Atlanta Historical Society, Inc.

Public Inspection Copy
For the Year Ended
June 30, 2022

TAX RETURNS



ATLANTA HISTORICAL SOCIETY, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED JUNE 30, 2022

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

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

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

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

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

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE MAY 15, 2023. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Payment/Deposit Information Report

Taxpayer Name: ATLANTA HISTORICAL SOCIETY, INC.

Tax Juris.	Payment Deposit	Amount	Financial Institution Name	Account Type	Routing Number	Account Number
	-					
				-		

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

ATLANTA HISTORICAL SOCIETY, INC.	58-0566162
Name and title of officer or person subject to tax	
F SHEFFIELD HALE, CEO/PRESIDENT	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amour	nt, if any, from the return. Form 8038-
CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you	
5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was	
5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0-	on the return, then enter -0- on the
applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12	22665811.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here . ▶ b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	-
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	, 1110 22)
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject	t to tax with respect to (name
of entity)	
2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belie	ef, they are true, correct, and
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic retrintermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate a (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries are the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal. PIN: check one box only I authorize SMITH & HOWARD ADVISORY, to enter my PIN ERO firm name on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the reagency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the filed return. If I have indicated within this return that a copy of the return is being filed with a state agency of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	the receive from the IRS (a) and the return or refund, and (c) in electronic funds withdrawal electeral taxes owed on this is. Treasury Financial Agent at itial institutions involved in the id resolve issues related to if applicable, the consent to 1 7 2 1 3 as my signature Enter five numbers, but do not enter all zeros turn is being filed with a state IERO to enter my PIN on the interest and
	5/15/2023
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 6 7 8 8 2 7 9 2 0	7 4
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return ind am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information Providers for Business Returns. ERO's signature	icated above. I confirm that I n for Authorized IRS <i>e-file</i> 5/15/2023
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	o So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending D Employer identification number C Name of organization B Check if applicable ATLANTA HISTORICAL SOCIETY, INC Doing business as 58-0566162 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change 130 WEST PACES FERRY ROAD Initial return (404)814 - 4020Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code Amended ATLANTA, GA 30305 G Gross receipts \$ 23,494,450. return Application pending F Name and address of principal officer: H(a) Is this a group return for F. SHEFFIELD HALF X No Yes 130 WEST PACES FERRY ROAD, ATLANTA, H(b) Are all subordinates included? X 501(c)(3) 501(c) () ◀ (insert no.) 527 4947(a)(1) or WWW.ATLANTAHISTORYCENTER.COM H(c) Group exemption number Form of organization: X Corporation Trust Association Other > L Year of formation: 1926 M State of legal domicile: GA Summary Part I Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY PURPOSE IS TO PRESERVE, AND DISSEMINATE INFORMATION ABOUT ATLANTA, Governance AND ITS ENVIRONS IN ORDER TO CONNECT PEOPLE, HISTORY, AND CULTURE. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 131 6 68 7a Total unrelated business revenue from Part VIII, column (C), line 12 2,637,259. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 NONE Prior Year **Current Year** 8,159,399 Contributions and grants (Part VIII, line 1h) 6,938,046. Revenue 571,149 907,395. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 23,425,535 12,018,296. 2,802,074. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). . . . 1,657,624 33,813,707 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 22,665,811. Grants and similar amounts paid (Part IX, column (A), lines 1-3) NONE NONE Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE 5,647,588. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 5,383,228 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE **b** Total fundraising expenses (Part IX, column (D), line 25) \(\bigcup \) 1, 113, 019. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,736,010 9,782,579. 14,119,238 15,430,167. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,694,469 7,235,644. Revenue less expenses. Subtract line 18 from line 12 . Assets or Balances **Beginning of Current Year** End of Year 186,882,791 165,876,329 20 Total assets (Part X, line 16) 21 2,954,721 2,625,775 Total liabilities (Part X, line 26) 22 183,928,070 163,250,554 Net assets or fund balances. Subtract line 21 from line 20, Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/15/2023 Sign Signature of officer Date Here SHEFFIELD HALE CEO/PRESIDENT Type or print name and title Print/Type preparer's name reparer's signature Date PTIN if Check Paid are self-employed MARC A AZAR P91739349

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name > SMITH & HOWARD ADVISORY,

Form 990 (2021)

