Atlanta Historical Society, Inc.

Public Inspection Copy For the Year Ended June 30, 2019

TAX RETURNS



Certified Public Accountants and Advisers

ATLANTA HISTORICAL SOCIETY, INC. INSTRUCTIONS FOR FILING FORM 990-T 990-T - EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE YEAR ENDED JUNE 30, 2019

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY JULY 15, 2020 WITH:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

NO ESTIMATED TAX PAYMENTS FOR 2019 WILL BE REQUIRED, NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES BECAUSE YOU HAVE NO 2018 TAX LIABILITY.

PUBLIC INSPECTION COPY

ATLANTA HISTORICAL SOCIETY, INC. INSTRUCTIONS FOR FILING FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED JUNE 30, 2019

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

SMITH & HOWARD, P.C. 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH: GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395 ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE JULY 15, 2020. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

PUBLIC INSPECTION COPY

Form 8879-EO

IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

20_19

Employer identification number 58 - 0566162

For calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

ATLANTA HISTORICAL SOCIETY, INC.

Name and title of officer

Department of the Treasury

Internal Revenue Service

F SHEFFIELD HALE, CEO/PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	14911413.
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize SMITH & HOWARD, P.C.	to enter my PIN	1 7 2 1 3 as my signature
ERO firm name	-	Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature	Date	►	07/	15	5/2	202	0				
Part III Certification and Authentication											
ERO's EFIN/PIN. Enter your six-digit electronic filing identification											\neg
number (EFIN) followed by your five-digit self-selected PIN.	6	5 5	79	8	3	8	5	8	1	2	5
Do not enter all zeros											
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electro indicated above. I confirm that I am submitting this return in accordance with the requirement Information for Authorized IRS <i>e-file</i> Providers for Business Returns.											ŧF)
ERO's signature Marc A. Agen Date > 07/15/2020											
ERO Must Retain This Form - See Instruction	ons										
Do Not Submit This Form To the IRS Unless Reques	-	o D	Do Se	D							
For Paperwork Reduction Act Notice, see back of form.						F	orm	88	79-I	EO	(2018

Form	990

Return of Organization Exempt From Income Tax

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

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

20**18** Open to Public

OMB No. 1545-0047

				<i>j</i> 0 <i>v</i> /1011	11990.		Inspec		
AF	or th	e 2018 calendar year, or tax year beginning 07/01, 2018,	and ending				/30, 20 19		
Bc	back if an	C Name of organization		D	Employer id	entifica	ation number		
B Check if application		AILANIA HISIORICAL SOCIETY, INC.	ATLANTA HISTORICAL SOCIETY, INC.						
		e Doing Business As		58-0566162					
	Name	change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephone n	umber			
	Initial	return 130 WEST PACES FERRY ROAD		(•	404) 81	4 - 4	020		
	Termi	City or town, state or province, country, and ZIP or foreign postal code							
	Amen return	ATLANTA, GA 50505		G	Gross receip	ots \$	15,700	5,053.	
	Applic pendir			H(a	 a) Is this a gro subordinates 		n for Yes	X No	
		130 WEST PACES FERRY ROAD, ATLANTA, GA 30305	5	H(b	 Are all subore 		cluded? Yes	No	
I	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527		lf "No," atta	ch a list.	(see instructions)		
J	Websit	e: 🕨 WWW.ATLANTAHISTORYCENTER.COM		H(c	c) Group exem	ption nu	ımber 🕨		
к	Form o	of organization: X Corporation Trust Association Other ►	L Year of fo	rmation:	1926 м	State of	of legal domicile	: GA	
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: $\stackrel{ ext{THE}}{ ext{THE}}$ OR	GANIZATIO	DN'S	PRIMARY	PUE	RPOSE IS	ТО	
e		COLLECT, PRESERVE, AND DISSEMINATE INFORMATION AB							
ano		AND ITS ENVIRONS IN ORDER TO CONNECT PEOPLE, HIST	ORY, AND	CULT	URE.				
Governance	2	Check this box	d of more than	25% of	its net asset	s.			
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)				3		16.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)				4		16.	
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)				5		182.	
ť		Total number of volunteers (estimate if necessary)				6		146.	
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	1,98	7,968	
		Net unrelated business taxable income from Form 990-T, line 34				7b		0	
					rior Year		Current	í ear	
¢,	8	ontributions and grants (Part VIII, line 1h)),290,41	L2.	5,16	2,231	
nue	9	Program service revenue (Part VIII, line 2g)		1	,383,84	10.	1,76	9,350	
Revenue		PUBLIC IN Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5	5,330,18	30.	5,36	6,892	
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2	2,184,60	50.	2,61	2,940	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19	,189,09	92.	. 14,911,41			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		0.		0	
						0.	•		
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,280,269.			5,96	6,279	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.			,		
pe		Total fundraising expenses (Part IX, column (D), line 25) ► 629,847.	–						
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,575,094.			. 8,619,35		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,855,363.			. 14,585,63		
		Revenue less expenses. Subtract line 18 from line 12		6	5,333,72	29.	32	5,775	
ses				eginning	g of Current	Year	End of Ye	ar	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	۲	155	5,698,53	35.	154,33	0,343	
Ass Ba	21	Total liabilities (Part X, line 26)		2	2,314,85	59.	2,59	5,070	
Punet	22	Net assets or fund balances. Subtract line 21 from line 20		153	3,383,67	76.	151,73	5,273	
	rt II	Signature Block							
Une	der per	alties of perjury, I declare that I have examined this return, including accompanying schedul				f my k	nowledge and I	belief, it is	
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer has a	ny know	ledge.				
					07/1	5/20)20		
Sig		Signature of officer			Date				
He	re	F SHEFFIELD HALE CEO/PR	ESIDENT						
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date		Check	if P	TIN		
Paic		MARC A AZAR Marc A. A.	07/15/2	2020	self-employ	_ · ·	P9173934	Э	
	barer	Firm's name SMITH & HOWARD, P.C.			m's EIN 🕨		1250486		
Use	Only	Firm's address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363			one no.		-874-6244	Ł	
May	the IF	RS discuss this return with the preparer shown above? (see instructions)					X Yes	No	
		work Reduction Act Notice, see the separate instructions.						0 (2018)	

ATLANTA HISTORICAL SOCIETY, INC.

For	m 990 (20	18)				Page 2
Pa	art III	Statement of Program Se				T
1	Briefly o	lescribe the organization's m	ins a response or note to any line ission:	in this Part III	<u></u>	X
•		CHMENT 1				
2	Did the	organization undertake any	significant program services dur	ing the year which were	not listed on the	
2						Yes X No
	lf "Yes,"	describe these new services	s on Schedule O.			
3			ucting, or make significant cha			Yes X No
		describe these changes on a	Schedule O.			Yes X No
4	Describ	e the organization's progra	m service accomplishments for			
			01(c)(4) organizations are requir		of grants and al	locations to others,
	the tota	r expenses, and revenue, ir a	ny, for each program service repo	nea.		
4a	(Code:) (Expenses \$	9,687,263. including grants of	\$)(Re	venue \$	348.040
	• -	CHMENT 2		·		<u> </u>
4b			1,506,165. including grants of	\$)(Re	venue \$1	,421,310.)
	<u>ATTA</u>	CHMENT 3				
40	(Code:) (Expenses \$	including grants of	\$)(Re	venue \$)
40	(0000.)(Exponeed ¢		¢)(ito	·ondo	/
4d	-	rogram services (Describe ir	-			
4 -	(Expens) (Revenue \$)	
JSA		ogram service expenses ►	11,193,428.			Form 990 (2018)
8E1	020 1.000 1TY	ROU 9242 7/10/2020	JĔĹĬĊĬŊŚĿĔĊ		Y	(2010)

ATLANTA HISTORICAL SOCIETY, INC.

Part	190 (2018) V Checklist of Required Schedules			Page
			Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		2
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		2
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	5		
°.	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.4		
Ч	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
ס 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		\vdash
••	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
				1

-	90 (2018)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23	X	<u> </u>
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	~ .		
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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>	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	L
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		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? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	• •	Х	
25 -	or IV, and Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
α	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>	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	350		<u> </u>
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	•.		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				·
	Check if Schedule O contains a response or note to any line in this Part V.			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		Form	990	(2018)

BE1030 1.000 1TYROU 9242 7/10/2020 BLIC INSPECTION COPY

Form **990** (2018)

Form 990 (2018)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 182					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х			
b	If "Yes," enter the name of the foreign country: BERMUDA					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization					
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х		
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or					
	gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
	and services provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
	Sponsoring organizations maintaining donor advised funds.	•				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders					
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
120	against amounts due or received from them.)	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
u	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
-	the organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					

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ATLANTA HISTORICAL SOCIETY, INC.

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in							
	Check if Schedule O contains a response or note to any line in this Part VI							
Section A. Governing Body and Management								
		Yes	No					

			103	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16 16 16 16 16 16 16 16			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	10		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
0	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the war by the following:			
•	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<u> </u>
5	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	· · · · · ·
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
		10b		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X X	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a	X	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a	X	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a 12b	x x x x x	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a 12b 12c	x x x	
b 11a b 12a b c 13	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a 12b 12c 13	x x x x x	
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b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a 12a 12b 12c 13 14 15a	x x x x x x x x	
b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a 12b 12c 13 14	x x x x x	
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b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a 12b 12c 13 14 15a 15b	x x x x x x x x x	
b 11a b 12a c 13 14 15 16a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X X	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X X X	

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

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records JEFF RUTLEDGE 130 WEST PACES FERRY ROAD ATLANTA, GA 30305 404-814-4000 20

Page 7

Part VII	ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and dependent Contractors
	neck if Schedule O contains a response or note to any line in this Part VII
Section A.	ficers, 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)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than c		Reportable	Reportable	Estimated
	hours per week (list any					is both or/trust		compensation from	compensation from related	amount of other
	hours for						, T	the	organizations	compensation
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)TOM ASHER	1.00									
TRUSTEE	0.	x						0.	0.	0.
(2)RODNEY BULLARD	1.00									
TRUSTEE	0.	x						0.	0.	0.
(3)BARBARELLA DIAZ	1.00									
TRUSTEE	0.	x						0.	0.	0.
(4)BO DUBOSE	1.00									
TRUSTEE	0.	X						0.	0.	0.
(5)ALLISON DUKES	1.00									
TRUSTEE	0.	x						0.	0.	0.
(6)MARY KATHERINE GREENE	1.00									
TRUSTEE	0.	X						0.	0.	0.
(7)ERNEST GREER	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(8) JOCELYN HUNTER	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(9) ^{ABBY} IRBY	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(10) SARAH KENNEDY	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(11) ^{TRUDY KREMER}	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(12)STUART KRONAUGE	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(13) JAMIE MACLEAN	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(14)JOHN MONTAG	1.00									_
TRUSTEE	0.	Х						0.	0.	0.
										Eorm 990 (2018)

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Form 990 (2018)

ATLANTA HISTORICAL SOCIETY, INC.

Form	990	(2018)
1 01111	000	(2010)

	(A)	(B)			(C)			hest Compensat	(E)	(F)
	(A) Name and title	Average			Posit			Reportable	Reportable	() Estimated
	Name and the	hours per	(do r			nore thar	one	compensation	compensation from	amount of
		week (list any	· ·			son is bo		from	related	other
		hours for	office	r and	a dir	rector/tru	stee)	the	organizations	compensation
		related	lnc or	Ins	ŝ	Ke en e	F	organization	(W-2/1099-MISC)	from the
		organizations	livic dire	tit	Officer	y er	Former	(W-2/1099-MISC)	(,	organization
		below dotted	ual	tion	`	yee	· ¬			and related
		line)	r tru	alt		employee Key employee				organizations
			Individual trustee or director	Institutional trustee						
			u.	ee		employee Key employee				
- 、		1 0 0				Ë	·			
<u>)</u>	LOUISE ALLEN MOORE	1.00								
	TRUSTEE	0.	Х					0.	0.	
5)	ANGIE MOSIER	1.00								
	TRUSTEE	0.	Х					0.	0.	
7)	ALLEN NANCE	1.00								
	TRUSTEE	0.	х					0.	0.	
<u> </u>			Л				_	0.	0.	
2/	HOWARD D. PALEFSKY	1.00						_		
	TRUSTEE	0.	Х					0.	0.	
)	WILLIAM PEARD	1.00								
	TRUSTEE	0.	Х					0.	0.	
))	KATHLEEN ROLLINS	1.00			+					
	TRUSTEE	0.	х					0.	0.	
)	TEYA RYAN	1.00	- 22		+					
·) 										
	TRUSTEE	0.	X					0.	0.	
2)	JOHN SHLESINGER	1.00								
	TRUSTEE	0.	Х					0.	0.	
)	BETINA CHISOLM TERRY	1.00								
	TRUSTEE	0.	Х					0.	0.	
<u> </u>	FRANK HALE	40.00			+	_	-			
					v			100 774		70 07
	PRESIDENT/CEO	0.			Х		_	428,774.	0.	79,06
`	GUY CARRIERE	40.00								
)								200,075.		
)	C00	0.			Х				0.	26,95
	CO0	0.			X		>	0.	0.	26,95
b	COO Sub-total			•••	x	•••	 			
b S c T	COO Sub-total Fotal from continuation sheets to Part VII, S	ection A			x			0. 1,296,044.	0.	195,57
b s c T d T	COO Sub-total Fotal from continuation sheets to Part VII, S Fotal (add lines 1b and 1c)	ection A		liste	•••	ove) w		0. 1,296,044. 1,296,044.	0. 0. 0.	195,57
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b \$ c 1 d 1 r f	COO Sub-total Fotal from continuation sheets to Part VII, Sector (add lines 1b and 1c) Fotal (add lines 1b and 1c) Fotal number of individuals (including but not reportable compensation from the organization Did the organization list any former office Employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sector of the sec	ection A limited to th n ► er, directo ule J for suc sum of rep	r, or <i>ch ind</i>	tru <i>lividu</i>	d ab	, key pensati	emp on a	0. 1,296,044. 1,296,044. eceived more than ployee, or highest	0. 0. 0. \$100,000 of t compensated sation from the	195,57 195,57 Yes
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b : c 1 d 1 r r f f c i	COO Sub-total Fotal from continuation sheets to Part VII, Second (add lines 1b and 1c) Fotal (add lines 1b and 1c) Fotal number of individuals (including but not reportable compensation from the organization Did the organization list any former office Employee on line 1a? If "Yes," complete Schede For any individual listed on line 1a, is the second anization and related organizations greated Did any person listed on line 1a receive or	ection A limited to the er, directo ule J for succ sum of rep eater than accrue con	r, or ch ind portab \$15	tru <i>lividu</i> le c 50,00	d ab stee <i>ial</i> omp 00?	e, key pensati <i>If "Y</i> i rom ar	emp on a s," y un	0. 1,296,044. 1,296,044. eceived more than ployee, or highest nd other compens <i>complete Schedu</i> related organizatio	0. 0. 0. \$100,000 of t compensated sation from the <i>le J for such</i> on or individual	195,57 195,57 Yes 3 4 X
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b \$ c 1 d 1 r r f f ect	COO Sub-total Fotal from continuation sheets to Part VII, Sub- Fotal (add lines 1b and 1c) Fotal number of individuals (including but not reportable compensation from the organization Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the se organization and related organizations grean individual Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Yet</i> tion B. Independent Contractors Complete this table for your five highest complete compensation from the organization. Report of year. (A) Name and business add	ection A limited to the er, directo <i>ule J for suc</i> sum of rep eater than accrue cor es, " complete pensated in ompensatio	r, or ch ind oortab \$15 mpen te Sch	tru <i>lividu</i> le c 0,00 satio	d ab stee <i>al</i> omp 00? <i>le J</i>	e, key bensati <i>If "Y</i> for suc	emp on a es," y un <u>h per</u> ors f	0. 1,296,044. 1,296,044. eceived more than ployee, or highest and other compension complete Schedu related organization son that received more ending with or with	0. 0. 0. \$100,000 of t compensated sation from the <i>le J for such</i> on or individual e than \$100,000 c nin the organizatio	195,57 195,57 Yes 3 4 X 5 of n's tax (C)
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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 \blacktriangleright 5 JSA 8E1055 1.000 1TYROU 9242 7/10/2020UBLIC AMSPECTION COPY

