Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2011

			Under section	n 501(c),	527, or 4947(a)(1) of	the Interna	al Revenu	le Code	(except b	lack	lung		
	ment of the				benefit t	rust or	private fou	undation)						to Public
	Revenue S			-	may have to us		-			porting requi	reme			ection
A FO	r the 20	-	dar year, or tax y	ear begi	nning	0.	7/01, 201	1, and en	aing		or ida		0, 20 1	
Cheo	ck if applicable		of organization			a				D Employ			on number	
	Address		ANTA HISTORI	CAL SO	CIETY, IN	Ċ.				58-0	1566	162		
	change	Numb	Business As er and street (or P.O.	hov if moil in	not dolivered to o	troot oddr		Deem /eui	1.0	E Tolopho		mbor		
	Name chang		,			treet addre	ess)	Room/sui	te	E Telepho				
_	Initial return		WEST PACES		-					(404)	814	4-402	0	
_	Terminated Amended		r town, state or country		4									
_	return Application		ANTA, GA 303							G Gross r				38,404
	pending		ne and address of prin	•	F. SHE			_		H(a) Is this affiliate	s?			es X M
			WEST PACES							H(b) Are all				
	ax-exempt		X 501(c)(3)	501(c) () (insert	t no.)	4947(a)(1)	or	527	-			e instruction	s)
			TLANTAHISTOF							H(c) Group				~
	-		X Corporation	Trust	Association	Other		L Ye	ar of forma	ation: 1927	M	State of I	egal domic	ile: GA
Part		ummary												
			e the organization's		•									
e l			NIZATION'S P											
Activities & Governance			TE INFORMAT						ENVIR	RONS				
	IN	ORDER	TO CONNECT	PEOPLE	, HISTORY,	AND	CULTURE	·						
2	2 Che	ck this box	t 🕨 📃 if the orga	anization o	discontinued its	operatio	ons or dispos	ed of more	than 25%	% of its net a	ssets	s. _.		
5	3 Nun	nber of vot	ing members of the	governing	body (Part VI, I	ine 1a)						3		32
ß			ependent voting me									4		32
			of individuals emplo									5		154
			of volunteers (estima									6		130
	7a Tota	al unrelate	d business revenue	from Part \	/III, column (C),	line 12					• •	7a	1,01	15,958
			business taxable in											97,753
		uniolatou								Prior Yea			Curren	
	8 Con	tributions	and grants (Part VIII	line 1h)						3,501		0.		25,295
										1,090	-			50,341
	9 FIU	gran servi	ce revenue (Part VIII	, III (29) _	a 2 4 and 7d)			• • • • • •	•	8,846				96,750
			come (Part VIII, colu							1,148				54,106
			(Part VIII, column											42,992
			- add lines 8 throug							14,586	,70	0	4,/	±2,992
			nilar amounts paid (
			o or for members (F									0		
	5 Sala	aries, othe	r compensation, em	ployee ben	efits (Part IX, co	olumn (A)), lines 5-10)		•	4,014	-			42,317
1	6a Prof	fessional f	undraising fees (Part	IX, colum	n (A), line 11e)				•	144	,50	5.	1	32,474
			ng expenses (Part I)											
1 1			es (Part IX, column (6,331	-			30,381
1	8 Tota	al expense	s. Add lines 13-17 (must equa	l Part IX, colum	n (A), line	e 25)			10,490	,39	6.		55,172
1	9 Rev	enue less	expenses. Subtract	line 18 fror	n line 12 🚬					4,096	,37	3.	-4,82	L2,180
d Balances									Begi	nning of Curr	ent Y	ear	End of	Year
	20 Tota	al assets (F	art X, line 16)							100,923	,77	6.	94,78	34,679
			(Part X, line 26)							7,086	,87	8.	6,99	99,522
<u> </u>	22 Net		fund balances. Sub							93,836	,89	8.	87,78	35,157
art		Signature												
nde	r penalties	s of perjury,	declare that I have ex	amined this	return, including a	accompar	nying schedules	s and statem	ents, and	to the best of	my kı	nowledge	and belief	, it is true,
orre	ct, and co	mplete. Dec	laration of preparer (ot	her than offi	cer) is based on a	ll informa	tion of which p	reparer has	any knowl	edge.	-			
gn		Signature	e of officer							Date				
ere		5												
			rint name and title											
	Driv		parer's name		Preparer's signa	ature		Date				;r PTIN	1	
id					Fiepalei S signa	aure		Date		Check				·
epa		RC AZA								self-en			P0074	6804
•	Doly Firr		► SMITH & HO							Firm's EIN	,		50486	
	Firr		▶ 171 17TH S							Phone no.			74-624	14
av t	he IRS c	liscuss this	s return with the pre	parer show	/n above? (see i	nstructio	ns)	<u></u> .	<u></u> .	<u></u> .		<u></u> [X Yes	N
<u> </u>					te instructions.								Form (90 (201

ATLANTA HISTORICAL SOCIETY, INC.	
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58-0566162

Part III State	ment of Program Service A	ccomplishments		
		sponse to any question in this Part III		X
Briefly describ ATTACHM	e the organization's mission: דידיאי 1			
Did the organ	ization undertake any signifi	cant program services during the ye	ear which were not listed or	
prior Form 99 If "Yes," descri	0 or 990-EZ? ibe these new services on Sc	hedule O.		Yes X
services?		or make significant changes in		
	ibe these changes on Schedu	ule O. vice accomplishments for each of	its three largest program s	ervices, as measure
expenses. Se	ction 501(c)(3) and 501(c)((4) organizations and section 4947 xpenses, and revenue, if any, for eac	(a)(1) trusts are required	
a (Code: 9000	99) (Expenses \$ _{5,5} ,	44,631. including grants of \$) (Revenue \$	819,856.)
ATTACHM				
b (Code: 9000)	99) (Expenses \$ 7	40, 220, including grants of \$) (Revenue \$	240,405
		49,238. including grants of \$		240,485.)
THROUGHOUT	THE YEAR, WE BRING		MONTHLY	240,485.)
THROUGHOUT LIVING HIS TODDLER PF	T THE YEAR, WE BRING STORY PROGRAMS, LECT ROGRAMS, HOMESCHOOL	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME	MONTHLY AUTHORS, ER CAMPS,	240,485.)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES	THE YEAR, WE BRING TORY PROGRAMS, LECT ROGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE	MONTHLY AUTHORS, ER CAMPS, E. OVER	240,485.)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER	240,485.)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH	THE YEAR, WE BRING TORY PROGRAMS, LECT ROGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER	240,485.)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER	240,485.)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER	240,485.)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER	240,485.)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER DRY CENTER	240,485.)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER DRY CENTER)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER DRY CENTER	240,485.)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER DRY CENTER)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER DRY CENTER)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER DRY CENTER)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER DRY CENTER)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER DRY CENTER)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT COGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE) (Expenses \$) (Expenses \$) and the services (Describe in Sched	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER DRY CENTER) (Revenue \$)
THROUGHOUT LIVING HIS TODDLER PF ANNUAL FES 50,000 SCH ANNUALLY.	THE YEAR, WE BRING STORY PROGRAMS, LECT ROGRAMS, HOMESCHOOL STIVALS SUCH AS SHEE HOOL CHILDREN ARE SE) (Expenses \$	HISTORY TO LIFE THROUGH URES WITH AWARD-WINNING A DAYS, SCHOOL TOURS, SUMME P TO SHAWL, AND MUCH MORE RVED BY THE ATLANTA HISTO	MONTHLY AUTHORS, ER CAMPS, E. OVER DRY CENTER) (Revenue \$)

Form 9	990 (2011)		I	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		
6	Part III			
U	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		x
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		х
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; 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446	v	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		x
h	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	110		
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
۵	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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		Х
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, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			37
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17	х	
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Δ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 822 /f "Yes." complete Schedule G. Part //	18	Х	
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	10	Λ	
19	If "Yes," complete Schedule G, Part III	19		х
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

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Form	990 (2011)			age 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	Х	
24 a				
	\$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 25.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
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,"			37
	complete Schedule N, Part II.	32		Х
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, Parts II, III,			37
	IV, and V, line 1	34		X
35 a		35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			37
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			77
• -	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	07		v
~~	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	x	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	A	

Form 990 (2011)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			-aye J
Fai	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 154			
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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
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	_	37	
_	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		х
لہ	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization rile roll observation of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
Ũ	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form 9	90 (2011) ATLANTA HISTORICAL SOCIETY, INC. 58-0566			Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 32			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32			
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 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 70	Did the organization have members or stockholders?			
7a	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
N	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>,</u>	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		400	res	X
-	Did the organization have local chapters, branches, or affiliates?	10a		A
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a b	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.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100	Х	
L	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	Λ	
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	Х	
Sect	ion C. Disclosure	100		L
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright_{GA}			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5			nly)
-	available for public inspection. Indicate how you made these available. Check all that apply.	(-/)		.,
	X Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	finta	oct r	olicy

- **19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20
 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ JEFF RUTLEDGE 130 WEST PACES FERRY ROAD ATLANTA, GA 30305