No

92-0749631

404-874-6244

Yes

Firm's EIN ▶

Phone no

Preparer

Use Only

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

271 17TH STREET, NW SUITE 1600 ATLANTA,

Form 990 (2021) Page 2

Pa	art III	Statement of Program Ser Check if Schedule O conta	vice Accomplishments ins a response or note to any line in this Pal	rt III	х
	-	describe the organization's m			
			significant program services during the ye		Yes X No
	If "Yes,"	describe these new services	on Schedule O.		
	services		cting, or make significant changes in		Yes X No
4	Describe expense	e the organization's programes. Section 501(c)(3) and 50	m service accomplishments for each of 01(c)(4) organizations are required to repay, for each program service reported.		
	(Code: SEE SC) (Expenses \$	8,913,206. including grants of \$) (Revenue \$	90,708.
4b	(Code:) (Expenses \$	2,881,056. including grants of \$) (Revenue \$	36,703.)
	-	CHEDULE O			·
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-	rogram services (Describe or			
	(Expens	ses \$ includi	ng grants of \$) (Revenu	e \$)	

4e Total program service JSA 1E1020 1.000

Page 3 Form 990 (2021)

-:11	Checklist of Required Schedules		V	NI.
	Is the conscient described in section FOA(s)(0) on AOA7(s)(A) (ather there a private foundation)(0.15.11)(a.11)	$\overline{}$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,	3.7	
_	complete Schedule A	1	X	
2		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	,		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
J	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			21
·	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		Х
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, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444	37	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d 11e	Х	v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1 2 a	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>	124		- 21
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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 other			
	assistance to or for foreign individuals? 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 on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,		
20 -	If "Yes," complete Schedule G, Part III	19		X
	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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		v

Form 990 (2021) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25	21	
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 25a	24a		Х
	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	235		21
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	77	Λ
29	· · ·	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,"			
	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, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Δ.
37		27		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

JSA 1E1030 1.000 Form 990 (2021) Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 131			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
L	If "Yes," enter the name of the foreign country BERMUDA		21	
D				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	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			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. $ \cdot $	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		37
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		X

JSA 1E1040 1.000 1TYROU 9242 05/12/2023 09:32:27 INSPECTION COPY

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Sect	ion A. Governing Body and Management				•				
0000	1011 A. Ooverning Body and management				Yes	No			
		4.	17						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>						
	If there are 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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17						
2	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 un	der t	ne direct						
	supervision of officers, directors, trustees, or key employees to a management company or other p	erson	?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fil	ed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to ele								
-	one or more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval								
	stockholders, or persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions under								
Ü	· · · · · · · · · · · · · · · · · · ·	lanc	ii duilig						
	the year by the following:			8a	Х				
a	The governing body?			8b	X				
a	Each committee with authority to act on behalf of the governing body?			0.5	- 1				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х			
Socti	on B. Policies (This Section B requests information about policies not required by the Inte			_	. 1	Λ_			
Seci	on B. Folicies (This Section B requests information about policies not required by the line	IIIai	revenue	Code	·/ Yes	No			
				40-	103				
	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of s	such (chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	ırpose	s?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the	e form? .	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat co	ould give						
	rise to conflicts?			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the po	olicy?	If "Yes,"						
	describe on Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review an								
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation		•						
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	Х				
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement						
104	with a taxable entity during the year?	ana	ngemen	16a	Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t		aluato ito						
b	participation in joint venture arrangements under applicable federal tax law, and take steps to								
	organization's exempt status with respect to such arrangements?			16b	Х				
Secti	ion C. Disclosure			.00					
17	List the states with which a copy of this Form 990 is required to be filed ▶ GA,								
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	000	and 000 T	(000	tion F	01(0)			
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that app		anu 990-1	(sec	נוטוו ס	υ I(C)			
	X Own website Another's website X Upon request Other (explain on Sci	-	e ())						
40			,	£		٠-١!			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	ients,	COMMICT O	ınter	est p	юнсу,			
00	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's buffer RUTLEDGE 130 WEST PACES FERRY ROAD ATLANTA, GA 30305	OOKS	and record	S 🟲					
	CLI TOTALDOL TOO HEET THOUGH THINKE HOLD HELDNIN, ON SUSUS								

404-814-4000

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position do not check more than one box, unless person is both an fficer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)			(do not check more than one box, unless person is both a officer and a director/trustee			(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)		(F) Estimated amount of other compensation from the organization and related organizations
-						_									
(1) FRANK HALE	40.00														
PRESIDENT/CEO	NONE			Х				472,485.	NONE	87,876.					
(2) GUY CARRIERE	40.00														
C00	NONE			Х				235,680.	NONE	34,557.					
(3) MICHAEL ROSE	40.00														
CHIEF MISSION OFFICER	NONE			Χ				132,855.	NONE	10,513.					
(4) JEFFREY RUTLEDGE	40.00														
VP FINANCE AND INFORMATION TEC	NONE			Χ				115,123.	NONE	15,141.					
(5) JESSICA VANLANDUYT	40.00														
SENIOR VP GUEST EXPERIENCES	NONE					X		108,474.	NONE	20,802.					
(6) SUSANA CORRIPIO	40.00														
VP OF SALES AND OPERATIONS	NONE					X		100,519.	NONE	26,329.					
(7) JOHN MCQUIGG	40.00														
VP OF PROPERTIES	NONE					X		106,645.	NONE	20,085.					
(8) HOWARD PALEFSKY	1.00														
CHAIR	NONE	X						NONE	NONE	NONE					
(9) BILL PEARD	1.00														
VICE CHAIR	NONE	X						NONE	NONE	NONE					
(10) JILL CAMPBELL	1.00														
TREASURER	NONE	Х						NONE	NONE	NONE					
(11) TRUDY KREMER	1.00														
SECRETARY	NONE	Х						NONE	NONE	NONE					
(12) CHLOE BARZEY	1.00														
TRUSTEE	NONE	Х						NONE	NONE	NONE					
(13) RODNEY BULLARD	1.00														
TRUSTEE	NONE	Х						NONE	NONE	NONE					
(14) BO DUBOSE	1.00														
TRUSTEE	NONE	X						NONE	NONE	NONE					
										Earm 990 (2021)					