	Section A. Officers, Directors, Tru	istees, ne	y ⊨m	ipio	yee	es, a	and F	ligi	ilest compensat	eu Linpioyees	(continue	eu)	
	(A) Name and title		box, office	not ch unles er and	s per I a di	ition more rson irect	e than o is both or/trust emplo	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	m ar com ;) fr	(F) stimated nount o other pensati rom the anizatio	of tion
		organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(₩-2/1099-1013C)		an	d relate anizatio	d
6) MICHAE	EL ROSE MISSION OFFICER	40.00			x				130,819.	(9,6	6.6
7) JEFFRE	Y RUTLEDGE JANCE & INFORMATION TECHN	40.00			X				112,107.			24,7	
8) CHERYI		40.00					x		114,083.			2,0	
9) JOHN N		40.00					x		105,421.	(18,4	
	RY HARDWICK RKETING & COMMUNICATION	40.00 0.					x		102,801.	C)	9,3	
1) CALINI VP OF	DA LEE HISTORICAL INTERPRETATIO	40.00	-				x		101,964.	C).	25,3	3 (
								•					
c Total fro	m continuation sheets to Part VII, S d lines 1b and 1c)	ection A											
	nber of individuals (including but not e compensation from the organization		hose ا ع	listeo 3	d ab	ove	e) who	o re	eceived more than	\$100,000 of	·		
	organization list any former office on line 1a? <i>If</i> "Yes," complete Sched										3	Yes	
organizat	individual listed on line 1a, is the ion and related organizations gro /	eater than	\$15	60,00	00?	lf	"Yes	s," (complete Schedu	sation from the <i>le J for such</i>	4	X	
5 Did any	person listed on line 1a receive or es rendered to the organization? <i>If "</i> Y	accrue co	mpen	satio	on f	rom	n any	uni	related organization		5		
	dependent Contractors								bet received mer	the sec # 400,000	. (
Section B. Ir 1 Complete	e this table for your five highest com ation from the organization. Report o												

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 ► JSA 8E1055 1.000

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Pa	rt VII							
		Check if Schedule O cc	ontains a respor	ise or note to an	y line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b d f g h	Federated campaigns Membership dues Fundraising events	1b 1c 1d 1d itions) 1e grants, 1 above 1f in lines 1a-1f: \$	398,770. 996,062. 78,500. 3,688,899. 111,368.	5,162,231.			
Program Service Revenue	2a b c d e	ADMISSIONS FEES FOR SEMINARS		Business Code 900099 900099	1,489,964. 279,386.	1,489,964. 279,386.		
Prog	f g 3	All other program service rev Total. Add lines 2a-2f Investment income (inc			1,769,350.			
	4 5 6a b	and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds . ►	1,878,117. 0. 8,420.			1,878,117.
	c d 7a b	Rental income or (loss) . Net rental income or (loss) . Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	1,265,906. (i) Securities 3,488,534.	(ii) Other	1,265,906.		987,691.	278,215.
Other Revenue		Gain or (loss)	aising 996,062. line 1c).	241. ▶ 193,275. 342,768.	3,488,775.			3,488,775.
õ	c	Less: direct expenses Net income or (loss) from fu Gross income from gaming See Part IV, line 19	ndraising events activities.	▶	-149,493.			-149,493.
	b c 10a	Less: direct expenses Net income or (loss) from g Gross sales of inventor returns and allowances	aming activities . ory, less		0.			
	b c	Less: cost of goods sold Net income or (loss) from sa	b les of inventory	412,701.	1,297,951.		1,000,277.	297,674.
	11a b c d	Miscellaneous Revenu MANAGEMENT FEES All other revenue		Business Code 541610	190,156.	190,156.		
	е 12	Total. Add lines 11a-11d . Total revenue. See instruction			190,156. 14,911,413.	1,959,506.	1,987,968.	5,801,708.

JSA

Form **990** (2018)

Section 501(c)(3) and 501(c)(4) organizations mu				
Check if Schedule O contains a res				<u></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0			
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	987,524.	411,659.	388,725.	187,140
trustees, and key employees	507,524.	·····	500,725.	107,140
6 Compensation not included above, to disqualified				
persons (as defined under section $4958(f)(1)$) and	0.			
persons described in section 4958(c)(3)(B)7 Other salaries and wages	4,228,579.	3,067,310.	886,139.	275,130
	1/220/07/21	0,00,,010		270720
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,347.	24,263.	5,068.	1,010
	370,140.	259,400.	72,196.	38,544
9 Other employee benefits	349,689.	234,948.	83,683.	31,058
1 Fees for services (non-employees):		-		
a Management	0.			
b Legal	18,283.		18,283.	
c Accounting	98,200.		98,200.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	429,955.		429,955.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	224 841	202,861.	31,980.	
Advertising and promotion	198,376.	116,683.	81,693.	
3 Office expenses	1,069,284.	744,352.	297,387.	27,54
4 Information technology	480,030.	319,850.	107,552.	52,628
5 Royalties	0.			
6 Occupancy	2,546,231.	2,503,384.	31,739.	11,108
7 Travel	22,257.	21,309.	948.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	70,410.	62,284.	7,693.	433
0 Interest	4,242.	4,242.		
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	2,559,053.	2,458,098.	100,955.	
3 Insurance	145,512.	122,939.	22,573.	
4 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	565,801.	564,897.		904
bPRINTING	103,845.	45,752.	57,807.	28
cPOSTAGE	33,990.	6,687.	24,960.	2,34
dSUBSCRIPTIONS AND DUES	29,165.	12,626.	14,827.	1,71:
e All other expenses	9,884.	9,884.		C00 045
25 Total functional expenses. Add lines 1 through 24e	14,585,638.	11,193,428.	2,762,363.	629,847
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

0.

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if

. . . .

fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

ATLANTA HISTORICAL SOCIETY, INC.

990 (2				
v				Page 1 1
t X	Balance Sheet			37
	Check if Schedule O contains a response or note to any line in this P			
		(A) Beginning of year		(B) End of year
				2,741,567.
1	Cash - non-interest-bearing			3,800,326
2	Savings and temporary cash investments		_	3,734,427
3	Pledges and grants receivable, net		-	110,309
		141,391.	4	110,309
		0	_	0
6	Complete Part II of Schedule L	0.	5	0
U	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	0	•	0
				0
				207,008
			-	478,851
		555,025.	9	170,051
	Less: accumulated depreciation 10b 32,683,210	53,110,960	100	56,620,158
11	Investments - publicly traded securities ATCH 5			60,921,341
12	Investments - other securities See Part IV line 11			12,203,372
		0.		C
		13,248,407.		13,512,984
				154,330,343
		867,047.	17	1,458,977
		0.	18	0
		990,129.		1,136,093
		0.		C
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	C
	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.	22	C
	Secured mortgages and notes payable to unrelated third parties	457,683.	23	C
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	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		25	0
		2,314,859.	26	2,595,070
		76 867 160	27	99,070,847
				26,438,782
20	Permanently restricted net assets		_	26,225,644
		20,011,051.	29	20,225,011
	complete lines 30 through 34.			
			30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Detained cornings and sum of accumulated income or other funds		32	
32	Retained earnings, endowment, accumulated income, or other lunds			
	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	153,383,676.	33	151,735,273
	7 8 9 0 1 2 3 4 5 6 7 8 9 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(3)(b), nersons described in section 4958(c)(3)(b), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Investments - other securities. See Part IV, line 11 3 Investments - other securities. See Part IV, line 11 3 Investments - other securities. See Part IV, line 11 4 Intangible assets. 5 Other assets. See Part IV, line 11 4 Intagible assets. 5 Other assets. See Part IV, line 11 4 Intangible assets. 5 <td< td=""><td>(A) Beginning of year 1 Cash - non-interest-bearing</td><td>1 Cash - non-interest-bearing 3, 003, 726. 1 2 Savings and temporary cash investments 5, 687, 480. 2 3 Pledges and grants receivable, net 5, 336, 410. 3 4 Accounts receivable, net 141, 391. 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)/3(B), and contributing employees and sponsoring organizations of section 501(28) voluntary employees beneficiary organizations of section 500. 0. 6 7 Notes and loans receivable, net 10 32, 683, 210. 5, 3,110,960. 0. 9 Prepaid expenses and deferred charges 503,110,960. 10 11,853,063. 12 11 Investments - publicly traded securities ATCH 5 62,460,723. 11 12 Investments - program-related. See Part IV, line 11 11,853,063. 12</td></td<>	(A) Beginning of year 1 Cash - non-interest-bearing	1 Cash - non-interest-bearing 3, 003, 726. 1 2 Savings and temporary cash investments 5, 687, 480. 2 3 Pledges and grants receivable, net 5, 336, 410. 3 4 Accounts receivable, net 141, 391. 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)/3(B), and contributing employees and sponsoring organizations of section 501(28) voluntary employees beneficiary organizations of section 500. 0. 6 7 Notes and loans receivable, net 10 32, 683, 210. 5, 3,110,960. 0. 9 Prepaid expenses and deferred charges 503,110,960. 10 11,853,063. 12 11 Investments - publicly traded securities ATCH 5 62,460,723. 11 12 Investments - program-related. See Part IV, line 11 11,853,063. 12

Form 990 (2018)

ATLANTA	HISTORICAL	SOCIETY,	INC.
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Form 99	90 (2018)				Paę	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.					Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1			11,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	-		85,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		3	25,7	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	53,3	83,6	76.
5	Net unrealized gains (losses) on investments	5	-	-1,9	78,2	49.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			10,0	000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-5,9	29.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	15	51,7	35,2	73.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor		[
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
<u>م</u>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	aht			
U	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule Q.	shhiaili				
20	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
Sa		roim	111	3a		Х
F	the Single Audit Act and OMB Circular A-133?		the	Ju		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	0	uie	3b		
	required addit of addits, explain why in conclude o and describe any steps taken to undergo such a	uno.		30		

Form **990** (2018)

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

OMB No. 1545-0047 2

		it of the Treasury venue Service		Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of th	e organization						Employer identif	ication number
AT	LANT	TA HISTORI						58-05661	
	rt l			- · ·	organizations must o	•		,	S
	orga		•		is: (For lines 1 through		•	,	
1					tion of churches desc				
2					. (Attach Schedule E				
3 4		-	-		rganization described conjunction with a hose				(iii) Entor the
4		hospital's nam	-			spilai ue	Scribed II		
5			· •		a college or universit	vowne	d or ope	rated by a governme	ental unit described in
Ũ		-	-	omplete Part II.)	a concept of anitoron	.y enne		alou by a governme	
6					rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	Х								om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	d in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultura	l research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:							
10		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f ent income and u n after June 30, 1	ore than 331/3 % of its iunctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (les: Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
11 12		•	•	•	usively to test for publi	-			carry out the purposes
12		-	-	-		-			See section 509(a)(3).
									nes 12e, 12f, and 12g.
а				-	, supervised, or contr				-
u		the supporte	ed organizatio	n(s) the power to	regularly appoint or e	lect a m			
b					e Part IV, Sections A ed or controlled in co		with ite	supported organizati	op(c) by baying
b				-	organization vested in				
			-		, Sections A and C.	the sam			
с			. ,		ng organization opera	ted in c	onnectio	n with. and functiona	llv integrated with.
					s). You must comple				, ,
d			-		porting organization c				ted organization(s)
		that is not fu	inctionally inte	grated. The organ	nization generally mus	t satisfy	a distrib	oution requirement an	d an attentiveness
	_	_ requirement	(see instructi	ons). You must co	omplete Part IV, Sect	ions A a	ind D, an	d Part V.	
е			-		a written determinatio				II, Type III
					ionally integrated sup		organizat	ion.	
f							• • • •		•••••
g			•		orted organization(s).				())
	(I) Na	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For	Paner	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018