 JSA
 For the person who possesses the books and records of the person who p

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	((** 2,1000 millio))	organization and related organizations
(1) JOHN M. ALLAN TRUSTEE	1.00	X						C	0	0
(2)_TOM_ASHER TRUSTEE	1.00	X						C	0	0
(3)_JOEL_BABBIT TRUSTEE	1.00	x						C	0	0
(4) CHARLES H. BATTLE, JR TRUSTEE	1.00	X						C	0	0
(5)_SUSAN R. BELL TRUSTEE	1.00	x						C	0	0
(6) DENISE CLEVELAND-LEGGETT TRUSTEE	1.00	X						С	0	0
(7) CHARLES B. CRAWFORD, JR TRUSTEE	1.00	x						C	0	0
(8) JAMES E. CUSHMAN, JR TRUSTEE	1.00	X						C	0	0
(9) BEVERLY M. DUBOSE III TRUSTEE (10) JULIA V. EMMONS	1.00	X						C	0	0
TRUSTEE (11) WESLEY A. FRENCH	1.00	X						C	0	0
TRUSTEE (12) THOMAS S. FRICKE	1.00	X						C	0	0
TRUSTEE (13) SAMUEL G. FRIEDMAN	1.00	X						C	0	0
TRUSTEE (14) LILLIAN GIORNELLI	1.00	X						C	0	0
TRUSTEE	1.00	x						C	0	0

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art VII Section A. Officers, Directors, (A)	(B)	-		, (C			(D)	(E)		(F)	
Name and title	Average hours per week (describe	Position (do not check more than on box, unless person is both a officer and a director/truste					Reportable compensation from	Reportable compensation from related	a	stimated mount of other opensati	of
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee		Key employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	rom the ganizatio id related anizatior	on d
) ERNEST L. GREER	1 00	v									
TRUSTEE	1.00	X									
TRUSTEE	1.00	x									
) M. MAXINE HICKS											-
TRUSTEE	1.00	x						o o			
) DAVID P. LANIER TRUSTEE	1.00	x						0 0			
) SAM MASSELL	1.00							0			_
TRUSTEE	1.00	x						0 0			
) LAURA MILES											
TRUSTEE	1.00	х						o o			
) PHILIP F. MOONEY											
TRUSTEE	1.00	X						0 0			
PICHARD BRAND MORGAN											
TRUSTEE	1.00	X		$ \rightarrow $				0 0			
) KAREN PARKER TRUSTEE	1.00	x									
:) REINALDO PASCUAL	1.00	- 22		-+							_
TRUSTEE	1.00	x						o o			
) JENNY PRUITT											
TRUSTEE	1.00	Х						0 0			
b Sub-total								0 0		1.0	
c Total from continuation sheets to Part VI							397,262			18,0	
d Total (add lines 1b and 1c)					 	a) who	► 397,262.			18,0	<u>4</u> ر
reportable compensation from the organiza		2	2	<u>.</u>		<i>,</i> wito		φτου,σου σι			
	(()		4				and a second			Yes	
Did the organization list any former of employee on line 1a? If "Yes," complete Sch									3		
For any individual listed on line 1a, is the	e sum of rep	ortab	le c	com	pen	sation	and other comper	sation from the			
organization and related organizations individual									4	x	
Did any person listed on line 1a receive for services rendered to the organization? <i>li</i>									5		
ection B. Independent Contractors	,					P				1	-
Complete this table for your five highest c compensation from the organization. Repo year.											
(A) Name and business	address						(B) Description of s	ervices	(C) Compen		
TTACHMENT 3									2 sinpon		_

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 ► 6

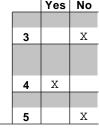
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Part VII Section A. Officers, Directors, T		<u> </u>								
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule	box,	unles	Pos heck ss pe	erson	e than c is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	O)	stee	rustee		œ	pensated				
5) J. MICHAEL ROBISON TRUSTEE	1.00	x						C	0	
7) CHRIS SCHOEN TRUSTEE	1.00	x						C	0	
3) WILLIAM B. SHEARER, JR TRUSTEE	1.00	x						C		
9) STUART SNYDER TRUSTEE	1.00	x						C	0	
) JOHN P. SPALDING TRUSTEE	1.00	x						C	0	
1) JOHN A. FENTENER VAN VLISSING TRUSTEE	1.00	x						C	0	
2) MICHAEL A. WOOCHER TRUSTEE	1.00	x						C	0	
3) MICHAEL FLOCK TRUSTEE	1.00	x						C	0	
4) JACK MARKWALTER TRUSTEE	1.00	x						C	0	
5) SHIRLEY MITCHELL TRUSTEE	1.00	x						C	0	
5) PETER MOISTER TRUSTEE	1.00	x						C	0	
 b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) 2 Total number of individuals (including but no 								ceived more than	\$100.000 of	

3	employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
	individual
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual
	for services rendered to the organization? If "Yes," complete Schedule J for such person



Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

	m 990 (2011)	voto o Ka									(age 8
Ρ	art VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (describe	(B) (C) Average Position hours per (do not check more than o week box, unless person is both (describe officer and a director/truste					one	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	m an	ed) (F) stimated nount of other pensatio	'n
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	org	rom the ganization d related anizations	
37) MICHAEL ROGERS												
	TRUSTEE	1.00	X						0		0		0
38) CHRIS WOMACK												
	TRUSTEE	1.00	X						0		0		0
39		40.00			37				105 640			F C	~ ~
4.0	CEO/PRESIDENT	40.00			X				195,640.			5,6	80.
40) CASEY STEADMAN COO	40.00			x				100 501		0	6,3	1 /
41) MICHAEL ROSE	40.00			_ A				109,581.			0,5	14.
11	EXECUTIVE VP	40.00			x				92,041.		0	6,0	51
42) F. SHEFFIELD HALE*	10100							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	CEO/PRESIDENT	40.00			x				0		0		0
		-											
		-									_		
		-											
	b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-			 	•••	· · · ·						
2	Total number of individuals (including but not reportable compensation from the organizatio			liste 2	ed a	bov	e) wh	o re	eceived more than	\$100,000 of			
												Yes	No
3													
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual	• •		• •			3	\vdash	Х
4	For any individual listed on line 1a, is the organization and related organizations grain individual	eater than	\$15	50,0	00?	? It	"Yes	s,"	complete Schedu	le J for such	4	x	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	' un	related organization	on or individual	5		Х
S	ection B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization. Report or year.												
	(A) Name and business add	dress							(B) Description of se	ervices	(C) Compens		
								_					
								1					

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 ►
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art	t VIII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b	318,622.				
Ā	с	Fundraising events		552,757.				
llar	d	Related organizations	1d					
Sim	е	Government grants (contribu	itions) 1e	150,621.				
ē	f	All other contributions, gifts, gran	nts,					
ŧ		and similar amounts not included	above 1 f	1,903,295.				
pu	g	Noncash contributions included	in lines 1a-1f: \$	29,601.				
	h	Total. Add lines 1a-1f	<u></u>		2,925,295.			
nu l				Business Code				
eve	2a	ADMISSIONS		900099	963,699.	963,699.		
9 8	b	FEES FOR SEMINARS		900099	96,642.	96,642.		
ž	с							
Program Service Revenue	d							
ram	е							
l 0	f	All other program service rev						
<u> </u>	g	Total. Add lines 2a-2f			1,060,341.			
	3	Investment income (includin						
		other similar amounts)			1,046,274.			1,046,274
	4	Income from investment of t			0			
	5	Royalties • • • • • • • •	(i) Real	(ii) Personal	1,622.			1,622
	6a	Gross rents		39,739.				
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .	(i) Securities	(ii) Other	737,956.		613,576.	124,380
	7a	Gross amount from sales of						
		assets other than inventory	2,439,021.	345,000.				
	b	Less: cost or other basis						
		and sales expenses	4,172,479.	254,566.				
		Gain or (loss)		90,434.				
	d	Net gain or (loss)		· · · · · · · · •	-1,643,024.	90,434.		-1,733,458
e	8a	Gross income from fundra	0					
l je		events (not including \$		ATCH 5				
é		of contributions reported on						
2		See Part IV, line 18						
Other Revenue		Less: direct expenses			142 542			140 515
0		Net income or (loss) from fu			-143,648.			-143,648
	уа	Gross income from gaming a See Part IV, line 19						
		Less: direct expenses Net income or (loss) from ga			0			
		Gross sales of invent	-		0			
		returns and allowances	a					
		Less: cost of goods sold Net income or (loss) from sa			621,995.		402,382.	219,613
		Miscellaneous Reven		Business Code				
Γ.	11a	MANAGEMENT FEES		541610	136,181.	136,181.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			136,181.			
				<u></u>				

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	448,717.	99,662.	349,055.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,103,769.	1,973,535.	791,813.	338,421
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	339,344.	203,645.	101,536.	34,163
10 Payroll taxes	250,487.	146,543.	79,964.	23,980
11 Fees for services (non-employees):				
a Management	0			
b Legal	30,243.	4,007.	26,236.	
c Accounting	58,000.		58,000.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	132,474.			132,474
f Investment management fees	217,105.		217,105.	
g Other	189,803.	113,119.	76,684.	
12 Advertising and promotion	140,870.	34,913.	105,857.	100
13 Office expenses	518,187.	210,329.	280,490.	27,368
14 Information technology	351,489.	131,061.	207,640.	12,788
15 Royalties	745.	745.		
16 Occupancy	1,962,714.	1,767,784.	194,930.	
17 Travel	48,069.	29,580.	17,075.	1,414
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	88,574.	32,765.	46,206.	9,603
20 Interest	145,043.	142,324.	2,719.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,061,315.	1,061,315.		
23 Insurance	128,270.	112,113.	16,157.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a EXHIBITIONS AND COLLECTIONS	175,965.	175,335.	630.	
b POSTAGE	46,509.	5,736.	22,969.	17,804
c PRINTING	79,309.	26,653.	37,115.	15,541
d SUBSCRIPTIONS AND DUES	38,171.	22,705.	11,784.	3,682
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,555,172.	6,293,869.	2,643,965.	617,338
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				
following SOP 98-2 (ASC 958-720)	0			

