORICALLY, WHISKEY WAS USED FOR A WIDE VARIETY OF PURPOSES- MEDICINAL AND OTHERWISE- AND STILLS ONCE FORMED AN INTEGRAL PART OF RURAL LIFE ACROSS THE AMERICAN SOUTH.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 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" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 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)?, 9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a 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., 1b 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) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 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: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

JSA 3E1268 2.000

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance . . . . .	<b>1c</b>
d Additions during the year . . . . .	<b>1d</b>
e Distributions during the year . . . . .	<b>1e</b>
f Ending balance . . . . .	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	63,313,423.	58,176,386.	63,099,878.	54,720,406.	50,029,243.
b Contributions . . . . .	1,180,479.	41,280.	481,481.	224,266.	439,315.
c Net investment earnings, gains, and losses . . . . .	10,456,685.	7,982,582.	-1,777,925.	11,570,475.	7,403,351.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	2,459,689.	2,656,571.	3,408,644.	3,137,950.	2,888,785.
f Administrative expenses . . . . .	246,819.	230,254.	218,404.	277,319.	262,718.
g End of year balance . . . . .	72,244,079.	63,313,423.	58,176,386.	63,099,878.	54,720,406.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 68.9270 %
  - b Permanent endowment ▶ 14.0483 %
  - c Temporarily restricted endowment ▶ 17.0247 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		3,630,564.		3,630,564.
b Buildings . . . . .		34,427,120.	15,147,218.	19,279,902.
c Leasehold improvements . . . . .		2,128,437.	812,317.	1,316,120.
d Equipment . . . . .		1,608,246.	1,608,246.	
e Other . . . . .		9,246,225.	7,397,792.	1,848,433.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				26,075,019.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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 . . . . .		
(2) Closely-held equity interests . . . . .	8,660,719.	ATTACHMENT 1
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	8,660,719.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) THORNTON TRUST	5,240,065.
(2) SCHUTZE TRUST	2,449,354.
(3) AIKEN TRUST	218,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	7,907,419.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP	183,185.
(3) BANK OVERDRAFT	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	183,185.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	32,458,872.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 6,548,779.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 93,305.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 743,294.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	7,385,378.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	25,073,494.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	25,073,494.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	10,783,200.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 59,955.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 743,294.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	803,249.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	9,979,951.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 97,823.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	97,823.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	10,077,774.

**Part XIII Supplemental Information.**

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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART III, LINE 1A

THE ORGANIZATION'S HISTORICAL BUILDINGS AND COLLECTIONS ARE ESSENTIAL IN ENABLING THE ORGANIZATION TO FULFILL ITS MISSION AND PURPOSE. THE ORGANIZATION'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL, RESEARCH AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, RESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE REGULARLY PERFORMED.

THE ORGANIZATION CARRIES ITS HISTORICAL BUILDINGS AND COLLECTIONS AT NO VALUE. THE COST OF PURCHASED HISTORICAL BUILDINGS OR COLLECTIONS IS REPORTED AS AN EXPENSE. CONTRIBUTED HISTORICAL BUILDINGS OR COLLECTIONS ARE NOT VALUED. DURING 2014 AND 2013, APPROXIMATELY \$39,000 AND \$26,000 WAS CHARGED TO ORGANIZATION, ARCHIVAL, MUSEUM, AND HORTICULTURAL COLLECTIONS FOR THE PURCHASE OF HISTORICAL COLLECTIONS, RESPECTIVELY.

BETTERMENTS AND IMPROVEMENTS TO HISTORICAL BUILDINGS ARE CAPITALIZED AND CARRIED AT COST. EXCEPT FOR BETTERMENTS AND IMPROVEMENTS TO HISTORICAL BUILDINGS, EXPENDITURES FOR RESTORATION, STABILIZATION AND RECONSTRUCTION ARE CHARGED TO EXPENSE WHEN INCURRED.

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART III, LINE 4

THE ORGANIZATION'S PRIMARY PURPOSE IS TO COLLECT, PRESERVE, AND DISSEMINATE INFORMATION ABOUT ATLANTA, GEORGIA AND ITS ENVIRONS IN ORDER TO CONNECT PEOPLE, HISTORY, AND CULTURE. THE ATLANTA HISTORICAL SOCIETY THROUGH ITS COLLECTIONS, FACILITIES, PROGRAMS, EXHIBITIONS, AND PUBLICATIONS PRESERVES AND INTERPRETS HISTORICAL SUBJECTS PERTAINING TO ATLANTA AND ITS ENVIRONS AND OF INTEREST TO ATLANTA'S DIVERSE AUDIENCES.