JSA BE1210 1.000 1TYROU 9242 7/10/2020UBLAS AM SPIE CTION CLOPY

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,644,988.	27,211,320.	3,919,122.	10,290,412.	5,162,231.	60,228,073.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	13,644,988.	27,211,320.	3,919,122.	10,290,412.	5,162,231.	60,228,073.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						19,485,356.
6	Public support. Subtract line 5 from line 4						40,742,717.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	13,644,988.	27,211,320.	3,919,122.	10,290,412.	5,162,231.	60,228,073.
9	similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	1,499,792.	1,818,524.	1,741,947. 479,365.	2,254,041. 58,975.	2,203,923.	9,518,227. 768,541.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						70,514,841.
12	Gross receipts from related activities, etc. (s					12	10,699,325.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	tion's first, secon	d, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (li	ne 6, column (f) divided by line	11, column (f)) .		14	57.78%
15	Public support percentage from 2017	Schedule A, Pa	art II, line 14			15	62.51 %
16a	331/3% support test - 2018. If the org	ganization did n	not check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	heck this
	box and stop here. The organization qu						
b	33 1/3% support test - 2017. If the org	ganization did n	ot check a box c	n line 13 or 16	a, and line 15 i	s 331/3 % or mo	re, check
	this box and stop here. The organization	on qualifies as a	a publicly suppor	ted organizatio	n		▶∟
17a	10%-facts-and-circumstances test - 2	2018. If the org	ganization did no	ot check a box	on line 13, 16a	a, or 16b, and l	ne 14 is
	10% or more, and if the organization						
	Part VI how the organization meets t	he "facts-and-o	circumstances" te	est. The organiz	zation qualifies	as a publicly s	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2	2017. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization	on meets the "	'facts-and-circum	istances" test.	The organizatio	on qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)

 (Complete only if you checked the box on line 10 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.)

	tion A. Public Support Idar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f) Total
1	Gifts, grants, contributions, and membership fees							
•	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
Ŭ	unrelated trade or business under section 513							
4	Tax revenues levied for the							
-	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
•	organization without charge							
	Total. Add lines 1 through 5							
/a	Amounts included on lines 1, 2, and 3							
b	received from disqualified persons Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from							
<u> </u>	line 6.)							
	tion B. Total Support	(2) 2014	(b) 2015	(a) 2016	(4) 2017	(0	12019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar							
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is f	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax ye	ear as	a sectior	n 501(c)(3)
	organization, check this box and stop here							<u></u> ▶
Sect	tion C. Computation of Public Sup	port Percenta	age					
15	Public support percentage for 2018 (line 8	, column (f), divid	ded by line 13, colu	mn (f))		. 15		%
16	Public support percentage from 2017 Sche	edule A, Part III, li	ne 15			16		%
Sect	tion D. Computation of Investmen	t Income Per	centage					
17	Investment income percentage for 2018 (lin	ne 10c, column	(f), divided by line	13, column (f))		17		%
18	Investment income percentage from 2017	Schedule A, Part	III, line 17			18		%
19 a	331/3% support tests - 2018. If the org					e than	331/3 %,	and line
	17 is not more than 331/3%, check th	is box and sto	p here. The org	anization qualifie	s as a publicly	suppo	rted organ	ization 🛛 🕨 🗌
b	331/3% support tests - 2017. If the orga			-		• •	-	
	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization		•	• •	, check this bo	x and	l see instr	uctions 🕨 🗌

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Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2018

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-	e A (Form 990 or 990-EZ) 2018		F	Page 5	
Part	V Supporting Organizations (continued)		Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				
	below, the governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c			
Secti	on B. Type I Supporting Organizations				
			Yes	NO	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.				
Socti	on C. Type II Supporting Organizations	2			
Secu	on c. Type in Supporting Organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110	
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1			
Secti	on D. All Type III Supporting Organizations				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior				
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously				
	provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).		
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>)-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instrue	<u> </u>		
2	Activities Test. Answer (a) and (b) below.		Yes	No	
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a			
b					
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i>				
	reasons for the organization's position that its supported organization(s) would have engaged in these				
	activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b			
	Schedule A (Form		990-E7	2) 2018	
JSA 8E1230					
521230					

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	g trust or	n Nov. 20, 1970 (expla	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10 10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
Check have if the current upon in the preprintion of first open per functional			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Sched Part	ule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page 7
	tion D - Distributions	Supporting Organizat		Current Year
1	Amounts paid to supported organizations to accomplish ex	compt purposes		Current real
2	Amounts paid to perform activity that directly furthers exer		od	
2	organizations, in excess of income from activity	eu		
	Administrative expenses paid to accomplish exempt purpo	sos of supported organi	zationa	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
7	Distributions to attentive supported organizations to which	the organization is rear	anaiva	
0	(provide details in Part VI). See instructions.	the organization is resp	UISIVE	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10			(**)	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b				
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			
-			Schedule	A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

Employer identification number

Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

.ISA

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	butors (see instructions). Use duplicate cop		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$214,311.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$305,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of organization ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number 58-0566162

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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no or organiz	ation ATLANTA HISTORICAL SOCI	ETY, INC.	Employer identification number 58-0566162			
(10 the cor) that total more than \$1,000 for th	h e year from any one co ons completing Part III, ent year. (Enter this informati	ations described in section 501(c)(7), (8), or ntributor. Complete columns (a) through (e) a er the total of <i>exclusively</i> religious, charitable, on once. See instructions.) ► \$			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	fer of gift			
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-	1					

(e) Transfer of gift
Transferee's name, address, and ZIP + 4 Relations

Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

BE1255 1.000 1TYROU 9242 7/10/2020 UBLIC INSPECTION COPY

(a) No. from Part I

JSA

Form	1 990)					ete if the	e organiza	tion answ	ered "Y	es" on Fo	orm 990,	,			20	18
				Par	rt IV, line	6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.				12b.			Open to			
Department of the Treasury Internal Revenue Service				► Go	to www.irs	s.aov/Fo				I the lates	st inform	nation.			Inspecti	
		anization				Jigo I/I C		monuoti						entificatio	on number	on
ATLA	NTA H	HISTORIC	AL SOC	IETY,	INC.								58-05	6616	2	
Part		Organizat				Advis	ed Funds	s or Oth	er Sim	ilar Fur	nds or	Acco	ounts.			
		Complete			-											
		· · ·		<u> </u>			(a) Donor ad	lvised fu	unds			(b) Fund	ls and o	ther accoun	nts
1 T	otal nu	umber at er	nd of vear													
		ate value of	-													
		ate value of				·										
		ate value a	-	-												
		organizatio	-				dvisors in	writing	that th	ne assets	s held	in do	nor adv	vised		
f	unds ai	re the orgai	nization's	property	, subject f	to the c	organizatio	on's exclu	sive le	gal conti	rol?			l	Yes	No
5 C	Did the	organizatio	on inform	i all grant	ees, dono	ors, and	d donor a	dvisors i	n writir	ng that g	grant fu	inds c	an be	used		
C	only for	charitable	purpose	s and not	t for the I	benefit	of the do	nor or d	onor a	dvisor, o	r for a	ny otł	ner pur	pose		
c		ng imperm					<u></u> .	<u></u>	<u> </u>	<u></u> .		<u></u>		<u> </u>	Yes	No
Part		Conservat					_				_					
		Complete		0							7.					
F	Ċ,	e(s) of cons				•	•	•	all that							
		reservatior			use (e.g	., recrea	ation or ec	lucation)							ortant land	
	i i i i i i i i i i i i i i i i i i i	rotection o								Preser	vation	of a c	ertified	historio	c structure	1
		reservatior	•	•												
	-	te lines 2a	-		-	ion held	d a qualifie	ed conse	rvation	contribu	ution in	the fo				
		ent on the la	-	-									Held	at the E	nd of the T	ax Year
		umber of co										2a				
		creage rest	-									2b				
		r of conserv								. ,		2c				
		r of conser				. ,										
		structure li										2d				
		r of conser	vation ea	asements	modified	, transt	erred, rel	eased, ex	tinguis	shed, or	termin	ated	by the	organiz	zation dur	ing the
		• •			-		-4:		4							
		r of states \									nonosti	on h	andling	_ 		
		ne organiza													Vaa	
		d volunteer h														
		a volunteer r	iours devo		mitoring, ir	Ispeciii	ig, nandin	y or violat	ions, ar	id enforc	ing con	servat	ion ease	ments c	uring the	year
Ā	mount	of expense		- ed in mon	itoring in	enactin	a handlin	a of viola	tions o	and onfor	rcina co	neor	vatione	acomo	nte durina	the yea
					nonny, m	speciii	y, nanulii	ig of viola	10115, 6			JISEI	Valione	aseme	ins during	the year
		ach conserv			norted on	line 2(r	d) ahove s	atisfythe	require	ements c	ofsectio	n 17()(h)(4)(B)(i)		
		tion 170(h)													Yes	
		XIII, descrit														
		sheet, and		0	•											ne
		ation's acco							0							
Part		Organizat										' Sim	ilar As	sets.		
		Complete	if the or	ganizatio	on answe	ered "\	res" on F	orm 990), Part	IV, line	8.					
a li	f the o	rganization	elected,	as perm	itted und	er SFA	S 116 (A	SC 958),	not to	o report	in its r	even	ue state	ement	and balan	nce shee
v r	vorks (rganization of art, histo ervice, prov	orical tre	asures, c	or other s	similar the foo	assets he	eld for p s financia	ublic e I state	exhibition	n, eduo	cribes	, or re	search	in furthe	rance o
		organization														
		of art, histo														
р	ublic s	ervice, prov	vide the f	ollowing	amounts	relating	g to these	items:								
		enue includ														
•		ets included														
		organizatior											for fir	nancial	gain, pro	ovide th
		ig amounts														
		e included														
	Assets	included in	Lorm 00											• ¢		
		k Reduction		0, Part X											dule D (Form	

ROU 9242	7/10/20 PU	<u>B</u> LIÇ I	NSP_EC	TION	ÇQPY	,
	, .,				-	

ATLANTA HISTORICAL SOCIETY, INC

58-0566162

0		ANIA HISIORICA	AL SOCIEII, IN	L.		58-0500102	- 0
-	dule D (Form 990) 2018	ne Collections of	Aut Iliotonical Tue				Page 2
	rt III Organizations Maintain	-					,
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):					ise of its	
а	X Public exhibition	57	d X Loan o	or exchange	programs		
b	X Scholarly research		e Other		F 9		
c	X Preservation for future gene	rations					
4	Provide a description of the organ		and explain how t	hev further	the organization	's exempt purpos	e in Part
-	XIII.				ine ergamzanen	e exempt parpee	• ·
5	During the year, did the organization	on solicit or receive o	lonations of art histo	orical treasu	ires or other simil	ar	
Ū	assets to be sold to raise funds rath						X No
Pa	rt IV Escrow and Custodial A			rgamzation			
I G	Complete if the organiza		s" on Form 990 F	Part IV line	9 or reported a	in amount on Fo	rm
	990, Part X, line 21.			are iv, into	o, or reported a		
1a	Is the organization an agent, truste	e custodian or othe	er intermediary for c	ontributions	or other assets no		
· u	included on Form 990, Part X?					Yes	No
h	If "Yes," explain the arrangement i	n Part XIII and comr	lete the following tak	nle [.]			
Ň	in res, explain the analycinent i					Amount	
с	Beginning balance			1c		7 mount	
e	Additions during the year						
ۍ ۲	Distributions during the year						
2a	Ending balance Did the organization include an am	ount on Form 000	Dart V lina 21 for a		l Interdial account lic	ability? Yes	No
	If "Yes," explain the arrangement i						
				nas been pi		<u>'</u>	•
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "Ve	e" on Form 000 F	Part IV line	10		
	Complete il tile organiza	(a) Current year	(b) Prior year	(c) Two year			years back
		74,502,198.	69,708,155.	60,122			44,079.
	Beginning of year balance	1,233,750.	3,751,435.	4,235			194,079.
	Contributions	1,233,750.	3,751,435.	4,235	, 222. 49	3,915.	194,150.
С	Net investment earnings, gains,			0 4 7 1		1 0 7 7	
	and losses	2,903,584.	5,485,969.	9,471	,0792,60	1,877. 7	61,589.
d	Grants or scholarships						
е	Other expenditures for facilities		4 001 400	2 500	F 0 1 4 0 0		
	and programs	4,267,589.	4,091,496.	3,792			296,460.
f	Administrative expenses	345,972.	351,865.				299,006
g	End of year balance	74,025,971.	74,502,198.	69,708	,155. 60,12	2,273. 66,9	04,360.
2	Provide the estimated percentage	of the current year of	end balance (line 1g,	column (a))	held as:		
а	Board designated or quasi-endown		_%				
b	Permanent endowment 24.2						
С	Temporarily restricted endowment						
	The percentages on lines 2a, 2b, a						
3a	Are there endowment funds not in	the possession of the	e organization that	are held and	d administered for		
	organization by:						Yes No
	(i) unrelated organizations						X
	(ii) related organizations						X
b	If "Yes" on line 3a(ii), are the relate	•	•			3b	
4	Describe in Part XIII the intended u		tion's endowment fur	nds.			
Ра	rt VI Land, Buildings, and Equ Complete if the organiz	u ipment. ation answered "V	es" on Form 000	Dart IV line	11a See Form	000 Part X lin	<u>م</u> 10
	Description of property	(a) Cost or		or other basis	(c) Accumulated	(d) Book val	
		(invest	tment) (o	ther)	depreciation	. ,	
1a	Land			30,564.			80,564.
b	Buildings			54,962.	20,493,342.		51,620.
С	Leasehold improvements	••••		14,220.	1,374,829.		39,391.
d	Equipment	••••		68,471.	1,641,690.		26,781.
e	Other			35,152.	9,173,350.		51,802.
Tota	I. Add lines 1a through 1e. (Columr	n (d) must equal Form	n 990, Part X, colum	n (B), line 10)c.)		20,158.
						Sahadula D /Far	0001 0040

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Part VII Investments - Other Securities.			Page 3
Complete if the organization answered	l "Yes" on Form 990	. Part IV. line 11b. See Form 990.	Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on:
(1) Financial derivatives			
(2) Closely-held equity interests	12,203,372.	ATTACHMENT 1	
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(E) (F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	12,203,372.		
Part VIII Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati	
		Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)(2)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	scription		(b) Book value
(1) THORNTON TRUST			5,593,722.
(2) WHITAKER CRUT			5,149,073.
(3) SCHUTZE TRUST			2,552,189.
(4) AIKEN TRUST			218,000.
(5) INTEREST RATE SWAP			
(6)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		13,512,984
Part X Other Liabilities.			
Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Forr	n 990, Part X,
1. (a) Description of liability	(b) Book valu	le	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the		e organization's financial statements that rep if the text of the footnote has been provi	

ATLANTA	HISTORICAL	SOCIETY,	INC.