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employees (co	Page 8 ontinued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe d a d	erson	e than or is both tor/truste	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) ALLISON DUKES	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONI
(16) MICHAEL GOLDEN	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
[17] ERNEST GREER	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONI
(18) JOCELYN HUNTER	1.00	_								
TRUSTEE	NONE	X						NONE	NONE	NONE
(19) ABBY IRBY	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(20) LOUISE ALLEN MOORE	1.00							NONE	NONE	310311
TRUSTEE	NONE	X						NONE	NONE	NONE
(21) ANGIE MOSIER	1.00							NONE	NONE	NIONII
TRUSTEE (22) SANDRA HALL MULRAIN	1.00	X						NONE	NONE	NONI
TRUSTEE	NONE	X						NONE	NONE	NONI
22) ALLEM MANCE	1.00	71						IVOIVE	NONE	110111
TRUSTEE	NONE	X						NONE	NONE	NONE
24) KATHLEEN ROLLINS	1.00							110112	110112	110111
TRUSTEE	NONE	X						NONE	NONE	NONE
25) TEYA RYAN	1 00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
1b Sub-total								1,271,781.	NONE	215,303.
c Total from continuation sheets to Part VII, S	Section A						•	NONE	NONE	NON
d Total (add lines 1b and 1c)							\blacktriangleright	1,271,781.	NONE	215,303.
2 Total number of individuals (including but not		hose	liste	d al	bov	e) who	re	eceived more than	\$100,000 of	
reportable compensation from the organization	n ►					7				
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheoo										3
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	? If	f "Yes,	,"	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y	es," comple	te Sch	hedu	ıle J	J for	r such _i	per	son		5
Section B. Independent Contractors										-
1 Complete this table for your five highest con compensation from the organization. Report year.										

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

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

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employ	yees (c	continue	ed)	
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(-1		Pos		. 41		Reportable	Reporta			stimated	
	hours per week (list any					e than o is both		compensation from	compensati relate			nount of other	ĺ
	hours for					or/trust		the		organizations		pensati	on
	related	or o	Ins	Officer	Ke)	Hig	Former	organization	(W-2/1099			om the	
	organizations	ividu	Institutional	icer	Key employee	hes	mer	(W-2/1099-MISC)			_	anizatio	
	below dotted line)	otor t	iona		ploy	t cor						d related anization	
		Individual trustee or director	[[]		/ee	Highest compensated employee					3-		
		ee	trustee			nsa							
			"			ted							
26) SACHIN SHAILENDRA	1.00												
TRUSTEE	NONE	Х						NONE		NONE			NONI
27) JOHN SHLESINGER	1.00												
TRUSTEE	NONE	X						NONE		NONE			NONI
28) WILL SKEEAN	1.00												
TRUSTEE	NONE	X						NONE		NONE			NONI
11100 1111	1.01.2							110112					
	†	1											
	+	1											
	+	1											
		1											
		-											
		-											
		-											
		-											
1b Sub-total													
c Total from continuation sheets to Part VII, S				_									
d Total (add lines 1b and 1c)							<u> </u>						
2 Total number of individuals (including but not		hose	listed	d al	bove	e) who	o re	eceived more than	\$100,000	of			
reportable compensation from the organizatio	n 🕨											I I	
												Yes	No
3 Did the organization list any former office													
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	lividu	ıal							3		Х
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole c	om	pen	satior	n a	nd other compens	sation from	the			
organization and related organizations gr										such			
individual											4	X	
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Y	'es," comple	te Scl	hedu	le J	I for	such	per	rson			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest com													
compensation from the organization. Report of	compensati	on fo	r the	cal	lend	dar ye	ar e	ending with or with	nin the orga	anizatio	n's tax		
year.													
(A)								(B)			(C)		_
SEE SCHEDULE O Name and business add	dress							Description of se	rvices	C	compens		