FORM 990, SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS OF THE ATLANTA HISTORICAL SOCIETY ARE USED TO SUPPORT THE ANNUAL EXPENSE INCURRED TO ACHIEVE THE ORGANIZATION'S MISSION AND VISION AND TO FUND THE EXPENSES AND ACTIVITIES AS PROSCRIBED BY THE DONOR DESIGNATED RESTRICTIONS.

FORM 990, SCHEDULE D, PART XI, LINE 2D

110,527 RENTAL EXPENSES

236,589 FUNDRAISING EXPENSES

396,178 COST OF GOODS SOLD

-----

743,294

=====

**Part XIII Supplemental Information** (continued)

FORM 990, SCHEDULE D, PART XII, LINE 2D

110,527 RENTAL EXPENSES

236,589 FUNDRAISING EXPENSES

396,178 COST OF GOODS SOLD

-----

743,294

=====

FORM 990, SCHEDULE D, PART XII, LINE 4B

\$97,823 GAIN ON INTEREST RATE SWAP

FORM 990, SCHEDULE D, PART X, LINE 2

THE SUBSIDIARY IS TREATED AS A PARTNERSHIP FOR FEDERAL AND STATE INCOME TAX PURPOSES. SINCE THE SOCIETY IS THE SOLE MEMBER OF THE SUBSIDIARY, ALL INCOME, LOSSES AND TAX CREDITS FROM THE SUBSIDIARY'S ACTIVITIES ARE REPORTED ON THE SOCIETY'S INCOME TAX RETURNS.

THE SOCIETY QUALIFIES AS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501 (C)(3). INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN THE OPINION OF MANAGEMENT, THE SOCIETY HAD NO SIGNIFICANT TAXABLE UNRELATED BUSINESS INCOME DURING 2014 OR 2013. ADDITIONALLY, IN THE OPINION OF MANAGEMENT, THE ACTIVITIES OF THE SUBSIDIARY ARE NOT SUBJECT TO UNRELATED BUSINESS TAXABLE INCOME. ACCORDINGLY, NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE YEARS ENDING BEFORE JUNE 30, 2011.

ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
INTERNATIONAL EQUITIES	1,457,603.	FMV
ALTERNATIVE INVESTMENTS	7,203,116.	FMV
TOTALS	<u>8,660,719.</u>	

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

JSA  
3E1274 1.000

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 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. . . . . ▶ -----

3 Enter total number of other organizations or entities. . . . . ▶ -----

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount 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)							



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V** **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting 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).

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

58-0566162

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 COXE CURRY & ASSOCIATES	STRATEGIC GUIDANCE		X		51,582.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....					51,582.	

**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.

GA,

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SWAN HOUSE BALL (event type)	MEMBERS GUILD (event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	674,191.	60,318.		734,509.
	<b>2</b> Less: Contributions . . . . .	568,367.	45,628.		613,995.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	105,824.	14,690.		120,514.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	74,062.	13,901.		87,963.
	<b>8</b> Entertainment . . . . .	33,362.	2,820.		36,182.
	<b>9</b> Other direct expenses . . . . .	102,652.	9,792.		112,444.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				236,589.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-116,075.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FRANK HALE 1 CEO/PRESIDENT	(i)	240,407.	25,000.	0		21,470.	286,877.	
	(ii)	0	0	0				
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**Part III Supplemental Information**

Complete this part to 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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

**Part 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 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .	X	15.	0	N/A
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		170.	5,458.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 2.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, SCHEDULE M, LINE 33

UNDER SFAS 116, THE ORGANIZATION DOES NOT REPORT REVENUES FOR ARTWORK AND  
COLLECTIONS RECEIVED ON ITS FINANCIAL STATEMENTS AS REPORTED ON LINES 22  
AND 25 OF SCHEDULE M.

FORM 990, SCHEDULE M, PART I, COLUMN B

THE ORGANIZATION REPORTED THE NUMBER OF CONTRIBUTIONS RECEIVED.