Schedu	e D (Form 990) 2018				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements Wi Complete if the organization answered "Yes" on Form 990, Part IV			า.	
1	Total revenue, gains, and other support per audited financial statements			1	12,882,255.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	
_		2a	-1,978,249.		
a L	Net unrealized gains (losses) on investments	2b	36,278.		
b	Donated services and use of facilities	2c	,		
c	Recoveries of prior year grants.	2d	342,768.		
d	Other (Describe in Part XIII.)			2e	-1,599,203.
е	Add lines 2a through 2d			3	14,481,458.
3	Subtract line 2e from line 1	•••		3	11,101,150.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.	429,955.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	427,755.		
b	Other (Describe in Part XIII.)	4b			429,955.
_ c	Add lines 4a and 4b			4c	· · · ·
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,911,413.
Part				irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV				14 520 650
1	Total expenses and losses per audited financial statements			1	14,530,658.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		26.050		
а	Donated services and use of facilities	2a	36,278.		
b	Prior year adjustments	2b	-10,000.		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	348,697.		
е	Add lines 2a through 2d			2e	374,975.
3	Subtract line 2e from line 1			3	14,155,683.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	429,955.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	429,955.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	14,585,638.
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

Schedule D (Form 990) 2018 ATLANTA HISTORICAL SOCIETY, INC.