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Page **11**

I Cash - non-interest-bearing 3, 500, 855, 1 I Savings and temporary cash investments 2, 281, 202, 2 I Pledges and grants receivable, net 1, 312, 812, 3 I Accounts receivable, net 106, 172, 4 Sceevables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 0 6 Receivables from other disqualified persons (as defined under section gemployers and sponsoring organizations (see instructions) 0 6 Receivables, net. 106, 172, 4 7 Notes and loans receivable, net. 0 8 Inventories for sale or use. 166, 213, 8 9 Prepaid expenses and deferred charges 361, 766, 9 10a Lad, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 52, 028, 759. 11a Investments - publicly traded securities. ATCH 8 51, 070, 175. 11 4 12 Investments - program-related. See Part IV, line 11 7, 245, 800. 15 100, 923, 776. 16 9 13 Investments - program-related. See Part IV, line 11 7, 245, 800. 15 14 100, 923, 776. 16 9 14				Balance Sheet	Dant					
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Organizations that follow SFAS 117, check here ▶ ▲ and complete lines 27 through 29, and lines 33 and 34.▲27Unrestricted net assets64,332,459.27	5,999,522.	6	/,086,8/8.		20					
27 Unrestricted net assets 64,332,459. 27 5					s					
$\overline{\mathbf{a}}$ 27 Unrestricted net assets $[64, 332, 459, 27]$ 5		-	64 222 450		e e					
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29 Permanently restricted net assets 17,394,837. 29 1 0rganizations that do not follow SFAS 117. check here ► and 17,394,837. 29 1	1,152,414.	9	17,394,037.							
□ Organizations that do not follow SFAS 117, check here ▶ and ▷ complete lines 30 through 34.				complete lines 30 through 34	L L					
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	form 990 (2011)		100,223,110.		1.31					

Forr	n 990 (2011)				Pa	ge 12	
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,7	42,9	92.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2 9,555,1		72.		
3	Revenue less expenses. Subtract line 2 from line 1	3		-4,8			
4							
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,2	39,5	61.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))	6		87,7	85,1	57.	
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII						
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," ex Schedule O.	•			Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		sight	2.			
	of the audit, review, or compilation of its financial statements and selection of an independent accountar			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiai	n In				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar w	/ere				
	issued on a separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	h in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		the	a h			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization ATLANTA HISTORICAL SOCIETY, INC. 58-0566162 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I b Type II c Type III - Functionally integrated d Type III - Other а By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified е persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) (B) (C) (D)

Total

(E)

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

Schedule A (Form 990 or 990-EZ) 2011

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,306,691.	3,509,755.	3,527,657.	3,501,610.	2,925,295.	16,771,008.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,306,691.	3,509,755.	3,527,657.	3,501,610.	2,925,295.	16,771,008.
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)						1,641,419.
6	Public support. Subtract line 5 from line 4.						15,129,589.
Sec	tion B. Total Support		I				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	3,306,691.	3,509,755.	3,527,657.	3,501,610.	2,925,295.	16,771,008.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,154,019.	2,613,466.	2,082,715.	1,645,762.	1,192,581.	10,688,543.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	3,952.	289.	21,392.			25,633.
11	Total support. Add lines 7 through 10						27,485,184.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	10,937,229.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2011 (li	ne 6, column (f)) divided by line	11, column (f))		14	55.05%
15	Public support percentage from 2010					15	56.54%
16a	331/3% support test - 2011. If the o	rganization did	not check the l	pox on line 13,	and line 14 is	331/3% or mor	
	this box and stop here. The organization			•			
b	331/3% support test - 2010. If the c	rganization did	not check a bo	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly su	upported
	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga				•		
	Explain in Part IV how the organzation						-
18	supported organization Private foundation. If the organization						▶□
	instructions						
						abadula A (Earm 0	

Schedule A (Form 990 or 990-EZ) 2011

Page 3

Schedule A (Form 990 or 990-EZ) 2011

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

 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e	2011	(f) ⊤	otal
1	Gifts, grants, contributions, and membership fees	(4) 2001		(0) 2000	(4) 2010	(0)	/	(.) .	
	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								
5	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								
5	furnished by a governmental unit to the								
	, ,								
	organization without charge								
5 7 -	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								
	line 6.)								
	tion B. Total Support	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(0	2011	(f) ⊺(otol
	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2000	(0) 2003	(u) 2010	(6	12011	(1)	otai
9 0 a	Amounts from line 6 Gross income from interest, dividends,								
Ua	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								
1	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
2	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV.)								
3	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
4	First five years. If the Form 990 is for	the organizatio	n's first, second.	third, fourth, or	fifth tax year a	s a se	ection 501	(c)(3)	
	organization, check this box and stop here	-			•				
ec	tion C. Computation of Public Sup								%
6ec 5	tion C. Computation of Public Sup Public support percentage for 2011 (line 8.			mn (f))		15			
5	Public support percentage for 2011 (line 8	, column (f) divid	ed by line 13, colur			15 16			
5 6	Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche	, column (f) divid edule A, Part III, li	ed by line 13, colur ne 15			15 16			%
5 6 ec	Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche tion D. Computation of Investmer	, column (f) divid edule A, Part III, li nt Income Pe i	ed by line 13, colur ne 15 centage			16			%
5 6 ec 7	Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche tion D. Computation of Investmer Investment income percentage for 2011 (lin	, column (f) divid edule A, Part III, li nt Income Per ne 10c, column	ed by line 13, colur ne 15	13, column (f))	<u></u>	16 17			%
5 6 ec 7 8	Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche tion D. Computation of Investmer Investment income percentage for 2011 (lin Investment income percentage from 2010 Schemet	, column (f) divid edule A, Part III, li nt Income Pe i ne 10c, column Schedule A, Part	ed by line 13, colu ne 15 centage (f) divided by line 1 III, line 17	13, column (f))	· · · · · · · · · · · · ·	16 17 18	331/3%	and line	%
5 6 ec 7 8	Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche tion D. Computation of Investmer Investment income percentage for 2011 (lin Investment income percentage from 2010 \$ 331/3% support tests - 2011. If the org	, column (f) divid edule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did n	ed by line 13, colur ne 15 Centage (f) divided by line 1 III, line 17 ot check the box	I3, column (f)) < on line 14, and	l line 15 is more	16 17 18 e than			%
5 6 7 8 9a	Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche tion D. Computation of Investmer Investment income percentage for 2011 (line Investment income percentage from 2010 S 331/3% support tests - 2011. If the org 17 is not more than 331/3%, check the	, column (f) divid edule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did n is box and sto	ed by line 13, colur ne 15 centage (f) divided by line 1 III, line 17 ot check the box p here . The org	13, column (f)) < on line 14, and anization qualifies	l line 15 is more s as a publicly	16 17 18 e than suppor	ted organi	zation	%
5 6 7 8 9a	Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche tion D. Computation of Investmer Investment income percentage for 2011 (line Investment income percentage from 2010 S 331/3% support tests - 2011. If the org 17 is not more than 331/3%, check th 331/3% support tests - 2010. If the organisation	, column (f) divid edule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did n is box and sto anization did not	ed by line 13, colur ne 15 (f) divided by line 7 (f) divided by line 7 (f), line 17 ot check the box p here . The org check a box on	13, column (f)) < on line 14, and anization qualifies line 14 or line 19	d line 15 is more as a publicly a, and line 16 is	16 17 18 e than suppor	ted organi than 331/3	zation 3%, and	% % %
5 6 7 8 9a	Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche tion D. Computation of Investmer Investment income percentage for 2011 (line Investment income percentage from 2010 S 331/3% support tests - 2011. If the org 17 is not more than 331/3%, check the	column (f) divid edule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did n is box and sto anization did not this box and s	ed by line 13, colur ne 15 (f) divided by line 7 (f) divided by li	13, column (f)) < on line 14, and anization qualifies line 14 or line 19 ganization qualifie	d line 15 is more as a publicly ba, and line 16 is as as a publicly	16 17 18 e than supports more suppo	ted organi than 331/ rted organi	zation 3 %, and zation	% % %

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Schedule A (Form 990 or 990-EZ) 2011

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

instructions).

SCHEDULE A, PART II -	OTHER INCOME				ATTACHMENT 1	
DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
OTHER INCOME	3,952.	289.	21,392.			25,633.
TOTALS	3,952.	289.	21,392.			25,633

SCHEE	DULE D)
(Form	990)	