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
ARCHIVAL RECORDS	X	91.	0	N/A
REFERENCE MATERIALS	X	67.	0	N/A
AUCTION ITEMS	X	12.	5,458.	FMV
TOTALS		<u>170.</u>	<u>5,458.</u>	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

58-0566162

FORM 990, PART VI, LINE 11A

THE ATLANTA HISTORICAL SOCIETY WILL COMPLETE THE PREPARATION OF THE FORM 990. THIS COMPLETED FORM 990 WILL BE PROVIDED TO THE BOARD OF TRUSTEES VIA EMAIL PRIOR TO FILING WITH AMPLE TIME TO ALLOW BOARD FEEDBACK.

FORM 990, PART VI, 12C

THE ATLANTA HISTORICAL SOCIETY REQUIRES ALL TRUSTEES COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR PRIOR TO SEPTEMBER 1ST. THIS QUESTIONNAIRE IS FIRST REQUESTED AT THE LAST BOARD MEETING OF THE FISCAL YEAR WITH TWO SUBSEQUENT FOLLOW UP ELECTRONIC COMMUNICATIONS REQUESTING THE COMPLETED QUESTIONNAIRES. ANY QUESTIONNAIRES THAT INDICATE ANY CONFLICT OF INTEREST OR RELATED PARTY COMMENTS ARE REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 15

THE COMPENSATION COMMITTEE OF THE ATLANTA HISTORICAL SOCIETY BOARD OF TRUSTEES REVIEWS AND APPROVES THE COMPENSATION FOR CEO/PRESIDENT OF THE SOCIETY. THE VP FINANCE AND OUTSIDE HR CONSULTANT PROVIDES A SUMMARY OF COMPENSATION PAID BY COMPARABLE ORGANIZATIONS LOCALLY, REGIONALLY, AND NATIONALLY UTILIZING MOST RECENTLY ACCESSIBLE FORM 990 RECORDS. THE COMPENSATION COMMITTEE SUBMITS ANY COMPENSATION INSTRUCTIONS TO THE SOCIETY'S HUMAN RESOURCES MANAGER FOR PROCESSING AND IMPLEMENTATION. COMPENSATION FOR OTHER OFFICERS, HIGHLY COMPENSATED STAFF, OR OTHER DISQUALIFIED PERSONS UTILIZES COMPENSATION DATA COLLECTED IN A SIMILAR

Name of the organization ATLANTA HISTORICAL SOCIETY, INC.	Employer identification number 58-0566162
--	--

FASHION TO THE CEO/PRESIDENT COMPENSATION SUMMARY AND IS APPROVED BY THE  
CEO/PRESIDENT AND REVIEWED WITH THE COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 19

THE ATLANTA HISTORICAL SOCIETY MAKES ITS FORM 990 AND AUDITED FINANCIAL  
STATEMENTS AVAILABLE ON ITS OWN WEBSITE AT

[HTTP://WWW.ATLANTAHISTORYCENTER.COM/ABOUT-US/HISTORY/GOVERNANCE-FINANCE](http://www.atlantahistorycenter.com/about-us/history/governance-finance)

FORM 990, PART XI, LINE 9

\$97,823 GAIN INTEREST RATE SWAP

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION'S PRIMARY PURPOSE IS TO COLLECT, PRESERVE, AND  
DISSEMINATE INFORMATION ABOUT ATLANTA, GEORGIA, AND ITS ENVIRONS. THE  
MISSION OF THE ORGANIZATION IS TO CONNECT PEOPLE, HISTORY, AND  
CULTURE THROUGH THE COMMITMENT OF BUILDING A STRONGER COMMUNITY  
THROUGH THE PROCESS OF LIFE-LONG CIVIC EDUCATION. EXHIBITIONS AND  
COLLECTIONS; HISTORIC HOUSES AND GARDENS; ARCHIVES AND RESEARCH  
FACILITIES; SCHOOLS AND PUBLIC PROGRAMS ALL ENCOURAGE OUR CONSTIUEENTS  
TO CONSIDER THE PAST IN A DYNAMIC, PARTICIPATORY CONTEXT WHILE  
PROMOTING THE VALUES OF DEMOCRACY AND CIVIC PARTICIPATION.