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, PRESERVED 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 2019 AND 2018, APPROXIMATELY \$395,000 AND \$41,000 WAS CHARGED TO ORGANIZATION, ARCHIVAL, MUSEUM, AND HORTICULTURAL COLLECTIONS FOR THE PURCHASE OF HISTORICAL COLLECTIONS.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.

```
FORM 990, SCHEDULE D, PART III, LINE 4
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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.

ATLANTA HISTORICAL SOCIETY, INC. 58-0566162 Schedule D (Form 990) 2018 Part XIII Supplemental Information (continued) 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 PRESCRIBED BY THE DONOR DESIGNATED RESTRICTIONS. FORM 990, SCHEDULE D, PART XI, LINE 2D 342,768 FUNDRAISING EXPENSES FORM 990, SCHEDULE D, PART XII, LINE 2D 342,768 FUNDRAISING EXPENSES 5,929 INTEREST RATE SWAP ADJUSTMENT _____

348,697

ASC-740-10 FOOTNOTE

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 2019 OR 2018. ADDITIONALLY, IN THE OPINION OF

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Part XIII Supplemental Information (continued)

ATLANTA HISTORICAL SOCIETY, INC.

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.

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, 2016.

	ATTACHMENT 1	
SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERN	ESTS	
		COST
DESCRIPTION	BOOK VALUE	OR FMV
COMINGLED FUNDS	3,166,779.	FMV
ALTERNATIVE INVESTMENTS	9,036,593.	FMV
TOTALS	12,203,372.	

SCHEDULE F	Stater	nent of A	ctivities	Outside the Unit	ted Sta	ates 🖂	DMB No. 1545-0047
(Form 990)	► Complete	e if the organiza	tion answered '	"Yes" on Form 990, Part IV,	line 14b, 15	, or 16.	2018
Department of the Treasury Internal Revenue Service	►G	o to www.irs.go		to Form 990. nstructions and the latest in	formation.		Open to Public nspection
Name of the organization						Employer identifie	
ATLANTA HISTORIO			Outside the	United States. Compl	lete if the	58-05661	
	Part IV, line 14		Outside the	United States. Comp		organization	
assistance, the gr	antees' eligibili	ity for the grant	ts or assistanc	substantiate the amount o e, and the selection criteri	ia used to	award the	Yes No
2 For grantmakers outside the United		Part V the org	anization's pro	ocedures for monitoring	the use o	f its grants ar	nd other assistance
3 Activities per Reg	ion. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	bace is nee	eded.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If acti a pro describe	vity listed in (d) is gram service, e specific type of (s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/(CARIBBEAN	0.	0.	INVESTMENTS			9,036,593.
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(</u> 10)							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
(16)							
<u>(17)</u>							
3a Subtotal b Total from	continuation						9,036,593.
sheets to Part I c Totals (add line							9,036,593.
	= =)						

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

Schedule F (Form 990) 2018

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Page **2**

Schedule F	(Form 990)	2018

Part II	Part IV, line 15, for any	recipient who receiv	ved more than \$5,000. I	Part II can be o	duplicated if additi	onal space is	needed.	T	
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 noncash assistance	(h) Description of noncash 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

Schedule F (Form 990) 2018

►

Page 3

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
1)							
2)							
3)							
(4)							
5)							
(6)							
(7)							
(8)							
(9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2018 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

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ATLANTA HISTORICAL SOCIETY, INC.

Schedu	le F (Form 990) 2018			Page 4
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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)		Yes	X 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)	X	Yes	No 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? <i>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)</i>		Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>		Yes	X No

Schedule F (Form 990) 2018

Page **5**

Schedule F (Form 990) 2018

Part V Supplemental Information 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).

PART IV QUESTION 3

ATLANTA HISTORICAL SOCIETY IS INVESTED IN A FOREIGN CORPORATION BUT THE

INVESTMENT IS LESS THAN REPORTING REQUIREMENTS FOR FORM 5471.

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2018
Department of the Treasury	Attach to Form 990 or Form 990-EZ.					Open to Public	
Internal Revenue Service	►G	o to www.irs.gov/Form	990 for instr	uctions and	the latest instructions.		Inspection
Name of the organization						Employer identificat	
ATLANTA HISTORIO						58-0566162	
	ing Activities. Con 0-EZ filers are not				Yes" on Form	990, Part IV, line	e 17.
1 Indicate whether	the organization rais	sed funds through		-			
a 🔄 Mail solicita	tions	е			non-government g	•	
	email solicitations	f			government grant	S	
c Phone solic		g	Spec	cial fundra	ising events		
d log In-person so							
2a Did the organiza	tion have a written o es listed in Form 990						Yes No
b If "Yes," list the	10 highest paid indi least \$5,000 by the	viduals or entities		•		under which the	fundraiser is to be
(i) Name and add or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(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							
2							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				•			
	which the organiza			to solicit	contributions or	has been notified	d it is exempt from

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

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Schedule G (Form 990 or 990-EZ) 2018

Page **2**

Part II	Fu
	m

undraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported nore 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.

	events with gross receipts gre	ater than \$5,000.			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SWAN HOUSE BALL	BACK ON THE FA		(add col. (a) through
~		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	1,081,187.	108,150.		1,189,337
צן	2 Less: Contributions	905,687.	90,375.		996,062
	3 Gross income (line 1 minus line 2)	175,500.	17,775.		193,275
	4 Cash prizes				
	5 Noncash prizes				
JIrect Expenses	6 Rent/facility costs				
ЕХD	7 Food and beverages	144,778.	29,169.		173,947
Ulrect	8 Entertainment	9,050.	1,818.		10,868
	9 Other direct expenses	141,667.	16,286.		157,953
	10 Direct expense summary. Add line	es 4 through 9 in colu	mn (d)		342,768
	11 Net income summary. Subtract lir	ne 10 from line 3, colu	ımn (d)	<u> </u>	-149,493
Pa	rt III Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	anization answered "` e 6a.	Yes" on Form 990, I	Part IV, line 19, or	reported more than
sevenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve					

а	is the organization licensed t	o conduct gaming activities in each o	of these states?	Yes No
b	If "No," explain:			

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

Schedule G (Form 990 or 990-EZ) 2018

ATLANTA HISTORICAL SOCIETY, I	INC.
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Sched	lule G (Form 990 or 990-EZ) 2018			Page 3
11	Does the organization conduct 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 conducted in:			
а	The organization's facility13a			%
b				%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records:	d		
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives game			
_	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			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organization or spent in the organization's own exempt activities during the tax year ► \$		Yes	No
Part				

Schedule G (Form 990 or 990-EZ) 2018

	Form 990) For certain Officers, Dire Con Department of the Treasury		ISation Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	3	20	18	
			Attach to Form 990.		Open to		
	Revenue Service	, i i i i i i i i i i i i i i i i i i i	990 for instructions and the latest information.		Inspe		n
	of the organization			Employer identificatio		ſ	
		RICAL SOCIETY, INC.		58-0566162	2		
Part	Question	ns Regarding Compensation				Yes	No
	990, Part VII, First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to liss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th	by by ded any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiatio Personal services (such as maid, chain ne organization follow a written policy re	these items. personal use nal residence n fees auffeur, chef) garding payment			
	or reimburse	ement or provision of all of the ex	penses described above? If "No," com	plete Part III to			
2	Did the orga directors, trus	anization require substantiation prior stees, and officers, including the CEC	to reimbursing or allowing expenses D/Executive Director, regarding the items	incurred by all			
3	Indicate which organization's related organ X Comper X Indepen	h, if any, of the following the filing organ s CEO/Executive Director. Check all tha	hization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study X Approval by the board or compensa	ds used by a art III.			
4	During the ye organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a	X	Ļ
b			ntal nonqualified retirement plan?		4b	Х	L
С			ased compensation arrangement?		4c		X
5	For persons I		rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue :	any			
а		5			5a		X
b	-				5b		X
		e 5a or 5b, describe in Part III.					
6		isted on Form 990, Part VII, Section A, n contingent on the net earnings of:	, line 1a, did the organization pay or accrue a	any			
а	The organizat	ion?			6a		X
b	-	rganization? e 6a or 6b, describe in Part III.			6b		X
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization prov	ide any nonfixed			
8	Were any am to the initial	ounts reported on Form 990, Part VII, I contract exception described in I	escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	it was subject "Yes," describe		X	v
9	If "Yes" on I	line 8, did the organization also foll	low the rebuttable presumption proced	ure described in	8		X
For Pa		ction Act Notice, see the Instructions for Fo			lule J (Fo	rm 990	0) 2018

JSA 8E1290 1.000 1TYROU 9242 7/10/2020 BLIC INSPECTION COPY Schedule J (Form 990) 2018

Page 2

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 on 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 aren't 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.

		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
FRANK HALE	(i)	303,774.	125,000.	0.	55,500.	24,237.	508,511.		
1PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.		
GUY CARRIERE	(i)	170,075.	30,000.	0.	3,395.	24,176.	227,646.		
2 COO	(ii)	0.	0.	0.	0.	0.	0.	(
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
0	(ii)								
	(i)								
1	(ii)								
	(i)								
2	(ii)								
	(i)								
13	(ii)								
	(i)								
4	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

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Page 3

Schedule J (Form 990) 2018

Part III Supplemental Information

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

PART 1, ITEM 7

BONUS PAYMENTS ARE AWARDED AND DETERMINED BY MEETING GOALS SET FORTH IN

AN ANNUAL PERFORMANCE REVIEWS.

PART I, LINE 4A

ATLANTA HISTORICAL SOCIETY PAID AN EMPLOYEE A SEVERANCE OF \$77,053 DURING

CALENDAR YEAR 2018. ADDITIONAL INFORMATION MADE AVAILABLE TO THE IRS UPON ITS REQUEST.

PART I, LINE 4B

ON JANUARY 3, 2017, THE ATLANTA HISTORICAL SOCIETY, INC. ENTERED INTO A BOARD APPROVED RETENTION PLAN FOR THE BENEFIT OF THEIR CHIEF EXECUTIVE OFFICER, FRANK SHEFFIELD HALE. MR. HALE WILL VEST IN THE PLAN UPON COMPLETION OF 5 YEARS OF SERVICE FROM THE DATE OF THE AGREEMENT. THE PAYMENT FOR THE PLAN IS A LUMP SUM AMOUNT OF \$250,000, SUBJECT TO APPROPRIATE TAX WITHHOLDING. MR. HALE WILL RECEIVE THE PAYMENT UPON COMPLETING 5 YEARS OF SERVICE FROM THE DATE OF THE AGREEMENT. IF MR. HALE'S EMPLOYMENT TERMINATES FOR ANY REASON OTHER THAN DEATH OR DISABILITY PRIOR TO COMPLETION OF 5 YEARS OF SERVICE, HE IS NOT ENTITLED

JSA

Schedule J (Form 990) 2018

Page 3

Schedule J (Form 990) 2018

Part III Supplemental Information

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

TO ANY PAYOUTS FROM THE PLAN.

THE AMOUNT OF BENEFIT ACCRUED DURING THE TAX YEAR WAS \$50,000, WITH

\$100,000 REMAINING TO BE FUNDED IN FUTURE YEARS.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

20**18** Open to Public Inspection

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number 58-0566162

Par	t 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) determinir ribution am	
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	X	22.	105,319.	FMV		
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	27.	0.	N/A		
23	Scientific specimens						
24	Archeological artifacts						
25	Other \blacktriangleright (<u>ATCH 1</u>)		206.	6,048.			
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received						1
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	ement	29		1.
						Yes	No
30a	During the year, did the organizat						
	28, that it must hold for at least t	•			•		37
	to be used for exempt purposes for		olding period?			30a	X
	If "Yes," describe the arrangement						
31	Does the organization have a		· · ·	-			
	contributions?					31 X	
32a	Does the organization hire or us	•	•				
	contributions?					32a X	•
	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a) is checked,		
	describe in Part II.				0 - 1 - 1 - 1 - 1		

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

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Part II Supplemental Information. 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.

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

NUMBER OF CONTRIBUTIONS

THE ORGANIZATION REPORTED THE NUMBER OF CONTRIBUTIONS RECEIVED.

SELL NONCASH CONTRIBUTIONS

ALL STOCK CONTRIBUTIONS ARE SOLD IMMEDIATELY UPON RECEIPT THROUGH

SUNTRUST TRUST DEPARTMENT WHERE STOCK GIFTS ARE RECEIVED.

Page 2

58-0566162

Page **2**

Part II Supplemental Information. 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

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
ARCHIVAL RECORDS	Х	200.	0.	N/A
REFERENCE MATERIALS	Х	1.	0.	N/A
AUCTION ITEMS	X	5.	6,048.	FMV
TOTALS	_	206.	6,048.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspection

 Name of the organization
 Employer identification number

 ATLANTA HISTORICAL SOCIETY, INC.
 58-0566162

FORM 990, PART VI, LINE 11A

THE ATLANTA HISTORICAL SOCIETY STAFF WILL COMPLETE THE PREPARATION OF THE FORM 990. THIS COMPLETED FORM 990 WILL BE PRESENTED 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. 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. 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 AND HIGHLY COMPENSATED STAFF UTILIZES COMPENSATION DATA COLLECTED IN A SIMILAR FASHION TO THE CEO/PRESIDENT COMPENSATION SUMMARY. THE COMPENSATION COMMITTEE APPROVES A RANGE OF COMPENSATION THAT IT DETERMINES TO BE REASONABLE FOR THE DISQUALIFIED PERSONS OTHER THAN THE CEO/PRESIDENT AND DIRECTS THE CEO/PRESIDENT TO SET THE COMPENSATION FOR THE OTHER DISQUALIFIED PERSONS WITHIN THAT RANGE.

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

FORM 990, PART XI, LINE 9

(\$5,929) LOSS INTEREST RATE SWAP

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

THE ATLANTA HISTORY CENTER SEEKS TO CONNECT PEOPLE, HISTORY, AND CULTURE TO BUILD A STRONGER COMMUNITY. EXHIBITIONS AND COLLECTIONS; HISTORIC HOUSES AND GARDENS; ARCHIVES AND RESEARCH FACILITIES; EDUCATIONAL SCHOOL TOURS AND PUBLIC PROGRAMS ALL ENCOURAGE OUR CONSTITUENTS TO CONSIDER OUR SHARED PAST IN A DYNAMIC CONTEXT WHILE PROMOTING DEMOCRACY, CIVIC PARTICIPATION, AND INCLUSIVITY. THE ATLANTA HISTORY CENTER-BUCKHEAD IS COMPRISED OF THE ATLANTA HISTORY MUSEUM, WHICH IS ONE OF THE LARGEST HISTORY MUSEUMS IN THE COUNTRY AND WHICH FEATURES PERMANENT, TEMPORARY, AND TRAVELING EXHIBITIONS; GOIZUETA GARDENS, WHICH INCLUDES 33 ACRES OF CURATED GARDENS, WOODLANDS, AND LANDSCAPE; THREE HISTORIC HOUSES AND ASSOCIATED BUILDINGS: SWAN HOUSE, SMITH FARM, AND WOOD CABIN; AND

ATTACHMENT 1

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

KENAN RESEARCH CENTER.

ATLANTA HISTORY CENTER-MIDTOWN INCLUDES MARGARET MITCHELL HOUSE, WHICH CONTAINS THE APARTMENT WHERE MARGARET MITCHELL WROTE HER PULITZER PRIZE-WINNING NOVEL GONE WITH THE WIND, ALONG WITH EXHIBITION GALLERIES, AND A MUSEUM SHOP; AND COMMERCIAL ROW, WHICH CONTAINS A TEMPORARY EXHIBITION GALLERY AND EVENT SPACE. BOTH LOCATIONS OFFER AUTHOR LECTURES AND OTHER PROGRAMS, SUMMER CAMPS, AND COMMUNITY ACTIVATION EVENTS.