Department of the Treasury

Supplemental Financial Statements

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

OMB No. 1545-0047
2011
Open to Public

	nal Revenue Service	Attach to Form	aao. ► See sep	arate instructions.	
	e of the organization	V TNO			Employer identification number
	ANTA HISTORICAL SOCIET tl Organizations Mainta		unde or Other	Similar Funda a	58-0566162 r Accounts. Complete if the
હા	organization answered	d "Yes" to Form 990. P	art IV, line 6.	Similar Funus O	Accounts. Complete il the
_			(a) Donor advi	ised funds	(b) Funds and other accounts
	Total number at end of year				
	Aggregate contributions to (duri				
	Aggregate grants from (during y				
	Aggregate value at end of year.				
	Did the organization inform all		rs in writing the	t the assets held in	donor advised
	funds are the organization's proj		-		
	Did the organization inform all g			-	
	only for charitable purposes and				
	conferring impermissible private				
aı	t II Conservation Easeme	ents. Complete if the o	rganization and	swered "Yes" to F	orm 990, Part IV, line 7.
	Purpose(s) of conservation ease				
	Preservation of land for pu	Iblic use (e.g., recreation	or education)	Preservation of	of an historically important land area
	Protection of natural habita		,		of a certified historic structure
	Preservation of open space	9			
	Complete lines 2a through 2d if		ualified conserv	ation contribution ir	n the form of a conservation
	easement on the last day of the	tax year.			
					Held at the End of the Tax Year
	Total number of conservation ea				
)	Total acreage restricted by cons				
	Number of conservation easem				2c
	Number of conservation easem				
	historic structure listed in the Na	-			
			d, released, extl	nguisned, or termin	nated by the organization during the
	tax year			atad N	
	Number of states where proper Does the organization have a w				
	violations, and enforcement of t				
	Staff and volunteer hours devote				
		ed to monitoring, inspect	ing, and onioron	ig concervation cat	server adding the year
	Amount of expenses incurred in	monitorina, inspectina, a	and enforcina co	nservation easeme	ents during the year
	►\$		ing energies		
	Does each conservation easem	ent reported on line 2(d)	above satisfy th	e requirements of se	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?				
	In Part XIV, describe how the or	ganization reports conse	ervation easeme	nts in its revenue an	d expense statement, and
	balance sheet, and include, if a		ootnote to the o	rganization's financ	cial statements that describes the
	organization's accounting for co				
a	t III Organizations Mainta				er Similar Assets.
_	Complete if the organ				
	If the organization elected, as p	permitted under SFAS 1	16 (ASC 958), r	not to report in its	revenue statement and balance shee ucation, or research in furtherance or
	public service, provide, in Part X	IV, the text of the footnot	e to its financial	statements that des	scribes these items.
					evenue statement and balance shee
				blic exhibition, edu	ucation, or research in furtherance o
	public service, provide the follow	•			▶ *
					▶\$
					senate for financial gain provide the
					assets for financial gain, provide the
	following amounts required to b				ıs: •••••• \$
					••••••••••••••••••••••••••••••••••••••
	Paperwork Reduction Act Notice, se				Schedule D (Form 990) 2011
SA B 1.0					

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	dule D (Form 990) 2011							Page 2
Par	t III Organizations Maintain	ing Collections of	Art, Historical	Treasures, o	r Other Simila	ar Assets (continue	d)
3	Using the organization's acquisition collection items (check all that app		other records, cl	neck any of th	ne following that	at are a sig	nificant us	se of its
а	X Public exhibition		d X	Loan or excha	nge programs			
b	X Scholarly research		e	Other				
с	X Preservation for future ge	enerations						
4	Provide a description of the orga	nization's collections	s and explain ho	w they furthe	r the organizat	ion's exemp	t purpose	e in Part
	XIV.							
5	During the year, did the organization	on solicit or receive of	onations of art,	historical treas	ures, or other si	milar		
	assets to be sold to raise funds rati	her than to be mainta	ained as part of t	he organizatio	n's collection?	•••••	Yes	X No
Par	t IV Escrow and Custodial A line 9, or reported an ar				swered "Yes"	to Form 99	90, Part l'	V,
1a	Is the organization an agent, truste	e, custodian or othe	r intermediary fo	r contributions	or other assets	not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement ir	Part XIV and comp	lete the following	table:				
						Amount		
с	Beginning balance			· · · · · 1c	:			
d	Additions during the year				I			
е	Distributions during the year				•			
f	Ending balance							
2a	Did the organization include an am		Part X, line 21?			• • • • • • [Yes	No
	If "Yes," explain the arrangement in							
Par	t V Endowment Funds. Cor							
		(a) Current year	(b) Prior year	(c) Two yea		ee years back	(e) Four y	ears back
1a	Beginning of year balance	63,099,878.	54,720,40			992,842.		
	Contributions	481,481.	224,26	6. 439	9,315.	395,985.		
С	Net investment earnings, gains,							
ام	and losses	-1,777,925.	11,570,47	5. 7,403	8,3518,0	054,402.		
	Grants or scholarships							
e	Other expenditures for facilities . and programs	3,408,644.	3,137,95	0 2 000	3,785. 3,	0 5 5 0 1 2		
f	Administrative expenses	218,404.	277,31			055,013. 250,169.		
g	End of year balance	58,176,386.	63,099,87			230,109. 029,243.		
9 2	Provide the estimated percentage					529,245.		
- a	Board designated or quasi-endowr			rg, column (a)				
b	Permanent endowment 17.4							
	Temporarily restricted endowment							
	The percentages in lines 2a, 2b, a		00%					
3a	Are there endowment funds not in			hat are held ar	nd administered	for the		
	organization by:		<u>.</u>				Y	es No
	(i) unrelated organizations						3a(i)	x
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related org	ganizations listed as	required on Sche	dule R?			3b	
4	Describe in Part XIV the intended u	uses of the organizat	ion's endowmen	t funds.			·	·
Par	t VI Land, Buildings, and Equ	uipment. See Forr	n 990, Part X,	line 10.				
	Description of property		other basis (b) C tment)	ost or other basis (other)	(c) Accumulated depreciation) (d) Book valu	e
1a	Land			3,630,564.			3,63	0,564.
b	Buildings		3	3,697,168.	13,387,71	5.	20,309	9,453.
С	Leasehold improvements			1,869,546.		4.	1,079	9,662.
d	Equipment	[1,848,531.			1	4,699.
	Other			0,982,953.				1,372.
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Form	n 990, Part X, col	umn (B), line 1	0(c).)		25,92	5,750.
						Sched	lule D (Forn	n 990) 2011

58-0566162

Schedule D (Fo				Page 3
Part VII	Investments - Other Securities. See Fe	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
	I derivatives			
	neld equity interests	11,811,784.	ATTACHMENT 1	
<u>(A)</u>				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	11,811,784.		
Part VIII	Investments - Program Related. See F		e 13	
	(a) Description of investment type	(b) Book value	(c) Method of valuati	on.
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. See Form 990, Part X, li	no 15		
		Description		(b) Book value
(1) THORN	TON TRUST	Description		4,718,051.
	ZE TRUST			2,067,325.
(3) AIKEN				218,000.
(4)	11001			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
<u> </u>	(b) must equal Form 990, Part X, col. (B) line 15.)			7,003,376.
Part X	Other Liabilities. See Form 990, Part X			· · · · ·
1.	(a) Description of liability	(b) Book value	e	
(1) Federa	al income taxes			
(2) INTER	EST RATE SWAP	391,1	164.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 391,1	.64.	
2. FIN 48 (A	SC 740) Footnote. In Part XIV, provide the	text of the footnote to	the organization's financial statement	s that reports the

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedu	le D (Form 990) 2011			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		4,742,992.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		9,555,172.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-4,812,180.
4	Net unrealized gains (losses) on investments	4		-1,018,827.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		-220,734.
9	Total adjustments (net). Add lines 4 through 8	9		-1,239,561.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-6,051,741.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn		
1	Total revenue, gains, and other support per audited financial statements		1	4,295,682.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a -1,018,82	7.		
b	Donated services and use of facilities 2b 93,58	7.		
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.) 2d 477,93	0.		
е	Add lines 2a through 2d		2e	-447,310.
3	Subtract line 2e from line 1		3	4,742,992.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-	· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		5	4,742,992.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		-	
1	Total expenses and losses per audited financial statements		1	10,347,423.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• –	-	
а		7.		
b				
C				
d	Other losses 2c Other (Describe in Part XIV.) 2d Add lines 2e through 2d	4.		
e	Add lines 2a through 2d	_	2e	792,251.
3	Add lines 2a through 2d Subtract line 2e from line 1	•	3	9,555,172.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• -	-	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
			4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	• • -	5	9,555,172.
	XIV Supplemental Information	•	5	<i>J</i> , <i>JJJ</i> ,17 <u>Z</u> .
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp Iditional information.	rt IV, lete t	lines his p	s 1b and 2b; part to provide
SEE	PAGE_5			
			Set -	dula D (Earm 000) 0011
			Sche	dule D (Form 990) 2011

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HISTORICAL COLLECTIONS

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 2012 AND 2011, APPROXIMATELY \$18,000 AND \$28,000 WAS CHARGED TO ORGANIZATION, ARCHIVAL, MUSEUM, AND HORTICULTURAL COLLECTIONS FOR THE PURCHASE OF HISTORICAL COLLECTIONS, RESPECTIVELY.

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

Schedule D (Form 990) 2011

71118

DESCRIPTION OF THE ORGANIZATION'S COLLECTIONS FORM 990, SCHEDULE D, PART III, LINE 4 THE ORGANIZATION'S PRIMARY PURPOSE IS TO COLLECT, PRESERVE, AND DISSEMINATE INFORMATION ABOUT ATLANTA, GEORGIA AND ITS ENVIRONS IN ORDER TO CONNECT PEOPLE, HISTORY, AND CULTURE. THE ATLANTA HISTORICAL SOCIETY THROUGH ITS COLLECTIONS, FACILITIES, PROGRAMS, EXHIBITIONS, AND PUBLICATIONS PRESERVES AND INTERPRETS HISTORICAL SUBJECTS PERTAINING TO ATLANTA AND ITS ENVIRONS AND OF INTEREST TO ATLANTA'S DIVERSE AUDIENCES.

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

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

OTHER AMOUNTS INCLUDED	N LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12
FORM 990, SCHEDULE D, F	RT XII, LINE 2D
FUNDRAISING EXPENSE	252,457
COGS	295,605
RENTAL EXPENSE	20,305
DISPOSAL OF PROPERTY	-90,437
TOTAL	477,930
	======

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

011 ATLANTA HISTORICAL SOCIETY, INC.

Part XIV Supplemental Information (continued)

OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25

FORM 990, SCHEDULE D, PART XIII, LINE 2DFUNDRAISING EXPENSE252,457COGS295,605LOSS ON INTEREST RATE SWAP220,734RENTAL EXPENSE20,305DISPOSAL OF PROPERTY-90,437------698,664

========

ASC-740-10 FOOTNOTE

FORM 990, SCHEDULE D, PART X, LINE 2 THE SUBSIDIARY IS TREATED AS A PARTNERSHIP FOR FEDERAL AND STATE INCOME TAX PURPOSES. SINCE THE SOCIETY IS THE SOLE MEMBER OF THE SUBSIDIARY, ALL INCOME, LOSSES AND TAX CREDITS FROM THE SUBSIDIARY'S ACTIVITIES ARE REPORTED ON THE SOCIETY'S INCOME TAX RETURNS.