THE ATLANTA HISTORY CENTER INCLUDES THE ATLANTA HISTORY MUSEUM,  
FEATURING PERMANENT, TEMPORARY AND TRAVELING EXHIBITIONS; THREE  
HISTORIC HOUSES - SWAN HOUSE, SMITH FAMILY FARM, MARGARET MITCHELL  
HOUSE; KENAN RESEARCH CENTER ARCHIVES AND LIBRARY; THE WOOD FAMILY  
CABIN; VETERANS PARK; AND 22 ACRES OF HISTORIC GARDENS. A VARIETY OF

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

HISTORY, EDUCATION, AND LIFE ENRICHMENT PROGRAMS ARE OFFERED THROUGHOUT THE YEAR. ADMISSION AND PROGRAM SERVICE FEES ARE RECEIVED FOR SOME OF THESE ACTIVITIES. AUXILIARY OPERATIONS MAINTAIN BY THE SOCIETY INCLUDE A MUSEUM STORE AND FACILITY RENTALS. ADDITIONAL SOURCES OF REVENUE INCLUDE CONTRIBUTIONS AND GRANTS FROM GOVERNMENTAL AGENCIES AND PRIVATE DONORS AND MEMBERSHIP DUES FROM SOCIETY MEMBERS.

THE SUBSIDIARY OPERATES THE MARGARET MITCHELL HOUSE, A TWO-ACRE CAMPUS LOCATED IN MIDTOWN ATLANTA. LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES, THE MARGARET MITCHELL HOUSE FEATURES THE APARTMENT WHERE MARGARET MITCHELL WROTE HER PULITZER PRIZE-WINNING NOVEL GONE WITH THE WIND, TWO PERMANENT EXHIBITIONS, TEMPORARY AND TRAVELING EXHIBITIONS, A MUSEUM SHOP, AND A VARIETY OF PROGRAMMING THROUGHOUT THE YEAR INCLUDING LECTURES AND SUMMER CAMPS, AND THE FACILITATION OF POETRY OUT LOUD.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE ATLANTA HISTORY CENTER IS A UNIQUE CAMPUS THAT HOUSES THE ATLANTA HISTORY MUSEUM, CENTENNIAL OLYMPIC GAMES MUSEUM, SWAN HOUSE, TULLIE SMITH FARM, SIX HISTORIC GARDENS, AND THE KENAN RESEARCH CENTER. THE ATLANTA HISTORY CENTER ALSO INCLUDES THE MARGARET MITCHELL HOUSE, LOCATED OFF-SITE AT OUR MIDTOWN CAMPUS. THE ATLANTA HISTORY MUSEUM AT THE ATLANTA HISTORY CENTER IS ONE OF

Name of the organization ATLANTA HISTORICAL SOCIETY, INC.	Employer identification number 58-0566162
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ATTACHMENT 2 (CONT'D)

THE LARGEST HISTORY MUSEUMS IN THE NATION, FEATURING AWARD-WINNING SIGNATURE EXHIBITIONS THAT TELL THE STORY OF THE REGION'S PEOPLE, FROM ITS EARLIEST SETTLERS TO THE INTERNATIONAL CITY OF TODAY. THE CENTENNIAL OLYMPIC GAMES MUSEUM AT THE ATLANTA HISTORY CENTER OPENED IN 2006 IN CELEBRATION OF THE TEN YEAR ANNIVERSARY OF THE 1996 CENTENNIAL OLYMPIC GAMES. WITH ITS SPECTACULAR COLLECTION OF MULTIMEDIA PRESENTATIONS, ARTIFACTS, IMAGES, AND INTERACTIVE DISPLAYS, AND A SECOND LEVEL INTERACTIVE SPORTS LAB, THE CENTENNIAL OLYMPIC GAMES MUSEUM HOUSES ONE OF THE MOST SIGNIFICANT EXHIBITIONS ON OLYMPIC SPORT AND HISTORY IN THE UNITED STATES. THE ATLANTA HISTORY CENTER'S PROPERTY FEATURES SIX HISTORIC GARDENS REPRESENTING GEORGIA'S DISTINCTIVE FLORA, BOTH NATIVE AND INTRODUCED. EACH GARDEN TELLS THE STORY OF A PARTICULAR GROUP OF PEOPLE WHO INTERACTED WITH THIS LAND AND ITS PLANTS IN DISTINGUISHABLE WAYS. THE ATLANTA HISTORY CENTER ALSO OPERATES THREE HISTORIC HOUSES, ALL LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES. THE TULLIE SMITH FARM AND THE SWAN HOUSE, BOTH LOCATED AT OUR BUCKHEAD CAMPUS, TAKE VISITORS BACK IN TIME TO EXPLORE THE LIFESTYLES OF ATLANTANS FROM THE 1860S THROUGH THE 1930S. OUR THIRD HISTORIC PROPERTY, THE MARGARET MITCHELL HOUSE, IS LOCATED ON A TWO-ACRE SITE IN THE HEART OF MIDTOWN ATLANTA WITH FOUR PROPERTIES, INCLUDING THE HOUSE AND APARTMENT WHERE MARGARET MITCHELL WROTE HER PULITZER PRIZE-WINNING NOVEL GONE WITH THE WIND; VISITORS CENTER AND EXHIBITION GALLERY; AND, GONE WITH THE WIND MOVIE MUSEUM. FOR HISTORIANS LOOKING TO DO THEIR OWN