ATTACHMENT 2

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

THE ATLANTA HISTORY CENTER CONSISTS OF A 33-ACRE CAMPUS IN BUCKHEAD THAT INCLUDES THE ATLANTA HISTORY MUSEUM, GOIZUETA GARDENS, KENAN RESEARCH CENTER, AND THREE HISTORIC HOUSES. THE ATLANTA HISTORY CENTER ALSO INCLUDES ATLANTA HISTORY CENTER-MIDTOWN, THE SITE OF THE HISTORIC MARGARET MITCHELL HOUSE. THE ATLANTA HISTORY MUSEUM IS ONE OF THE LARGEST HISTORY MUSEUMS IN THE COUNTRY WITH DEEP COLLECTIONS, AND INCLUDES A VARIETY OF SIGNATURE EXHIBITIONS THAT DESCRIBE A RANGE OF EXPERIENCES AND VIEWPOINTS FROM THE HISTORY OF ATLANTA AND THE SOUTHEAST, BEGINNING WITH THE LAND'S NATIVE INHABITANTS AND CONTINUING THROUGH THE PRESENT DAY. THE MUSEUM ALSO INCLUDES THE FULLY-RESTORED THE BATTLE OF ATLANTA CYCLORAMA PAINTING IN THE MULTIMEDIA EXPERIENCE CYCLORAMA: THE BIG PICTURE. THE MUSEUM ARTIFACT COLLECTIONS ARE PARTICULARLY STRONG IN CIVIL WAR, ATLANTA ATLANTA HISTORICAL SOCIETY, INC.

ATTACHMENT 2 (CONT'D)

Page 2

BUSINESSES AND HOME LIFE, PERIOD FURNITURE AND DECORATIVE ARTS, AND A SIGNIFICANT COLLECTION OF FASHION AND TEXTILES. THE LIVING COLLECTIONS OF THE ATLANTA HISTORY CENTER ARE PRESENTED THROUGHOUT GOIZUETA GARDENS, CONTAINING 8 DISTINCT THEMATIC GARDENS: GILBERT QUARRY GARDEN, SMITH FARM GARDENS, SWAN HOUSE GARDEN, SWAN WOODS, SIMS ASIAN GARDEN, SMITH RHODODENDRON GARDEN, OLGUITA'S GARDEN, AND VETERANS PARK. EACH IS SPECIALLY DESIGNED TO TELL THE STORY OF A GROUP OF PEOPLE OR PLANT MATERIALS THAT HAVE HAD PROFOUND IMPACT IN OUR HISTORY. FOR HISTORIANS LOOKING TO STUDY AND CONDUCT RESEARCH, KENAN RESEARCH CENTER AT ATLANTA HISTORY CENTER IS A FREE PUBLIC ARCHIVES AND SPECIAL LIBRARY OFFERING A MULTITUDE OF RESOURCES FOR THE STUDY OF ATLANTA AND SOUTHERN REGIONAL HISTORY AND CULTURE, WITH DEDICATED COLLECTIONS ON DECORATIVE ARTS, SOUTHERN ARCHITECTURE, GENEALOGY, MILITARY HISTORY, AND SOUTHERN GARDENS. COPIES OF HISTORIC PHOTOGRAPHS, PRINTS, AND OTHER ARCHIVAL IMAGES CAN BE PURCHASED THROUGH KENAN RESEARCH CENTER. THE HISTORIC HOUSES PROVIDE UNIQUE AND INTERACTIVE ACCESS POINTS TO HISTORY, AND INCLUDE SMITH FARM, SWAN HOUSE, WOOD CABIN, AND MARGARET MITCHELL HOUSE. TULLIE SMITH HOUSE FARMHOUSE, SWAN HOUSE, AND MARGARET MITCHELL HOUSE (LISTED ON THE NATIONAL REGISTER AS CRESCENT APARTMENTS) ARE LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES. THE SMITH FARMHOUSE AND DETACHED KITCHEN WERE BUILT IN THE 1840S. THEY ARE PRESENTED IN THE 1860S THROUGH INTERPRETATION, HANDS-ON HISTORY FOR CHILDREN AND ADULTS, AND FEATURE HEIRLOOM CROPS, LIVE HEIRLOOM BREED ANIMALS, AND CRAFTING

Schedule O (Form 990 or 990-EZ) 2018

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ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number 58-0566162

ATTACHMENT 2 (CONT'D)

DEMONSTRATIONS. THE 1928 SWAN HOUSE, DESIGNED BY FAMED ARCHITECT PHILIP TRAMMELL SHUTZE, PROVIDES A GLIMPSE INTO THE LIVES OF THOSE WHO LIVED AND WORKED IN THE MANSION DURING THE 1930S. THE 1840S WOOD CABIN HELPS VISITORS LEARN ABOUT THE LIVES OF PIONEER SETTLERS IN THE SOUTHEASTERN UNITED STATES AND FIRST CONTACT WITH NATIVE AMERICAN CREEK/MUSKOGEE INDIANS. MARGARET MITCHELL HOUSE IS LOCATED IN THE HEART OF MIDTOWN AT ATLANTA HISTORY CENTER-MIDTOWN. THE HOUSE FEATURES THE APARTMENT WHERE MARGARET MITCHELL WROTE HER PULITZER PRIZE-WINNING NOVEL, GONE WITH THE WIND. THE BUILDING ALSO INCLUDES OTHER EXHIBITION SPACES, WHICH DELVE INTO MARGARET MITCHELL'S LIFE AND THE ATLANTA FILM PREMIERE, AND A MUSEUM SHOP. COMMERCIAL ROW, THE REFURBISHED HISTORIC RETAIL SPACE THAT SERVES AS AN EVENT SPACE, PROVIDES A LOCATION FOR AUTHOR PROGRAMS AND GALLERY EXHIBITIONS. THE ATLANTA HISTORY CENTER SERVED 300,317 PEOPLE EITHER ON-CAMPUS OR OFF-CAMPUS THROUGHOUT THE YEAR.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B THROUGHOUT THE YEAR, ATLANTA HISTORY CENTER PRODUCES A RICH ARRAY OF INTERACTIVE, DYNAMIC PROGRAMS AND EXHIBITIONS. FAMILY PROGRAMS, SUCH AS JUNETEENTH, CANDLELIGHT NIGHTS, DAY OF THE DEAD, AND MARTIN LUTHER KING JR. DAY, ACTIVATE OUR ENTIRE 33-ACRE CAMPUS WITH MUSEUM THEATRE PERFORMANCES, HISTORICAL TRADES AND SKILLS DEMONSTRATIONS, AND OPPORTUNITIES FOR CHILDREN AND ADULTS TO EXPERIENCE HISTORY FIRSTHAND. MUSEUM THEATRE PERFORMANCES ALSO Page 2

.ISA

Employer identification number 58-0566162

ATTACHMENT 3 (CONT'D)

ACCOMPANY OUR EXHIBITIONS THROUGHOUT THE REST OF THE YEAR, PROVIDING INSIGHTFUL FIRST-PERSON EXPLORATIONS OF DIFFERENT ERAS IN HISTORY. ATLANTA HISTORY CENTER ALSO HOSTS A FULTON COUNTY 4-H EXTENSION OFFICE AND THE STORYCORPS ATLANTA RECORDING STUDIO THROUGH ONSITE PARTNERSHIPS, WHICH ALLOWS THOSE INSTITUTIONS TO FURTHER THEIR COMPLEMENTARY MISSIONS AND INCREASES KNOWLEDGE OF ATLANTA HISTORY CENTER AND OUR MISSION AMONGST THE GENERAL PUBLIC.

OUR AWARD-WINNING SCHOOL TOURS TAKE SCHOOLCHILDREN THROUGH INTERACTIVE EXPERIENCES TO HELP THEM LEARN ABOUT CIVIL RIGHTS, THE CIVIL WAR, CHEROKEE INDIANS, AND GEORGIA FARM LIFE, WHILE SCHOOL OUTREACH PROGRAMS TAKE HISTORY OUT INTO THE CLASSROOM THROUGH PRESENTATIONS AND ACTIVITIES. SCHOOL PROGRAMMING SERVED OVER 46,308 CHILDREN THIS YEAR. TODDLER PROGRAMS, SUMMER CAMPS, AND HOMESCHOOL DAYS BRING ENGAGING, INTERACTIVE FUN TO LEARNING ABOUT HISTORY. OUR GENEALOGY AND RESEARCH WORKSHOPS PROVE THAT LEARNING IS LIFELONG AS ADULTS GATHER TO LEARN NEW SKILLS AND DISCOVER INFORMATION ABOUT THEMSELVES AND THEIR FAMILY HISTORY. THROUGHOUT THE YEAR, OVER 60 AUTHORS PRESENT AUTHOR TALKS AT BOTH CAMPUSES. TALKS FOCUS ON A VARIETY OF GENRES, INCLUDING BIOGRAPHY, HISTORY, HISTORICAL FICTION, BESTSELLING FICTION, AND MORE, AND ATTRACT THOUSANDS OF PEOPLE EACH YEAR. EACH PROGRAM INCLUDES TIME FOR A QUESTION AND ANSWER SESSION AS WELL AS A BOOK SIGNING WITH THE AUTHOR.

Schedule O (Form 990 or 990-EZ) 2018				
Name of the organization	Employer identification number			
ATLANTA HISTORICAL SOCIETY, INC.	58-0566162			
	ATTACHMENT 4			

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION			
A LEGENDARY EVENTS 1380 W MARIETTA ST ATLANTA, GA 30318	EVENT STAGING, CATER	158,521.			
SODEXO, INC P.O. BOX 360170 PITTSBURG, PA 15251-6170	FACILITY MANAGEMENT	712,594.			
JACKSON SPALDING, INC 1100 PEACHTREE ST STE 1180 ATLANTA, GA 30309	PUBLIC RELATIONS	107,057.			
LEAPFROG SERVICES 1190 W DRUID HILLS DRIVE ATLANTA, GA 30329	IT CONSULTING	487,628.			
US SECURITY ASSOCIATES, INC 200 MANSELL CT EAST STE 500 ROSWELL, GA 30076	SECURITY SERVICES	335,493.			

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
COMMON STOCKS	21,278,383.	FMV
FIXED INCOME MUTUAL FUND	14,209,947.	FMV
INTERNATIONAL EQUITIES	18,896,705.	FMV
MUTUAL FUND	6,536,306.	FMV
TOTALS	60,921,341.	

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

58-0566162

8

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

ATLANTA HISTORICAL SOCIETY, INC.

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

	(a) applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
`		i innary activity	or foreign country)		,	entity
(1) MMH/AHS, LLC	58-0566162					
130 WEST PACES FERRY ROAD	ATLANTA, GA 30305	MUSEUM	GA	595,372.	4,005,516.	N/A
(2)						
(3)						
(4)						
(5)						
(6)						

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
						Yes	No
(1)	_						
(2)	_						
(3)	_						
(4)							
(5)	_						
(6)	_						
(7)	_						

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

Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018

Page **2**

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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
		country)					Yes	No		Yes	No	
(1)	-											
(2)	-											
(3)	-											
(4)												
	1											
(5)	_											
(6)	-											
(7)												
	1											

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 foreigr country)		(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	Sec 512(b contr	b)(13
								Yes	No
(1) THORTON-VENABLE CHARITABLE TRUST									
SUNTRUST BANK FOUNDATIONS & ENDOWMENTS ATLANTA, GA 30302	INVESTMENT	GA	N/A	TRUST	306,260.	5,593,721.	25.0000		х
(2) P.T. SCHUTZE ENDOWMENT FUND									
50 HURT PLAZA STE 449 ATLANTA, GA 30303	INVESTMENT	GA	N/A	TRUST	89,061.	2,552,189.	100.0000		х
(3) LUCY RUCKER AIKEN FUND									
50 HURT PLAZA STE 449 ATLANTA, GA 30303	INVESTMENT	GA	N/A	TRUST	0.	218,000.	100.0000		х
(4) MARY ANN AND LLOYD T. WHITAKER CRUT									
130 WEST PACES FERRY ROAD ATLANTA, GA 30305	INVESTMENT	GA	N/A	TRUST	0.	5,149,073.	100.0000		х
(5)									
_(6)									
(7)									

Schedule R (Form 990) 2018

1TYROU 9242 7/10/2020

ATLANTA HISTORICAL SOCIETY, INC.

Schedule R (Form 990) 2018

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes
During the tax year, did the organization engage in any of the following transactions with o	one or more related organizations lis	ted in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a	ı 📃
b Gift, grant, or capital contribution to related organization(s)			1b)
c Gift, grant, or capital contribution from related organization(s).				;
d Loans or loan guarantees to or for related organization(s)				I
e Loans or loan guarantees by related organization(s)				•
f Dividends from related organization(s)			1f	
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				1
i Exchange of assets with related organization(s).				
Lease of facilities, equipment, or other assets to related organization(s)				
			· · · · · F	
k Lease of facilities, equipment, or other assets from related organization(s)			1k	
Performance of services or membership or fundraising solicitations for related organization				
\mathbf{n} Performance of services or membership or fundraising solicitations by related organization				-
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 				-
 Sharing of paid employees with related organization(s) 				_
p Reimbursement paid to related organization(s) for expenses			1p	
			1p	
 p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses 			1p	-
 p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s). 			1p	
 p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s). 			1p	I
 p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who mu 	ist complete this line, including cove	ered relationships and transa	1p 1q 1q 1r 1s ction threshol	l
 p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s). 	Ist complete this line, including cove (b) Transaction		1p 1q 1q 1r 1s action threshol (d) Method of de	l s lds.
 p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who mu (a) 	Ist complete this line, including cove	ered relationships and transa	1p 1q 1r 1r 1s 1s 1s (d)	l s lds.
 Reimbursement paid to related organization(s) for expenses. Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s). Softer transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who mu (a) Name of related organization 	Ist complete this line, including cove (b) Transaction	ered relationships and transa	1p 1q 1q 1r 1s action threshol (d) Method of de	l s lds.
 p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who mu (a) 	Ist complete this line, including cove (b) Transaction	ered relationships and transa	1p 1q 1q 1r 1s action threshol (d) Method of de	l s lds.
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who mu (a) Name of related organization	Ist complete this line, including cove (b) Transaction	ered relationships and transa	1p 1q 1q 1r 1s action threshol (d) Method of de	l s lds.
 p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who mu (a) Name of related organization 	Ist complete this line, including cove (b) Transaction	ered relationships and transa	1p 1q 1q 1r 1s action threshol (d) Method of de	l s lds.
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who mu (a) Name of related organization	Ist complete this line, including cove (b) Transaction	ered relationships and transa	1p 1q 1q 1r 1s action threshol (d) Method of de	l s lds.
p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses other transfer of cash or property to related organization(s). S Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who mu (a) Name of related organization	Ist complete this line, including cove (b) Transaction	ered relationships and transa	1p 1q 1q 1r 1s action threshol (d) Method of de	l s lds.
p Reimbursement paid to related organization(s) for expenses	Ist complete this line, including cove (b) Transaction	ered relationships and transa	1p 1q 1q 1r 1s action threshol (d) Method of de	l s lds.

58-0566162

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Schedule R (Form 990) 2018

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

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) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign country) Predominant income (related, from tax under Are all partners section organizations? Share of total income		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?				(j) eral or aging tner?	(k) Percentage ownership		
			sections 512-514)	No			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												<u> </u>
(14)												
(15)												
(16)												
									Sch		R (Forr	n 990) 2018

JSA

Schedule R (Form 990) 2018

Page 5

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

Form	990-T	E>	cempt Organization (and proxy tax					'n	OMB	No. 1545-0687			
		For cale	ndar year 2018 or other tax year begin	¹⁹ . 20 12									
Departm	nent of the Treasury		► Go to www.irs.gov/Form990						2				
	Revenue Service	► Do	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).										
A	Check box if address changed	Name of organization (Check box if name changed and see instructions.) D Employer identification number (Employees' trust, see instructions.)											
	mpt under section	During	ATLANTA HISTORICAL S		-								
X	501(C)(3)	Print or	Number, street, and room or suite no. I	faP.O	. box, see instructions	i.			566162				
	408(e) 220(e)	Туре	120 WEGE DIGEG EEDDI	7					structions.)	ess activity code			
	408A 530(a)		130 WEST PACES FERRY City or town, state or province, country			ada							
	529(a) k value of all assets	-	ATLANTA, GA 30305	, anu z	IP of loreign postal of	ode		7224	10 53	2000			
	nd of year	F Gro	up exemption number (See instructi	one)				/ 2 2 1.	10 55	2000			
15	4.330.343.		eck organization type \blacktriangleright X 501	,		501(c	truet	401(a)	truet	Other trust			
			inization's unrelated trades or busine		-	U			(or first) u				
			ECIAL EVENTS INCOME	0000.		nlv one	complete Parts I-		` '				
			e end of the previous sentence, cor	nplete		•							
	de or business, th		•			piete a e							
			corporation a subsidiary in an affili	ated g	roup or a parent-su	bsidiary c	ontrolled group?			Yes X No			
			identifying number of the parent cor	-		,	5 1		•••				
J The	e books are in care	e of ▶JE	EFF RUTLEDGE			Telephon	e number 🕨 40	4-814-	-4000				
Part	Unrelated	Trade of	or Business Income		(A) Incom	e	(B) Expen	ses		(C) Net			
1a	Gross receipts or	sales	2,174,257.										
b	Less returns and allowa	ances	c Balance ►	1c	2,174								
2	Cost of goods sol	ld (Sched	ule A, line 7)	2		,289.							
			2 from line 1c	3	1,987	,968.				1,987,968.			
4a	Capital gain net i	ncome (a	attach Schedule D)	4a									
			Part II, line 17) (attach Form 4797)	4b									
С	Capital loss dedu	ction for t	trusts	4c									
			r an S corporation (attach statement)	5									
				6									
			come (Schedule E)	7									
	-		ents from a controlled organization (Schedule F)	8									
			1(c)(7), (9), or (17) organization (Schedule G)	9									
			ncome (Schedule I)	10									
11	Advertising incom	ne (Sched	dule J)	11									
			ctions; attach schedule)	12 13	1,987	968				1,987,968.			
Part			Taken Elsewhere (See instr	-			eductions) (F	- 	or contri				
i ai			be directly connected with t				, (LNOOPUI		bations,			
14			directors, and trustees (Schedule K)					. 14					
										519,696.			
18	Interest (attach s	chedule)	(see instructions)					. 18					
			See instructions for limitation rules)		1	1			_				
			4562)				2,559,053						
			l on Schedule A and elsewhere on re				1,945,218			613,835.			
23	Depletion							. 23					
			compensation plans							00 140			
			s							86,146.			
			Schedule I)										
			schedule J)							748,876.			
			schedule)							1,968,553.			
			es 14 through 28 ble income before net operating							19,415.			