THE SOCIETY QUALIFIES AS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501 (C)(3). INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN THE OPINION OF MANAGEMENT, THE SOCIETY HAD NO SIGNIFICANT TAXABLE UNRELATED BUSINESS INCOME DURING 2012 OR 2011. ADDITIONALLY, IN THE OPINION OF MANAGEMENT, THE ACTIVITIES OF THE SUBSIDIARY ARE NOT SUBJECT TO UNRELATED BUSINESS TAXABLE INCOME. ACCORDINGLY, NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN RECORDED

Schedule D (Form 990) 2011

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, 2009.

OTHER ADJUSTMENTS

FORM 990, SCHEDULE D, PART XI, LINE 8

LOSS ON INTEREST RATE SWAP 220,734

	ATTACHMENT 1	
SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTER	ESTS	
		COST
DESCRIPTION	BOOK VALUE	OR FMV
INTERNATIONAL EQUITIES	1,206,582.	FMV
ALTERNATIVE INVESTMENTS	10,605,202.	FMV
TOTALS	11,811,784.	

SCHEDU (Form 99		Staten		the organizatio	Outside the Uni n answered "Yes" to Form 9 14b, 15, or 16.			20 11		
Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.								Open to Public Inspection		
Name of the or	ganization						Employer identific	ation number		
ATLANTA	HISTORICAL			Outside the I	Jnited States. Complete	if the ord	58-056616			
T all T	Form 990, Pa				filled States. Complete		janization answ	eleu les lo		
assista grants	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
-	ance outside the			ganization's pr	ocedures for monitoring	, the use	or its grants	and other		
3 Activit	ies per Region.	(The follow	ving Part I, line	3 table can be	e duplicated if additional sp	bace is ne	eded.)			
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a produced describ	ivity listed in (d) is ogram service, be specific type of ice(s) in region	(f) Total expenditures for and investments in region		
(1) CENTRA	AL AMERICA/CARI	BBEAN			INVESTMENTS					
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
<u>(12)</u>										
<u>(13)</u>										
(14)										
(15)										
(16)										
(17)										
	total									
b Tota shee	l from cou ets to Part I	ntinuation								
	IIs (add lines 3a ork Reduction Ac		e the Instruction	s for Form 990.			Schedu	le F (Form 990) 2011		

Page **2**

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ►

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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1E1275 1.000

Page 3

Schedule F (Form 990) 2011

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
2)							
3)							
(4)							
5)							
6)							
7)							
8)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							

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1E1276 1.000

Schedule F (Form 990) 2011

Schedu	le F (Form 990) 2011		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	Yes	s 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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	s 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)	Yes	s X 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</i> "Yes," <i>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	s 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	s X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	s X No
			Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G

(Form	990	or	990-	EZ)
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Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

	2011				
9, or if the	Open to Public				
	Inspection				
Employer identification number					

X Yes

No

OMB No. 1545-0047

ATLA	NTA	HISTORICAL SOCIETY, INC.				58-0566162
Dout		Fundraising Activities. Complete if the	organ	izat	ion answered "Yes" to Form 9	90, Part IV, line 17.
Part		Form 990-EZ filers are not required to	compl	ete	this part.	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.						
а		Mail solicitations	е		Solicitation of non-government g	rants
b		Internet and email solicitations	f		Solicitation of government grants	3
					o	

Phone solicitations С d In-person solicitations

- g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody of	ndraiser 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	STRATEGIC					
COXE CURRY & ASSOCIATES	GUIDANCE		X		132,474.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
otal					132,474.	
3 List all states in which the organi registration or licensing. GA,	zation is registered	or license	d to solicit	t contributions or	has been notified	it is exempt from
		· ·				

Schedule G (Form 990 or 990-EZ) 2011

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

Image: Construction of the second	(d) Total events (add col. (a) through col. (c)) 661,566. 552,757. 108,809.
9992 1 Gross receipts	661,566. 552,757.
Secontributions 508,367. 44,390. 3 Gross income (line 1 minus line 2) 96,005. 12,804. 4 Cash prizes 96,005. 12,804. 5 Noncash prizes 9 6 Rent/facility costs 67,696. 22,030. 7 Food and beverages 67,696. 22,030. 8 Entertainment 12,500. 12,9843. 9 Other direct expenses 129,843. 20,388.	552,757.
Secontributions 508,367. 44,390. 3 Gross income (line 1 minus line 2) 96,005. 12,804. 4 Cash prizes 96,005. 12,804. 5 Noncash prizes 9 6 Rent/facility costs 67,696. 22,030. 7 Food and beverages 67,696. 22,030. 8 Entertainment 12,500. 12,9843. 9 Other direct expenses 129,843. 20,388.	
Iine 2) 96,005. 12,804. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d)	<u> 108,809</u> .
4 Cash prizes	
5 Noncash prizes	
8 Rent/facility costs 67,696. 22,030. 7 Food and beverages 67,696. 22,030. 8 Entertainment 12,500. 9 Other direct expenses 129,843. 20,388. 10 Direct expense summary. Add lines 4 through 9 in column (d) (
9 Other direct expenses 129,843. 20,388. 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ (
9 Other direct expenses 129,843. 20,388. 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ (
9 Other direct expenses 129,843. 20,388. 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ (89,726.
10 Direct expense summary. Add lines 4 through 9 in column (d)	12,500.
10 Direct expense summary. Add lines 4 through 9 in column (d)	150,231.
11 Net income summary. Combine line 3, column (d), and line 10	252,457.) -143,648.
Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reporte	
than \$15,000 on Form 990-EZ, line 6a.	
	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue	
2 Cash prizes	
2 Cash prizes	
4 Rent/facility costs	
5 Other direct expenses	
6 Volunteer labor Yes % Yes % Yes %	
7 Direct expense summary. Add lines 2 through 5 in column (d))
8 Net gaming income summary. Combine line 1, column d, and line 7	
 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 	Yes No

Schedule G (Form 990 or 990-EZ) 2011

	ATLANTA	HISTORICAL	SOCIETY,	INC.
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Sched	lule G (Form 990 or 990-EZ) 2011 Pa	age 3
11	Does the organization operate gaming activities with nonmembers?	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?	No
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	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 ► \$	
с	If "Yes," enter name and address of the third party:	
	Name	
	Address ►	
16	Gaming manager information:	
	Name	
	Gaming manager compensation ► \$	
	Description of services provided ►	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$	
Par	t IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2011

(Fori	EDULE J m 990) nent of the Treasury Revenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Hig Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.	hest	OMB No. 20 Open t	11	olic
	of the organization		Employer identific			
		RICAL SOCIETY, INC.	58-056			
Part		ns Regarding Compensation				
T GIL	Queene				Yes	No
1a b 2	990, Part VII, First-cla Travel fo Tax inde Discretion If any of the or reimburse explain Did the organ	propriate box(es) if the organization provided any of the following to or for a Section A, line 1a. Complete Part III to provide any relevant information reg ass or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did the organization follow a written po ement or provision of all of the expenses described above? If "No," nization require substantiation prior to reimbursing or allowing expenses stees, and the CEO/Executive Director, regarding the items checked in line 1	parding these items. ce for personal use personal residence nitiation fees chauffeur, chef) licy regarding paym complete Part III incurred by all offic	tent to ers,		
3	organization's related organ X Comper Indepen	h, if any, of the following the filing organization used to establish the competence of the CEO/Executive Director. Check all that apply. Do not check any boxes for a sization to establish compensation of the CEO/Executive Director. Explain in the method of the CEO/Executive Director. Explain in the size of the compensation committee with the compensation consultant apply. Do not check any boxes for the CEO/Executive Director. Explain in the size of the ceo/Executive Director. Executive Director. Executive Dire	methods used by a Part III.	3		
4 a b c	Participate in	ar, did any person listed in Form 990, Part VII, Section A, line 1a, with resport a related organization: verance payment or change-of-control payment? , or receive payment from, a supplemental nonqualified retirement plan? , or receive payment from, an equity-based compensation arrangement? ny of lines 4a-c, list the persons and provide the applicable amounts for e		4b 4c		X X X
5 a b	For persons I compensation The organizat	501(c)(3) and 501(c)(4) organizations must complete lines 5-9. listed in Form 990, Part VII, Section A, line 1a, did the organization pay or ac n contingent on the revenues of: tion?		<u>5a</u> 5b		x
6	If "Yes" to line For persons I	e 5a or 5b, describe in Part III. listed in Form 990, Part VII, Section A, line 1a, did the organization pay or ac n contingent on the net earnings of:				
a b	The organizat Any related o	rganization?		6a 6b		X X
7 8	For persons payments not Were any am	listed in Form 990, Part VII, Section A, line 1a, did the organization t described in lines 5 and 6? If "Yes," describe in Part III nounts reported in Form 990, Part VII, paid or accrued pursuant to a con I contract exception described in Regulations section 53.4958-4(a)(3	ntract that was sub	ject 7		x
9	in Part III If "Yes" to li	ine 8, did the organization also follow the rebuttable presumption prection 53.4958-4(a)	rocedure described			x
For Pa		ction Act Notice, see the Instructions for Form 990.		chedule J (F	orm 99	」 0) 2011

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Schedule J (Form 990) 2011

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i)	195,640.	0		0	6,322.	201,962.	
1 SALVATORE CILELLA	(ii)	0	0)			
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2011