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

ATTACHMENT 2 (CONT'D)

RESEARCH, THE KENAN RESEARCH CENTER AT THE ATLANTA HISTORY CENTER IS A FREE PUBLIC RESEARCH CENTER OFFERING A MULTITUDE OF RESOURCES FOR THE STUDY OF ATLANTA AND SOUTHERN REGIONAL HISTORY AND CULTURE, WITH DEDICATED COLLECTIONS ON DECORATIVE ARTS, GENEALOGY, MILITARY HISTORY, AND SOUTHERN GARDENS. COPIES OF HISTORIC PHOTOGRAPHS, PRINTS, MAPS, AND OTHER ARCHIVAL IMAGES CAN BE PURCHASED THROUGH THE KENAN RESEARCH CENTER. THE ATLANTA HISTORY CENTER SERVES 228,000 PEOPLE ANNUALLY.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SODEXO P.O. BOX 536922 ATLANTA, GA 30353-6922	FACILITY MANAGEMENT	1,193,281.
MSTSD, INC. 776 PEACHTREE RD, NW ATLANTA, GA 30309	ARCHITECTS	220,360.
LEAPFROG SERVICES 1190 W. DRUID HILLS DR. ATLANTA, GA 30329	IT MANAGEMENT	184,025.
GEORGIA PUBLIC BROADCASTING 260 14TH ST., NW ATLANTA, GA 30318	PUBLIC TV/RADIO	150,736.
DUKE & ASSOCIATES 597 HARALSON DRIVE, SW LILBURN, GA 30305	DOCUMENTARY PRODUCER	150,000.



Name of the organization ATLANTA HISTORICAL SOCIETY, INC.	Employer identification number 58-0566162
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ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
DIVIDEND INCOME	1,367,452.			1,367,452.
TOTALS	<u>1,367,452.</u>			<u>1,367,452.</u>

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SWAN HOUSE BALL	568,367.
BACK TO THE FARM	45,628.
TOTAL	<u>613,995.</u>

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SWAN HOUSE BALL	105,824.	210,076.	-104,252.
BACK TO THE FARM	14,690.	26,513.	-11,823.
TOTALS	<u>120,514.</u>	<u>236,589.</u>	<u>-116,075.</u>

Name of the organization ATLANTA HISTORICAL SOCIETY, INC.	Employer identification number 58-0566162
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ATTACHMENT 7FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES .....	1,025,947.
INVENTORY AT BEGINNING OF YEAR .....	159,012.
PURCHASES .....	
SALARIES AND WAGES .....	
OTHER COSTS .....	407,817.
SUBTOTAL .....	<u>566,829.</u>
MINUS ENDING INVENTORY .....	170,651.
COST OF GOODS SOLD .....	<u><u>396,178.</u></u>

ATTACHMENT 8FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
COMMON STOCKS	21,923,707.	FMV
FIXED INCOME MUTUAL FUND	11,945,484.	FMV
INTERNATIONAL EQUITIES	17,887,258.	FMV
COMMODITIES	4,409,971.	FMV
MUTUAL FUND	5,948,973.	FMV
TOTALS	<u><u>62,115,393.</u></u>	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: MMH/AHS, LLC, 130 WEST PACES FERRY ROAD, ATLANTA, GA 30305, EIN 58-0566162, MUSEUM, GA, 961,346, 4,585,264, N/A.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) 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
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

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

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