			ig loss arising in tax years beginnir										
			e income. Subtract line 31 from line	-						19,415.			
									Fc	orm 990-T (2018)			

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ATLANTA HISTORICAL S	DCIETY, INC.
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Form	990-T (2018)	Page 2
Par	t III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	33 19,415.
34	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	instructions)	35 19,415.
26	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
36	of lines 33 and 34.	20
		36 37 1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	
_	enter the smaller of zero or line 36	38 0.
Par	t IV Tax Computation	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041).	40
41	Proxy tax. See instructions	
42	Alternative minimum tax (trusts only).	
43	Tax on Noncompliant Facility Income. See instructions	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	
Par		44
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	-
	Other credits (see instructions)	-
	General business credit. Attach Form 3800 (see instructions)	-
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-
е	Total credits. Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	
48	Total tax. Add lines 46 and 47 (see instructions)	48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	
50 a	Payments: A 2017 overpayment credited to 2018	
	2018 estimated tax payments	1
	Tax deposited with Form 8868	-
	Foreign organizations: Tax paid or withheld at source (see instructions)	1
	Backup withholding (see instructions)	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1
	Other credits, adjustments, and payments: Form 2439	-
y		
54		E1
51 50	Total payments. Add lines 50a through 50g	51
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	
Par	J J	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country
	here	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?
	If "Yes," see instructions for other forms the organization may have to file.	
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the t	pest of my knowledge and belief, it is
Sigr	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Her		ay the IRS discuss this return th the preparer shown below
		ee instructions)? X Yes No
	Print/Type preparer's name	PTIN
Paid	Marc A March 15 (0000 Chec	
Prep		50 1050405
Use		s EIN > 58 - 1250486 e no. 404 - 874 - 6244
	FIIMS address P 2/1 1/16 SIGEL, NW SUITE 1000, ALLANIA, GA 30303 Phon	
JSA		Form 990-T (2018)

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	%	
	%	
		Enter here and on page 1, Part I, line 7, column (A).

(.)					
(2)					
(3)					
(4)					
-	4. Amount of average acquisition debt on or illocable to debt-financed property (attach schedule)	 Average adjusted basis of or allocable to debt-financed property (attach schedule) 	6. Column 4 divided by column 5	 Gross income reportable (column 2 x column 6) 	 Allocable deductions (column 6 x total of columns 3(a) and 3(b))

(4)						
for personal property is more than 10% but not percen			rom real and personal property age of rent for personal property if the rent is based on profit or	exceeds		directly connected with the income 2(a) and 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total		Total				
(c) Total income. Add totals of here and on page 1, Part I, line	()	,			(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,
Schedule E - Unrelated			e instructions)			
1 Description of d	obt financed property		2. Gross income from or allocable to debt-financed	3.		onnected with or allocable to aced property
1. Description of debt-financed property			property		ht line depreciation ach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
4. Amount of average	5. Average adjust		6. Column	7 (17000	incomo roportablo	8. Allocable deductions

%

%

	, , , , ,		-	
2	Purchases	2	7	Cost of goods sold. Subtract line
3	Cost of labor	3		6 from line 5. Enter here and in
4 a	Additional section 263A costs			Part I, line 2
	(attach schedule)	4a	8	Do the rules of section 263A (with respect to
b	Other costs (attach schedule)	4b		property produced or acquired for resale) apply

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation >

1

Form 990-T (2018)

(see instructions) 1. Description of property

Inventory at beginning of year

Total. Add lines 1 through 4b - 5

1

5

(1) (2) (3)

(1)

(2)

(3) (4)

Totals

Total dividends-received deductions included in column 8 .

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ATLANTA HISTORICAL SOCIETY, INC.

6 Inventory at end of year

to the organization?

6

Page	3
	-

No

Х

Yes

Enter here and on page 1,

Part I, line 7, column (B).

Form 990-T (2018)

Form	990-T	(2018)
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ATLANTA HISTORICAL SOCIETY, INC.

58-0566162 Page **4**

Schedule F-Interest, Ann	uities, Royalties	, and Ren	ts From Contro	lled Or	ganizat	i ons (see	instructio	ons)	
			npt Controlled Or		-			,	
1. Name of controlled organization	2. Employer identification numb		et unrelated income s) (see instructions)			pecified included in the co		olling	6. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7. Taxable Income	8. Net unrelated in (loss) (see instruct		 Total of specifi payments made 		includ	rt of column ed in the co ation's gross	ntrolling		 Deductions directly innected with income in column 10
(1)									
(2)									
(3)									
(4)									
Totals Schedule G – Investment Ir		tion 501(c)(7), (9), or (17) Orga	Enter Part I	columns 5 a here and on , line 8, colu , (see ins t	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of	income	3. Deduc directly co (attach sc	nnected			t-asides schedule)	des 5. Total dedu	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and o Part I, line 9, co								Enter here and on page 1, Part I, line 9, column (B).
Schedule I-Exploited Exe	empt Activity In	come, Oth	ner Than Advert	ising Ir	ncome (see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expendirectl directl connected productio unrelate business in	rectly ected with uction of related		dé 5. Gross income from activity tha is not unrelated business income		at attributa		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,						Enter here and on page 1, Part II, line 26.
Schedule J-Advertising Ir	ICOME (see instru	uctions)							
Part I Income From Per			onsolidated Ba	sis					
		<u>ou on u o</u>							
1. Name of periodical	2. Gross advertising income	3. Dire advertising	2 minuo o	ss) (col. ol. 3). If mpute		culation ome	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))									

Form 990-T (2018)

Part II Income From Per 2 through 7 on a l			rate Basis (For e	each periodica	I listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I.						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2. ⁻	Title	3. Percent of time devoted to business	4. Compensation unrelated l	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Total. Enter here and on page 1, Part II, line 14►

Form **990-T** (2018)

ATTACHMENT 1

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

LANDSCAPE	11,008.
INSURANCE & TAXES	39,292.
COPIER & POSTAGE	16,188.
BUSINESS OFFICE	36,588.
HR	34,818.
IT & INFO SVCS	49,128.
BANK FEES	10,213.
OFFICE SUPPLIES	38,655.
ADVERTISING	675.
PROFESSIONAL SERVICES	59,471.
MISCELLANEOUS	1,040.
SOFTWARE EXPENSE	1,929.

748,876. PART II - LINE 28 - OTHER DEDUCTIONS

1TYROU 9242 7/10/2020 BLIC INSPECTOR COPY ATTACHMENT 1

	4562		Deprec	iation a	nd Am	ortizat	ion		OMB No. 1545-0172
Form	4302			Information					2018
Departr	ment of the Treasury			Attach to y	our tax ret	turn.			Attachment
Internal	Revenue Service (99)		Go to www.irs.gov/Fo	orm4562 for i	nstruction	s and the la	est information.		Sequence No. 179
	s) shown on return			a					Identifying number
	LANTA HIST		SOCIETY, IN	С.					58-0566162
	NERAL DEPR		J						
Part			ertain Property l	Jnder Sect	ion 179				
			sted property, con			you com	olete Part I.		
1 1	Maximum amount (se	e instructions)						1	
	Total cost of section ?								
	Threshold cost of sec								
5 [Reduction in limitation Dollar limitation for tax year Separately, see instructions	. Subtract line 4 from	n line 1. If zero or less, enter .	0 If married filing					
6		(a) Description	of property		(b) Cost (bu	isiness use on	y) (c) Elect	ted cost	
									_
									_
	isted property. Enter								
	Fotal elected cost of s								
	Fentative deduction. E Carryover of disallowe								
	Business income limit								
	Section 179 expense								
	Carryover of disallow								
	Don't use Part II or		,						
Par	Special De	preciation A	llowance and Ot	her Depred	iation (D	on't include	e listed proper	ty. See ins	tructions.)
	Special depreciation					• • • •			
	during the tax year. Se								
	Property subject to se								
16 (Par	Other depreciation (in MACRS De	preciation (Don't include listed	property S	ee instruc	tions)	<u></u>	16	
ı aı		<u>p: 00:01:01: (1</u>			tion A				
17	MACRS deductions for	or assets place	d in service in tax yea	rs beginning b	efore 2018			17	
	f you are electing t								
	asset accounts, check	here		<u></u>					
	Sectio	on B - Assets	Placed in Service			r Using th	e General Dep	reciation S	System
	(a) Classification of	property	(b) Month and year placed in service	(c) Basis for (business/inv only - see ir	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
	5-year property								
	7-year property								
	10-year property								
	15-year property 20-year property								
	25-year property					25 yrs.		S/L	
	Residential rental					27.5 yrs.	ММ	S/L	
	property					27.5 yrs.	MM	S/L	
	Nonresidential real					39 yrs.	MM	S/L	
	property						MM	S/L	
		C - Assets P	Placed in Service D	ouring 2018	Tax Year	Using the	Alternative De	preciation	System
20a (Class life							S/L	
	12-year					12 yrs.		S/L	
	30-year					30 yrs.	MM	S/L	
	10-year	Soo instructi				40 yrs.	MM	S/L	
	isted property Enter	1	7					24	
	₋isted property. Enter Γotal. Add amounts			7 lines 10 a	und 20 in	column (a)	and line 21 ⊏	nter 21	
ł	nere and on the appro	priate lines of y	our return. Partnershi	ps and S corp	orations - s	ee instructio	ns	22	
23 1	or assets shown at	bove and place	ed in service during	the curren	t year, ent	er the 23			
For P	aperwork Reduction 8X2300 1.000 1TYROU 9242	Act Notice, 50		NSPIE	ECTI				Form 4562 (2018)

Cart U Listed Property (Include automobiles certain inter. For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete ont/24a, 24b, columns (a) through (c) of Section A. and for Section B. and Section C. angelinable. Section A - Depreciation and Other Information (Caution: See the instructions for Initis for passenger automobiles.) 24b oyou have endoace to support the bioinsexinterment use caimed? Ive I No. 124b. Ive I No. 124b. 24b oyou have endoace to support the bioinsexinterment use caimed? Ive I No. 124b. Ive I No. 124b. 24b oyou have endoace to support the bioinsexinterment use caimed? Ive I No. 124b. No. 124b. Ive I No. 124b. 25 Special depreciation allowance for qualified business use. See instructions 25 Ive I No. 124b. Ive I No. 124b. 27 Property used 60% or less in a qualified business use. See instructions St 28 Ive I No. 124b. Ive I No. 124b. 28 Add amounts in column (h), lines 25 through 27. Enter hare and on line 21, page 1. 28. Ive I No. 124b. Ive I No. 124b. 29 Add amounts in column (h), lines 25 through 27. Entermation on Use of Vahicles Vehicl	Form	n 4562 (2018)											58	-0566	162	Page 2
entertainment, récréation, or anusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a. 24b, columna (a) through (c) of Section A, al of Section B, and Section CI applicable. 24a Dy columna (a) through (c) of Section A, al of Section B, and Section CI applicable. Image: Columna (a) through (c) of Section A, al of Section B, and Section F, al of Section F, and Section F, and Section F, al of Section F, and Section F, al of Section	_	. ,	operty (Include	automob	iles.	certai	n otł	ner ve	hicles	s. certa	in air	craft.	and	proper	tv use	
24b. columns (a) through (c) of Section A. all of Section F. and Section C if applicable. 24b. provention A Depreciation and Other Information (Cautions See the instructions for limits for passenger automobile.) 24a D you have evidence to support the builestivestment use claimed? Yes No 24b. If Yes, 'I the evidence witter? Yes No 25b. Section A Depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. Sec instructions	1 6					oortai		101 10	inere.	0, 00,10		or art,	and	propor	.,	
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) Consider the business where the underword with the colsmon withon? Yes: No. <		Note: For a	ny vehicle for wh	ich you are	using	the s	tandar	d milea	ge ra	te or dec	lucting	lease	expense	, comp	lete on	ly 24a
242 D cyclume evidence to support the businessimestment use claimorf. Yes No 242 D f Yes, 'Is the evidence with the 'No' is the 'No' is' 'No' is the 'No' is the 'No' is the 'No' is t		· · · · · · · · · · · · · · · · · · ·	., .,										ngor out	tomobil		
(a) (b) (c) (c) <th>2/3</th> <th></th> <th>No</th>	2/3															No
Type of over type Description Description <thdescription< th=""></thdescription<>	240	,				claimeu			NO							
weinities ferig in service meaning weinities and the answer of the standard field strong the placed in service during the tax year and used more than 50% in a qualified business use. See instructions gen Convention disk gen convention gen convention disk gen convention gen gen convention gen gen convention gen gen convention gen							В		eciation						-	
25 Special depreciation allowance for qualified business use. See instructions 25 26 Property used more than 50% in a qualified business use. See instructions 25 27 Property used more than 50% in a qualified business use: 51 27 Property used 50% or less in a qualified business use: 51 27 Property used 50% or less in a qualified business use: 51 28 44 51 51 29 45 51 51 24 Add amounts in column (h), line 25 through 72. Enter there and on line 71, page 1 29 29 Section 8 - Information on Use of Vehicles 20 20 Section 12 100 metric, page 1 20 21 Total business/investment miles driven during the year during the year down index of the year down index down index down of the year down index down index down of the year down index down index down index down of the year down index down index down of the year down index down index down index down of the year down index down index down index down of the year down index					e Cost	or other b	asis (b									
the tax year and used more than 50% in a qualified business use: 25 Property used more than 50% in a qualified business use: 36 27 Property used 50% or less in a qualified business use: 31 27 Property used 50% or less in a qualified business use: 31 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 29 29 Section 8 - Information on Use of Vehicles Complete this section for vehicles used by a set proprietor, pather, or other "more than 5% were," or related person in Section C1 to seei / you meet an exception to completing this section for there weldes. 30 Total obusiness/investment miles driven during the year. Add lines 30 through 32. Vehicle 3 Vehicle 4 Vehicle 4 Vehicle 6 31 Total other personal (noncommuting miles driven during the year. Add lines 30 through 32. Year No Year No <td>25</td> <td>Special depresenti</td> <td>on allowance for</td> <td></td> <td>tod pr</td> <td>oporty</td> <td>nlagor</td> <td></td> <td></td> <td>luring</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	25	Special depresenti	on allowance for		tod pr	oporty	nlagor			luring						
26. Property used more than 50% in a qualified business use: 27. Property used 50% or less in a qualified business use: 28. Add amounts in column (h), line 28. Enter here and on line 21, page 1,	23											25				
State State 27 Property used 50% or less in a qualified business use: 36 SL - 37 State 38 SL - 38 SL - 38 SL - 38 SL - 38 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28 23 Add amounts in column (h), line 26. Enter here and on line 7, page 1. 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to our employees, first answer the equestons in Section C to see if you mate an exception to completing this section for these vehicles. 30 Total other personal (noncommuting) miles driven during the year. 40 31 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32. Yes No Yes	26							, motrao				. 25				