JSA

Schedule J (Form 990) 2011

Part III Supplemental Information

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

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

20**11** Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number 58-0566162

Par	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	(o Method of noncash contri		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy		20	0	NT (N		
22	Historical artifacts		22.	0	N/A		
23	Scientific specimens						
24	Archeological artifacts		197.	29,601.			
25	Other ►(_ATCH 1)		197.	29,001.			
26	Other \blacktriangleright ()						
27 28	Other \blacktriangleright ()						
29	Other ►()	by the orac	hization during the tax ve	or for contributions for			
29	Number of Forms 8283 received which the organization completed I				29		1.
	which the organization completed i	0111 0203,	Fait IV, Dollee Acknowledg			Yes	No
30 a	During the year, did the organizat	tion receive	by contribution any prope	erty reported in Part I, line	s 1-28 that		
	it must hold for at least three yea						
	used for exempt purposes for the e					30a	X
b	If "Yes," describe the arrangement i						
31	Does the organization have a		tance policy that require	s the review of any r	on-standard		
	contributions?					31 X	
32 a	Does the organization hire or use	e third parti	ies or related organization	s to solicit, process, or s	sell noncash		
	contributions?					32a	Х
b	If "Yes," describe in Part II.	-					
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a)) is checked,		
	describe in Part II.						
For P	aperwork Reduction Act Notice, see the	ne Instruction	s for Form 990.		Schedule M	(Form 990)) (2011)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ORGANIZATION DID NOT REPORT REVENUES FOR A TYPE OF PROPERTY RECEIVED FORM 990, SCHEDULE M, LINE 33 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

FORM 990, SCHEDULE M, PART I, COLUMN B

THE ORGANIZATION REPORTED THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) (2011)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. 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	123.	0	N/A
REFERENCE MATERIALS	Х	55.	0	N/A
EQUIPMENT	Х	2.	6,470.	FMV
AUCTION ITEMS	Х	17.	23,131.	FMV
TOTALS	=	197.	29,601.	

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 Name of the organization

Employer identification number

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11A

THE ATLANTA HISTORICAL SOCIETY WILL COMPLETE THE PREPARATION OF THE FORM 990 NO LATER THAN JANUARY 31ST. THIS COMPLETED FORM 990 WILL BE PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AT ITS JANUARY MEETING. THE FORM 990 WILL THEN BE PRESENTED TO THE BOARD OF TRUSTEES AT ITS FEBRUARY MEETING. PENDING BOARD MEETING CALENDAR, ALL PRESENTATIONS AND REVIEWS WILL OCCUR PRIOR TO SUBMISSION OF THE FORM 990 TO THE IRS BEFORE FEBRUARY 15TH.

MONITORING AND ENFORCING COMPLIANCE WITH CONFLICT OF INTEREST POLICY FORM 990, PART VI, 12C

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

COMPENSATION DETERMINATION & REVIEW 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

Schedule O (Form 990 or 990-EZ) 2011	Pag
Name of the organization	Employer identification number
ATLANTA HISTORICAL SOCIETY, INC.	58-0566162

SOCIETY. THE COO 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 AND IS APPROVED BY THE CEO/PRESIDENT OR AT THEIR DISCRETION REVIEWED WITH THE COMPENSATION COMMITTEE.

DOCUMENTS MADE AVAILABLE TO THE PUBLIC 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/CMS/GOVERNANCE+AND+FINANCE/341.HTML.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES FORM 990, PART XI, LINE 5 NET UNREALIZED LOSS ON INVESTMENTS (1,018,827) LOSS ON INTERES RATE SWAP (220,734) ------TOTAL (1,239,561)

71118

OFFICER

PART VII

F. SHEFFIELD HALE BECAME THE CEO/PRESIDENT ON MARCH 19, 2012

JSA 1E1228 2.000

Schedule O (Form 990 or 990-EZ) 2011	Page
Name of the organization	Employer identification number
ATLANTA HISTORICAL SOCIETY, INC.	58-0566162
	ATTACHMENT 1
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	

THE ORGANIZATION'S PRIMARY PURPOSE IS TO COLLECT, PRESERVE, AND DISSEMINATE INFORMATION ABOUT ATLANTA, GEORGIA AND ITS ENVIRONS 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.

THE ATLANTA HISTORY CENTER INCLUDES FIVE SIGNATURE EXHIBITIONS AND THREE CHANGING EXHIBITION GALLERIES IN THE ATLANTA HISTORY MUSEUM, TWO HISTORIC HOUSES, ARCHIVES/SPECIAL LIBRARIES AND 33 ACRES OF GARDENS. THE ATLANTA HISTORY CENTER OFFERS HISTORICAL PERSPECTIVES INTEGRATING HISTORY, EDUCATION AND LIFE-ENRICHMENT PROGRAMS THROUGH EXHIBITIONS AND A VARIETY OF PROGRAMS. ADMISSION AND PROGRAM SERVICE FEES ARE RECEIVED FOR CERTAIN OF THESE ACTIVITIES. AUXILIARY OPERATIONS MAINTAINED BY THE SOCIETY INCLUDE A MUSEUM STORE AND FACILITY RENTALS. ADDITIONAL SOURCES OF REVENUE INCLUDE CONTRIBUTIONS AND GRANTS FROM GOVERNMENTAL AGENCIES AND PRIVATE DONORS AND MEMBERSHIP DUES FROM SOCIETY MEMBERS.

THE SUBSIDIARY OPERATES THE MARGARET MITCHELL HOUSE AND MUSEUM. THE MARGARET MITCHELL HOUSE AND MUSEUM, LOCATED IN MIDTOWN ATLANTA, INCLUDING THE HOUSE AND APARTMENT WHERE MARGARET MITCHELL WROTE HER PULITZER PRIZE-WINNING NOVEL GONE WITH THE WIND, A VISITORS' CENTER AND EXHIBITION GALLERY; AND A MUSEUM SHOP.

1E1228 2.000

ATLANTA HISTORICAL SOCIETY, INC.

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

Page 2

ATTACHMENT 2

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

THE ATLANTA HISTORY CENTER IS A UNIQUE CAMPUS THAT HOUSES THE ATLANTA HISTORY MUSEUM, CENTENNIAL OLYMPIC GAMES MUSEUM, SWAN HOUSE, SMITH FAMILY FARM, SIX HISTORIC GARDENS, AND THE KENAN RESEARCH CENTER. THE ATLANTA HISTORY CENTER ALSO INCLUDES THE MARGARET MITCHELL HOUSE, LOCATED OFF-SITE AT OUR MIDTOWN CAMPUS. THE ATLANTA HISTORY MUSEUM AT THE ATLANTA HISTORY CENTER IS ONE OF THE LARGEST HISTORY MUSEUMS IN THE NATION, FEATURING AWARD-WINNING SIGNATURE EXHIBITIONS THAT TELL THE STORY OF THE REGION'S PEOPLE, FROM ITS EARLIEST SETTLERS TO THE INTERNATIONAL CITY OF TODAY. THE CENTENNIAL OLYMPIC GAMES MUSEUM AT THE ATLANTA HISTORY CENTER OPENED IN 2006 IN CELEBRATION OF THE TEN YEAR ANNIVERSARY OF THE 1996 CENTENNIAL OLYMPIC GAMES. WITH ITS SPECTACULAR COLLECTION OF MULTIMEDIA PRESENTATIONS, ARTIFACTS, IMAGES, AND INTERACTIVE DISPLAYS, THE CENTENNIAL OLYMPIC GAMES MUSEUM HOUSES ONE OF THE MOST SIGNIFICANT EXHIBITIONS ON OLYMPIC SPORT AND HISTORY IN THE UNITED STATES. THE ATLANTA HISTORY CENTER'S PROPERTY FEATURES SIX HISTORIC GARDENS REPRESENTING GEORGIA'S DISTINCTIVE FLORA, BOTH NATIVE AND INTRODUCED. EACH GARDEN TELLS THE STORY OF A PARTICULAR GROUP OF PEOPLE WHO INTERACTED WITH THIS LAND AND ITS PLANTS IN DISTINGUISHABLE WAYS. THE ATLANTA HISTORY CENTER ALSO OPERATES THREE HISTORIC HOUSES, ALL LISTED ON THE NATIONAL

Schedule O (Form 990 or 990-EZ) 2011	
Name of the organization	

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number 58-0566162

ATTACHMENT 2 (CONT'D)

REGISTER OF HISTORIC PLACES. THE SMITH FAMILY FARM AND THE SWAN HOUSE, BOTH LOCATED AT OUR BUCKHEAD CAMPUS, TAKE VISITORS BACK IN TIME TO EXPLORE THE LIFESTYLES OF ATLANTANS FROM THE 1860S THROUGH THE 1930S. OUR THIRD HISTORIC PROPERTY, THE MARGARET MITCHELL HOUSE, IS LOCATED IN THE HEART OF MIDTOWN ATLANTA, INCLUDING THE HOUSE AND APARTMENT WHERE MARGARET MITCHELL WROTE HER PULITZER PRIZE-WINNING NOVEL GONE WITH THE WIND; VISITORS CENTER AND EXHIBITION GALLERY; AND, MUSEUM SHOP. FOR HISTORIANS LOOKING TO DO THEIR OWN RESEARCH, THE KENAN RESEARCH CENTER AT THE ATLANTA HISTORY CENTER IS A FREE PUBLIC RESEARCH CENTER OFFERING A MULTITUDE OF RESOURCES FOR THE STUDY OF ATLANTA AND SOUTHERN REGIONAL HISTORY AND CULTURE, WITH DEDICATED COLLECTIONS ON DECORATIVE ARTS, GENEALOGY, MILITARY HISTORY, AND SOUTHERN GARDENS. COPIES OF HISTORIC PHOTOGRAPHS, PRINTS, MAPS, AND OTHER ARCHIVAL IMAGES CAN BE PURCHASED THROUGH THE KENAN RESEARCH CENTER. THE ATLANTA HISTORY CENTER SERVES OR REACHES OUT TO APPROXIMATELY 218,000 PEOPLE ANNUALLY.

	ATTACHMI	ENT 3
990, PART VII- COMPENSATION OF THE FIVE HIGHEST P	AID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SODEXO P.O. BOX 536922	FACILITY MANAGEMENT	609,335.
ATLANTA, GA 30353-6922		
BLUE CROSS BLUE SHIELD P.O. BOX 100376 ATLANTA, GA 30384-0376	HEALTH INSURANCE	428,430.

Name of the organization	Employer id	entification number
ATLANTA HISTORICAL SOCIETY, INC.	58-0	566162
	ATTACHME	NT 3 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE	HIGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DE LAGE LANDEN P.O. BOX 41602 PHILADELPHIA, PA 19101-1602	COPIER LEASE	154,698.
COXE CURRY & ASSOCIATES 50 HURT PLAZA, SUITE 630 ATLANTA, GA 30303	CONSULTING	142,854.
JOHNSON & BRYAN P.O. BOX 20138 ATLANTA, GA 30325	PROPERTY INSURANCE	127,004.
TOTAL COMPE	ENSATION	1,462,321.

ATTACHMENT 4 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED REVENUE EXEMPT REVENUE BUSINESS REV. DESCRIPTION REVENUE DIVIDEND INCOME 1,046,274. 1,046,274. 1,046,274. 1,046,274. TOTALS

FORM 990, PART VIII - EXCLUDED CONT	RIBUTIONS
DESCRIPTION	AMOUNT
SWAN HOUSE BALL	508,367.
MEMBERS GUILD	44,390.
TOTAL	552,757.

ATTACHMENT 5

Schedule O (Form 990 or 990-EZ) 2011				Page 2
Name of the organization			Employer identifie	cation number
ATLANTA HISTORICAL SOCIETY, INC.			58-0566	162
			ATTACHMENT	б
<u>FORM 990, PART VIII - FUNDRAISING EVEN</u>	NTS	-		
	GROSS	DIRECT		NET
DESCRIPTION	INCOME	EXPENSES	_	INCOME
SWAN HOUSE BALL	96,005.	210,	039.	-114,034.
MEMBERS GUILD	12,804.	42,	418.	-29,614.
TOTALS	108,809.	252,	457.	-143,648.

	ATTACHMENT 7
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	917,600.
INVENTORY AT BEGINNING OF YEAR	166,213.
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	280,646.
SUBTOTAL	446,859.
MINUS ENDING INVENTORY	151,254.
COST OF GOODS SOLD	<u> </u>

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
COMMON STOCKS	18,204,711.	FMV
FIXED INCOME MUTUAL FUND	12,925,498.	FMV
INTERNATIONAL EQUITIES	11,758,641.	FMV

Schedule O (Form 990 or 990-EZ) 2011		Page
Name of the organization	Employer identification	on number
ATLANTA HISTORICAL SOCIETY, INC.	58-056616	2
	ATTACHMENT 8 (COI	NT'D)
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	_	
	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
COMMODITIES	2,029,518.	FMV
TOTALS	44,918,368.	

58-0566162

SCHEDULE R (Form 990)								
Department of the Treasury Internal Revenue Service		Open to Public Inspection						
Name of the organization						Employer i	identification number	
ATLANTA HISTOR	ICAL SOCIETY, 1	INC.				58-056	56162	
Part I Identific		ed Entities (Complete if the organiz (a) EIN of disregarded entity	ation answered "Yes" (b) Primary activity	to Form 990, Part (c) Legal domicile (state or foreign country)	V, line 33.) (d) ^{Total income}	(e) End-of-year assets	(f) Direct controlling entity	
(1) MMH/AHS, LL(C	58-056616	2					
130 WEST PACES	FERRY ROAD	ATLANTA, GA 30305	MUSEUM	GA	128,904.	3,570,322.	N/A	
(2)								
_(3)								

_(4)			
(5)	-		
_(6)	-		

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	Section 5 contr ent	12(b)(13) olled
						Yes	No
_(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							

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

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	(state of foreign		y Legal Direct controlling domicile entity (state or foreign country)	rimary activity Legal Direct controlling domicile entity (state or foreign country) Legal country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets ark	income (related, unrelated, excluded from tax under		(h) Disproportionate allocations?		tionate Code V-UBI		i) eral or aging ner?	(k) Percentage ownership
<u></u>							Yes	No	(Yes	No	
<u>_(3)</u>												
(4)												
<u>(5)</u>												
<u>(6)</u>												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

Schedule R (Form 990) 2011

JSA

Schedule R (Form 990) 2011

(2)

(3)

(4)

(5)

(6)

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Yes No

1a

1b

1c

1d

1e

1f

1 a

1h

1i

1i

1k

11

1 m

1 n

10

1p

1a

1r

(d)

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1 Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity а Gift, grant, or capital contribution to related organization(s) b Gift, grant, or capital contribution from related organization(s) С Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees by related organization(s) е Sale of assets to related organization(s) f Purchase of assets from related organization(s) a Exchange of assets with related organization(s) h Lease of facilities, equipment, or other assets to related organization(s) i Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) k Performance of services or membership or fundraising solicitations by related organization(s) Т Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) n Reimbursement paid to related organization(s) for expenses ο Reimbursement paid by related organization(s) for expenses р Other transfer of cash or property to related organization(s) q Other transfer of cash or property from related organization(s). r If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 2 (b) (a) (c) Name of other organization Transaction Amount involved Method of determining type (a-r) amount involved (1)

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501	partners tion	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	. ,	Yes	No	<u> </u>
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
<u>(9)</u>													
(10)													
(11)													-
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2011

JSA 1E1310 1.000

Page 5

Schedule R	(Form 990) 2011
Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No. 1545-0092

2011

Department of the Treasury
Internal Revenue Service
Name of estate or trust

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Employer identification number

ATLANTA	HISTORICAL	SOCIETY,	INC.
Note: Form 52	27 filers need to	complete onl	y Parts I and II.

Par	t I Short-Term Capital Gains and Lo	osses - Assets	Held One Ye	ear or Less			
	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other (see instructio		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1b	
2	Short-term capital gain or (loss) from Forr	ns 4684, 6252,	6781, and 882	24		2	
3	Net short-term gain or (loss) from partners	3					
4	Short-term capital loss carryover. Enter Carryover Worksheet	4	()				
5	Net short-term gain or (loss). Combine column (3) on the back	lines 1a throug	gh 4 in colum	nn (f). Enter here and	l on line 13,	5	

Part I Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other (see instructio		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
b	Enter the long-term gain or (loss), if any, from	om Schedule D-	1, line 6b			6b	-1,733,458.
7	Long-term capital gain or (loss) from Form	s 2439, 4684,	6252, 6781, aı	nd 8824		7	
8	Net long-term gain or (loss) from partnersh	nips, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	
10						10	
11	Gain from Form 4797, Part I Long-term capital loss carryover. Enter t	10					
•••	Carryover Worksheet	11	()				
12	Net long-term gain or (loss). Combine lir	nes 6a through	n 11 in colum	n (f). Enter here and	on line 14a,		
	column (3) on the back	<u></u>	<u></u>	<u></u>	<u> </u>	12	-1,733,458.
For F	Paperwork Reduction Act Notice, see the Instru	hedul	e D (Form 1041) 20				