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ATLANTA HISTORICAL SOCIETY, INC. INSTRUCTIONS FOR FILING FORM 600-T GEORGIA EXEMPT ORGANIZATION UNRELATED BUSINESS INCOME TAX RETURN FOR THE YEAR ENDED JUNE 30, 2019

THE ORIGINAL RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON PAGE 1 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY JULY 15, 2020 WITH:

GEORGIA DEPARTMENT OF REVENUE, PROCESSING CENTER P.O. BOX 740397 ATLANTA, GEORGIA 30374-0397

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

PUBLIC INSPECTION COPY

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Georgia Form	600-	(Rev.	06/25/18
Exampt Organizati	ion		

Exempt Organization Unrelated Business Income Tax Return Page 1



Mailing Address: Georgia Department of Revenue Processing Center PO Box 740397 Atlanta, Georgia 30374-0397

Amended	Amended due to IRS Audit	Address Change		UET Ann	ualization Exception a	ttache	d			
For the taxable	year beginning07	/01	, 20	18	and ending		06/3	0	20 19	
Name of Organiz	ation	Name of Fiduciar	у					r ID No. (in case c		
ATLANTA HIS	STORICAL SOCIETY, IN						trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)			
Number and Stre	et	Number and Stre	et						,	
130 WEST PA	ACES FERRY ROAD					58	-056616	52		
City or Town		City or Town				NA	ICS Code	Date of current	IRS code section	
								exemption letter.	for which you are exempt.	
ATLANTA State	Zip Code	State	Zip C	odo						
		State				-			(C)(3)	
GA	30305									
								SCHEDULE '		
1. Unrelated b	ousiness taxable income from	Federal Form 99	0-T (a	ttach co	ру)	1.				
2. Additions .					ATCH 1	2.			19415.	
3. Total (add I	Line 1 and Line 2)					3.			19415.	
4. Subtraction	s				ATCH 2	4.			19415.	
5. Georgia un	related business taxable incon	ne (Line 3 less Lir	ne 4).			5.				
COMPUTATIO	ON OF GEORGIA UNRELAT		S INC	OME T	AX			SCHEDULE 2	2	
1. Line 5, abo	ve, multiplied by 6%					1.				
2. Less: Credi	its used from Schedule 3, do r	not enter more th	ian Lin	ne 1 of S	chedule 2	2.				
3. Less: Paym	ents					3.				
4. Withholding	g Credits (G2-A, G2-LP and/or C	G2-RP)				4.				
5. Balance of	tax due OR overpayment					5.				
6. Interest due	e (See Instructions)					6.				
7. Underestim	ated tax penalty		• • •			7.				
8. Other pena	Ities due (See Instructions)		•••			8.				
9. Balance of	tax, interest and penalties due	e with return	• • •			9.				
	an overpayment, amount to b									
Estimated	FEDERAL 990-T AND SUPPORTI	Refun				 : ATT				
I/We declare under belief, it is true, corr knowledge. Georgia	penalty of perjury that I/we have exam rect, and complete. If prepared by a p Public Revenue Code Section 48-2-3	nined this return (inc person other than the f	luding a axpayer	accompany r, this decla	ing schedules and sta aration is based on all	ateme I inforn	nts) and to the nation of which	e best of my/our kno h the preparer has	wledge and	
Georgia. F SHEFFT	ELD HALE			SM	ITH Mar	~	P. <b>A</b>	A HA		
Signature of Office					nature of Individua		6 4. 6	ngrieturn		
CEO/PRESI		020		•	1739349			V		
Title	Date			Em	ployee ID or Socia	al Sec	urity Numbe	r		
THOM	ISON REUTERS TAX 8		01 DD			∽г	v⊂			
1TYROU 9	9242 7/10/2020B		M	<b>∀</b> ¥8			71118			

# Georgia Form 600-T Page 2



(ROUND TO NEAREST DOLLAR)

Name ATLANTA HISTORICAL SOCIETY, IN

FEIN 58-0566162

SCHEDULE 3

### CREDIT USAGE AND CARRYOVER

# 1. Complete a separate schedule for each Credit Code.

2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.

- 3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
- 4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
- 5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
- 6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
- 7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
- 8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this tax payer, enter this taxpayer's name and ID# below and 100% for the percentage.

1. Credit Code			
2. Credit remaining from previous years			
3. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
4. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
5. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
6. Company Name	I		ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
7. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
8. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
9. Company Name			ID Number
Credit Certificate #	% of Credit		Credit Generated this tax year
10. Total available credit for this tax year (sum of Line	es 2 through 9)	10.	
11. Credit Used this tax year		11.	
12. Potential carryover to next tax year (Line 10 less	Line 11)	12.	

ATLANTA HISTORICAL SOCIETY, INC.	58-0566162
	ATTACHMENT 1
ADDITIONS (SCHEDULE 1, LINE 2)	
FEDERAL NET OPERATING LOSS	19415.
TOTAL ADDITIONS	19415.
	ATTACHMENT 2
SUBTRACTIONS (SCHEDULE 1, LINE 4)	
GA NET OPERATING LOSS	19415.
TOTAL SUBTRACTIONS	19415.

Form	990-T	E>	cempt Organization (and proxy tax					rn	ОМВ	No. 1545-0687	
		For calendar year 2018 or other tax year beginning $07/01$ , 2018, and ending $06/30$ , 20							<u>19</u> . 2 <b>∩1</b> 8		
Depart	ment of the Treasury		► Go to www.irs.gov/Form9907 for instructions and the latest information.						<u>/</u> 2		
	Revenue Service	► Do	not enter SSN numbers on this form a					c)(3).	Open to F 501(c)(3)	Public Inspection for Organizations Only	
A	Check box if address changed		Name of organization (       Check box if name changed and see instructions.)       D       Employer identification number (Employees' trust, see instructions.)								
	mpt under section		ATLANTA HISTORICAL S								
X	501(C)(3)	Print or	Number, street, and room or suite no. I	faP.O	. box, see instructior	ıs.			566162		
	408(e) 220(e)	Туре	120 1120 51050 5505						ated busine structions.)	ess activity code	
	408A 530(a)		130 WEST PACES FERRY								
	529(a) ok value of all assets	-	City or town, state or province, country ATLANTA, GA 30305	/, and z	LIP or loreign postal	code		7224	10 53	2000	
	nd of year	F Gro	up exemption number (See instructi	one )	<b></b>			/221.	10 55	2000	
15	54,330,343.		eck organization type $\blacktriangleright$ X 501			501(c	) truet	401(a)	truet	Other trust	
_			inization's unrelated trades or busine			001(0			(or first) u		
			ECIAL EVENTS INCOME	0000.		only one	complete Parts I		` '		
			end of the previous sentence, cor	nplete		•	•			,	
	ade or business, th		,								
			corporation a subsidiary in an affili	ated g	roup or a parent-s	ubsidiary o	controlled group?			Yes X No	
			identifying number of the parent cor	-			0.1				
J Th	ie books are in care	e of ▶JE	EFF RUTLEDGE			Telephon	e number ▶ 40	4-814-	-4000		
Par	t I Unrelated	Trade of	or Business Income		(A) Incor	ne	(B) Expen	ises		(C) Net	
1a	Gross receipts or s	sales	2,174,257.								
b	Less returns and allowa	ances	<b>c</b> Balance ►	1c		1,257.					
2			ule A, line 7)	2		5,289.			_		
3			2 from line 1c	3	1,987	7,968.			_	1,987,968.	
4a			attach Schedule D)	4a					_		
b	- · ·		Part II, line 17) (attach Form 4797)	4b							
С			trusts	4c							
5			r an S corporation (attach statement)	5					-		
6				6							
7			come (Schedule E)	7							
8			ents from a controlled organization (Schedule F)	8							
9 10			1(c)(7), (9), or (17) organization (Schedule G) ncome (Schedule I)	9 10							
11			dule J)	11							
12	Other income (Se	e instruc	ctions; attach schedule)	12							
13			ough 12	13	1,987	7,968.				1,987,968.	
Par			Taken Elsewhere (See instr	-			eductions.) (	Except f	or contr	ibutions.	
			be directly connected with t				, ,			,	
14			directors, and trustees (Schedule K)					14			
15										519,696.	
16											
17	Bad debts							17			
18	Interest (attach s	chedule)	(see instructions)					18			
19											
20			See instructions for limitation rules)		1				_		
21			4562)				2,559,053			612 025	
22			on Schedule A and elsewhere on re				1,945,218			613,835.	
23											
24			compensation plans							86,146.	
25 26			S							00,140.	
26 27			Schedule I)								
27 28			schedule J)							748,876.	
20 29			es 14 through 28					28		1,968,553.	
29 30			ble income before net operating							19,415.	
31			ig loss arising in tax years beginnir							,	
32			e income. Subtract line 31 from line	-						19,415.	
									Fo	orm <b>990-T</b> (2018)	

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ATLANTA	HISTORICAL	SOCIETY,	INC.
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_	990-T (2018)			F	->age <b>2</b>
Par	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e			
	instructions).	- 33		19,4	415.
34	Amounts paid for disallowed fringes	. 34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (se				
	instructions)			19,4	415.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sur				
30	of lines 33 and 34,				
<b>07</b>				1 (	000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			Ξ,	<u> </u>
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36				0
	enter the smaller of zero or line 36	• 38			0.
Par	Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax or	1			
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041).	▶ 40			
41	Proxy tax. See instructions	▶ 41			
42	Alternative minimum tax (trusts only)	. 42			
43	Tax on Noncompliant Facility Income. See instructions				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				
Par	t V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 45a				
	Other credits (see instructions)	-			
	, , , , , , , , , , , , , , , , , , , ,	-			
	General business credit. Attach Form 3800 (see instructions)	-			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	- 45 -			
	Total credits. Add lines 45a through 45d				
46	Subtract line 45e from line 44				
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule				
48	Total tax. Add lines 46 and 47 (see instructions)	. 48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	. 49			
	Payments: A 2017 overpayment credited to 2018				
b	2018 estimated tax payments				
С	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d				
е	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (attach Form 8941) 50f				
a	Other credits, adjustments, and payments: Form 2439				
5	□ Form 4136				
51	Total payments. Add lines 50a through 50g	. 51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52			
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► <u>53</u>			
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				
-					
55 Dor	Enter the amount of line 54 you want: Credited to 2019 estimated tax  Refunded TV Statements Regarding Certain Activities and Other Information (see instructi	<b>&gt;</b>  55			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		-	163	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e foreig	n country		
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	reign trus	st?		X
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year <b>&gt;</b> \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to th true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of r	ny knowledge a	and beli	ief, it is
Sig	n 📐	May the	IRS discuss	thie -	eturn
Her			preparer sh		
	Signature of officer Date Title		tions)? X Ye		No
	Print/Type preparer's name Preparer's signature Date Ot		if PTIN		
Paid		Iecк If-employe	0.17	3934	.9
	Darer Firm's name ► SMITH & HOWARD, P.C.		58-125		
Use			04-874-6		
		5110 HU. 1	Form <b>9</b>		
JSA			Form 33	/V ⁻ 1	(2010)

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	%	
	%	
		Enter here and on page 1, Part I, line 7, column (A).

5. Average adjusted basis

of or allocable to

debt-financed property

(attach schedule)

. . . .

- Unrelated Debt-Financed Income (se	e instructions)							
	2. Gross income from or	3. Deductions directly connected with or allocable to debt-financed property						
<ol> <li>Description of debt-financed property</li> </ol>	allocable to debt-financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)					

6. Column

4 divided

by column 5

% %

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the i in columns 2(a) and 2(b) (attach schedul
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
Schedule E - Unrelated Debt-Financed I	ncome (see instructions)	

	(attach schedule)	Ŀ	4a	8	Do	the	rules	of	section	on	263A	(wi	th resp	ect	to
b	Other costs (attach schedule)	4	1b		prop	erty	produ	ced	or	acqu	uired	for	resale)	ap	pply
5	Total. Add lines 1 through 4b .		5		to th	ie org	anizatic	n? .							

Schedule A - Cost of Goods Sold. Enter method of inventory valuation >

1

2

3

# Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

# (see instructions)

1. Description of property

Inventory at beginning of year

Purchases

Cost of labor

**4a** Additional section 263A costs

Form 990-T (2018)

1

2

3

(1)

(1) (2) (3) (4)

(1)

(2) (3) (4) 4. Amount of average

acquisition debt on or

allocable to debt-financed

property (attach schedule)

Totals

Total dividends-received deductions included in column 8 .

(2)				
(3)				
(4)				
2. Rent rece	ived or accrue	ed		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percenta	rom real and personal property age of rent for personal property if the rent is based on profit or	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)				
Total	Total			
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)				(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
Schedule E - Unrelated Debt-Financed	Income (se	e instructions)		•
	· · · ·		3. [	Deductions directly connected with or allocable to

7

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6

7

6 Inventory at end of year

Cost of goods sold. Subtract line

6 from line 5. Enter here and in Part I, line 2

7. Gross income reportable

(column 2 x column 6)

No

Х

Yes

Form 990-T (2018)

8. Allocable deductions

(column 6 x total of columns

3(a) and 3(b))

Enter here and on page 1,

Part I, line 7, column (B).

Form	990-T	(2018)
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ATLANTA HISTORICAL SOCIETY, INC.

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Schedule F-Interest, Ann	uities, Royalties	, and Re	nts Fro	om Contro	led Or	ganizat	i <b>ons</b> (see	e instructio	ons)	
				ontrolled Org					,	
1. Name of controlled organization	2. Employer identification numb		<b>3.</b> Net unrelated income (loss) (see instructions)			of specified ents made	5. Part of column 4 that is included in the controlling organization's gross income			6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations	I								
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specifie	ed	includ	rt of column ed in the co zation's gros	ntrolling		<ol> <li>Deductions directly inected with income in column 10</li> </ol>
(1)										
(2)										
(3)										
(4)										
Totals				(9) or (17		Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).
1. Description of income	edule G – Investment Income of a Section \$           1. Description of income         2. Amount of income			3. Deduc directly cor (attach sch	tions nected		4. Se (attach		<b>5.</b> Total deductions and set-asides (col. 3 plus col. 4)	
(1)										· · ·
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 9, column (A).								Enter here and on page 1, Part I, line 9, column (B).	
Totals										
Schedule I-Exploited Exe	empt Activity In	come, O	ther Th	an Adverti	sing Ir	ncome (	see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or unrel		<ul> <li><b>3.</b> Expenses directly innected with roduction of unrelated siness income</li> <li><b>4.</b> Net incom from unrelat or business 2 minus col If a gain, co cols. 5 three</li> </ul>		ed tradé (column umn 3). ompute	from ac	s income tivity that unrelated s income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, line 10, c	Part I,					1		Enter here and on page 1, Part II, line 26.
Totals Schedule J-Advertising Ir	come (see instru	uctions)								
Part I Income From Per			Consol	idatod Bag	le					
			011501		515					
1. Name of periodical	lame of periodical advertising		rect ig costs	4. Advert gain or (los 2 minus co a gain, col cols. 5 thro	s) (col. ol. 3). If mpute	5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form 990-T (2018)

ATTACHMENT 3

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

FACILITIES	449,871.
LANDSCAPE	11,008.
INSURANCE & TAXES	39,292.
COPIER & POSTAGE	16,188.
BUSINESS OFFICE	36,588.
HR	34,818.
IT & INFO SVCS	49,128.
BANK FEES	10,213.
OFFICE SUPPLIES	38,655.
ADVERTISING	675.
PROFESSIONAL SERVICES	59,471.
MISCELLANEOUS	1,040.
SOFTWARE EXPENSE	1,929.

PART	ΙI	-	LINE	28	-	OTHER	DEDUCTIONS	748,876.
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1TYROU 9242 7/10/2020 BLIC: INSPECTOR COPY ATTACHMENT 3