JSA

Caution: Read the instructions before completing this part. (see inst.) or trusts (3) 10(a) 13 Net short-term gain or (loss): 13 -1,733,458. a Total for year. -1,733,458. -1,733,458. b Unreceptured section 1250 gain (see line 18 of the wrksht). 144 -1,733,458. 15 Total net gain or (loss). -1,733,458. 16 Total net gain or (loss). -1,733,459. 16 Total net gain or (loss). -1,733,459. 16 Total net gain or (loss). -1,733,459. 17 Capital Loss Limitation 15 -1,733,459. 18 Total complete Pari IV into 15, column (2), is a rel bas, complete Pari IV and the Capital Loss Campice Pari IV and the Capitalos Pari IV and the Capital Loss Campice Pa	Sche	dule D (Form 1041) 2011			Page 2
Calubin: Preduction is proved on the instructions before completing one part. 13 14 14 15 15 16 17 16 16	Pai	t III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(2) Total
14 Net long-term gain or (loss): 14a -1, 733, 458. b Unrecaptured section 1250 gain (see line 18 of the wrksht). 14a -1, 733, 458. 15 Total negatior (loss). Combine lines 13 and 14 . 14b -1, 733, 458. 16 Total negatior (loss). Combine lines 13 and 14 . 15 -1, 733, 458. Note: If the fis. column (3), is an etgain, enter the gain or Form 1041, line 4 (or Form 900-T, Part I, line 40, If lines 14 and 15. colume (3), an enter days, gain PARV / line 15, column (3), or to 53,000 16 3,000, Note: If the loss on line 15, column (3), is an etgain, south and the south and the Gaptal Loss Carphore Visichister, a necessary. Part W Tax Computation Using Maximum Capital Cains Rates 16 3,000, Note: If the loss on line 15, column (3), is an etgain and 10 lines 14 and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry or Form 1041, line 24 (or Form 900-T, line 34, in are than 200. Perm M Tax Computation Using Maximum Capital Cains Rates Form 1041, line 22 (or form 900-T, line 34, in one than 200. 16 3,000, Note: If the loss on a mount is entered in Part I or Part II and there is an entry or Form 1041, line 24 (2) is more than 200. Form 900-T tracts. Complete this part only if both lines 14 and 15 are gains, or qualified dividends are included in income in Part I of Form 900. 17 Effect the stable income from Form 1041, line 22 (or Form 900-T, line 3		Caution: Read the instructions before completing this part.	(see instr.)	or trust's	(3) TOTAI
a Total for year 11/23 b Unrecaptured section 1250 gain (see line 16 of the wrksht), 14b 15 Total net gain of (loss). Combine lines 13 and 14 a	13	Net short-term gain or (loss) 13			
b Unrecaptured section 1250 gain (see line 15 of the wrksht) 14b 14b 11 15 Total net gain of (loss). Combine lines 13 and 14a 11 11 11 11 11 12 11 13 14a 11 11 12 11 13 14 14 11 11 12 12 12 13 14a 14 14 14 14 14 12 17 13 3458. Note: provide the complex Part N: file 15; column (3), or b 53,000 16 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 2,000.2 16 16 2,000.2 16 16 2,000.2 16 16 2,000.2 16 16 2,000.2 16 16 16 2,000.2 16 16 16 16 16 16 16 16	14	Net long-term gain or (loss):			
b Unrecaptured section 1250 gain (see line 18 of the wrischi) 14b c 28% rate gain . 14b 15 Total net gain of (loss). Combine lines 13 and 14a 15 0 16 -1,733,455. 16 16 -1,733,455. 17 Total net gain of (loss). Combine lines 13 and 14a 16 -1,733,455. 18 Commol (3). Is a net gain of complete Park N if line 15. column (3). Is an exit base complete Park N and the Capital Loss Linnes (3). Is an exit base complete Park N if line 15. column (3) is a net base complete Park N if line 15. column (3) or base complete Park N if line 15. column (3) or base complete Park N if line 15. column (3) or base complete Park N if line 15. column (3) or base complete Park N if line 15. column (3) or base complete Park N if line 15. column (3) or base complete Park N if lines 14a and 15. is noclumn (2) are gains, or an amount is entered in Part I or Part II and thore is an entry on Form 1041, line 24. (2) is more than zero. Park No. Park Descomplete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 90-1. line 34, is more 12. (2) is more than zero. Park No. Park Descomplete the Schedule D Tax Worksheet in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero. Park I ine 14b, col. (2) or line 14c, col. (2) is more than zero. 17 Park I ine 14b, col. (2) or line 14c, col. (2) is more than zero. 17 <td< td=""><td>а</td><td>Total for year 14a</td><td></td><td></td><td>-1,733,458.</td></td<>	а	Total for year 14a			-1,733,458.
15 Total net gain or (0ses). Combine lines 13 and 14. Image: 16 and	b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14b			
Note: if time 15, column (3), is a net gain, ander the gain on Form 1041, time 4 (or Form 900-T, Part I, time 4a), if and 4b, and parked manual stage and 15, column (2), are net gains, got Part V, and 6b or comparise Part V. If the S, column (3), is a net stage, complete Pat V and the Capital Loss Carryow Worksheet, as necessary. Part IV Capital Loss Limitation 16 (3, is a net stage, complete Part V. Inte 4b, if a trush, the smaller of: 16 (2, 3, 000.) 10 The loss on line 15, column (3) or B 33,000. or if form 1041, page 1, line 22 (or Form 800-T, line 3d), is a kas, complete the Capital Loss Complete the Inte Instance on line 15, column (3), is more than 33,000. or if form 1041, line 22 (or Form 800-T, line 3d), is a kas, complete the Capital Loss Complete the Inte Instance on line 15, column (3), is more than 23,000. Part IV Tax Complete this part only in both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 22(2), and Form 1042. Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if: Either line 14b, col. (2) or line 14c, col. (2) is more than 22ro. Or Eom Form 1041, line 22(1), line 24 (s), line 24 (s), line 22 (or Form 900-T, line 34). 17 The Enter the smaller of line 14a or 15 in column (2) both lines 14a and 15 are gains, or qualified dividends are included in income in Part I or Form 900-T, line 34, line 22 (s), line 43 (s), line 23 (s), line 34 (s), and complete the Schedule D Tax Worksheet in the instructions if it enter the smaller of line 14a or 15 in column (2) both line 24 (s) and Form 900-T, line 34). 11 <td< td=""><td>С</td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td><td></td><td></td></td<>	С	· · · · · · · · · · · · · · · · · · ·			
gains, go to Part V, and do not complete Part N. Hilme 15, column (2), is a net kas, complete Part N and the Capital Loss Emprover Worksheet, as necessary. Part V Capital Loss Limitation 16 Enter hare and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, it a trust), the smaller of: 16 (3,000,) 20 Tax Computation Using Maximum Capital Gains Rates Form 901-T, ine 4d, line 2b(2), and Form 1041, line 2b, is more than zero. Caution: Skip this part and complete the Schedub D Tax Worksheet in the instructions it. Ether line 1 state. Complete the Schedub D Tax Worksheet in the instructions it. Ether line 1 state. Complete the Schedub D Tax Worksheet in the instructions it. Both Form 1041, line 2b(2), and Form 1041, line 22, is more than zero. Caution: Skip this part and complete the Schedub D Tax Worksheet in the instructions it enter line 14c, col. (2) or line 4d, ed. col. (2) or line 14c, col. (2) a nome than zero. Both Form 1041, line 2b(2), and Form 1042, line 22 (or Form 990-T, line 3d). 17 Tenter taxable income from Form 1041, line 22 (or Form 990-T, line 3d, is more than zero. 18 Tenter taxable income from Form 1041, line 22 (or Form 990-T, line 3d). 17 Tenter taxable income form Form 1041, line 22 (or Form 990-T, line 3d). 17 Tenter taxable income form form 1041, line 22 (or Form 990-T, line 3d). 17					
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16 Enter here and enter as a (loss) on Form 1041, line 4, or Form 990-T, Part I, line 4c, if a trust), the smaller of: 16 3.000. 17 The loss on line 15, column (3) or b 30.00 16 16 3.000. 18 Image: Second Secon	-		e Part IV and the Capita	LOSS Carryover Work	sneet, as necessary.
a The loss on line 15, column (3) or b \$3,000, or lifem 1041, page 1, line 22 (or Form 300-7, line 34), is a loss, complete the Capital Loss Carryow Worksheet in the instructions to figure your capital loss carryover. Cart X a Computation Using Maximum Capital Gains Rates Form 1041 filters. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 24(2), and Form 1041, line 22, is more than zero. Caution: Skip this part and complete the Schedule D Taw Worksheet in the instructions if: Either line 14h, col. (2) or line 14c, col. (2) is more than zero. Form 990-T, trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I or Form 990-T, line 34, is more than zero. Form 990-T, trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I or Form 990-T, line 34, is more than zero. Form 990-T, trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I or Form 990-T, line 34, is a worksheet in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero. If enter the smaller of line 14a, or 15 in column (2) 14 19 Enter the smaller of the amount on line 17 or \$2,300 22 23 24 24 24 Enter the amount from line 23. 25 25 Subtra	-	•			
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Part V Tax Computation Using Maximum Capital Gains Rates Form 1041 filters. Complete this part only if both lines 14 and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 24(2), and Form 1041, line 22(3), and Form 1041, line 24(2), and Form or or Caution: Skip this part and complete this Standard Sta in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 24(2), and Form 042, line 48(2), and Form 4982, line 48 and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 900-T, line 34, is more than zero. 17 Enter the trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 1041, line 22 (or Form 990-T, line 34) 17 18 Enter the smaller of fine 14a, or 15 in column (2) that the stands or form 1041, line 2b(2) (or enter the qualified dividends form Form 1041, line 2b(2) (or enter the qualified dividends from Form 1041, line 2b(2), certer the game or . 18 21 If the estate or trust is filling form 4952, enter the dividends form Form 1041, line 20, go to more than the amount on line 24? 22 23 Subtract line 21 from line 20. If zero or less, enter -0 23 24 Enter the smaller of the amount on line 17 or \$2,300 24 25 Subtract line 22 thrue 30, go to line 27 and check the 'No' box. 25 26 Za 24 2	a Note	The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, lin purp Workshort in the instructions to figure your applied loss corrections	e 22 (or Form 990-T, li	16 (ne 34), is a loss, com	plete the Capital Loss
Form 1041 filters. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2) is more than zero. Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if: Either line 14b, col. (2) or line 14e, col. (2) is more than zero. Form 900-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 900-T, and Form 9300-T, line 34, is more than zero. Form 900-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 900-T, and Form 9300-T, line 34, or col. (2) is more than zero. 17 Enter the smaller of line 14a or 15 in column (2) is more than zero. 18 Enter the smaller of line 14a or 15 in column (2) is more than zero. 19 Enter the smaller of line 14a or 15 in column (2) is more than zero. 10 11 20 11 21 22 23 Subtract line 21 form line 20. (2) enter the qualified dividends income in Part I of Form 990-T, and Form 990-T, line 34, line 22. (and the state of trust is guiltified dividends income in Part I or S2.300,					
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ame of estate or trust as shown on Form 1041. Do	not enter name and empl	oyer identification numb	er if shown on the other side	e. Employer identif	ication number
ATLANTA HISTORICAL SOCIETY	, INC.			58-056616	52
Part II Long-Term Capital Gains a	nd Losses - Asset	ts Held More Th	an One Year	•	
(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
a SALE OF INVESTMENTS	(, ady, j)		2,439,021.	4,172,479.	-1,733,458
					1 000 450
Total. Combine the amounts in colum	n (I). Enter here and	i on Schedule D, lir		Schedule	−1 , 733 , 458 D-1 (Form 1041) 20