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

Part VIII Statement of Revenue

(B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues 274,245 939,599. c Fundraising events 1c d Related organizations Government grants (contributions) . . 1,929,079. 1e All other contributions, gifts, grants, 3,795,123 and similar amounts not included above . 1f g Noncash contributions included in 76,930. lines 1a-1f 1g \$ 6,938,046 Total. Add lines 1a-1f **Business Code** Program Service Revenue ADMISSIONS 900099 822,913. 822,913 FEES FOR SEMINARS 900099 84,482. 84,482 d е All other program service revenue 907,395. Investment income (including dividends, interest, and 2,326,427 2,326,427. NONE 4 Income from investment of tax-exempt bond proceeds . 5 NONE (i) Real (ii) Personal 1,656,080 6a Gross rents 6a 17,328. b Less: rental expenses 6b 1,638,752. Rental income or (loss) 6c NONE d Net rental income or (loss)... 1,638,752. 1,435,902. 202,850. Gross amount from (i) Securities (ii) Other sales of assets 8,559,369. 1,132,500. other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses . . 1,132,500 c Gain or (loss) 7c 8,559,369. 9,691,869. 9,691,869. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ __ of contributions reported on line 56,700 1c). See Part IV, line 18 8a 543,627 8b **b** Less: direct expenses -486,927. -486,927. c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 NONE 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. ▶ NONE 10a Gross sales of inventory, less 1,697,918 returns and allowances 267,684 c Net income or (loss) from sales of inventory 1,430,234. 1,201,357. 228,877 **Business Code** Miscellaneous Revenue MANAGEMENT FEES 541610 220,015 220,015 11a b d All other revenue 220,015. Total. Add lines 11a-11d Total revenue. See instructions 22,665,811. 2,637,259. 1,127,410. 11,963,096. 12

58-0566162

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	NONE										
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	NONE										
3	Grants and other assistance to foreign											
	organizations, foreign governments, and											
	foreign individuals. See Part IV, lines 15 and 16	NONE										
4	Benefits paid to or for members	NONE										
5	Compensation of current officers, directors,											
	trustees, and key employees	1,305,670.	522,268.	261,134.	522,268.							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	NONE										
7	Other salaries and wages	3,598,108.	2,649,445.	623,462.	325,201.							
8	Pension plan accruals and contributions (include	47,874.	33,761.	7,061.	7,052							
	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits	404,151.	254,226.	86,573.	63,352.							
10	Payroll taxes	291,785.	188,549.	69,782.	33,454.							
	Fees for services (nonemployees):											
а	Management	NONE										
b	Legal	46,636.		46,636.								
	Accounting	71,900.		71,900.								
d	Lobbying	NONE										
е	Professional fundraising services. See Part IV, line 17.	NONE										
f	Investment management fees	422,182.		422,182.								
g	Other. (If line 11g amount exceeds 10% of line 25, column	111 050	26.061	FF 501								
	(A), amount, list line 11g expenses on Schedule O.)	111,852.	36,261.	75,591.								
	Advertising and promotion	262,285.	128,050.	134,235.	62.450							
13	Office expenses	787,984.	522,206.	202,319.	63,459							
14	Information technology	750,891.	436,654.	226,038.	88,199							
15	Royalties	NONE	0.656.801	05.050	4 0 4 5							
16	Occupancy	2,687,516.	2,656,721.	25,850.	4,945							
	Travel	20,558.	19,360.	1,198.								
18	Payments of travel or entertainment expenses	370375										
	for any federal, state, or local public officials	NONE	4 001	250								
	Conferences, conventions, and meetings	4,573.	4,221.	352.								
	Interest	NONE										
21	Payments to affiliates	NONE	2 705 704	154 405								
22	Depreciation, depletion, and amortization	3,860,129.	3,705,724.	154,405.								
23	Insurance	160,768.	137,168.	23,600.								
24	1											
	above. (List miscellaneous expenses on line 24e. If											
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)											
		220 400	220 400									
	EXHIBITIONS AND COLLECTIONS	339,482.	339,482.	F7 020								
	PRINTING SUBSCRIPTIONS AND DUES	195,820.	137,888.	57,932.	0 770							
	SUBSCRIPTIONS AND DUES	39,772.	12,962.	24,032.	2,778.							
	POSTAGE	20,231.	9,316.	8,604.	2,311							
	All other expenses	15 420 167	11 704 262	2 522 006	1 112 010							
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	15,430,167.	11,794,262.	2,522,886.	1,113,019.							
-0	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) if											

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,298,687.	1	10,084,334.
	2	Savings and temporary cash investments	1,051,858.	2	1,092,705.
	3	Pledges and grants receivable, net	2,485,912.	3	1,982,734.
	4	Accounts receivable, net	50,372.	4	137,421.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE		
ts	7	Notes and loans receivable, net	15,000,000.	7	15,000,000.
Assets	8	Inventories for sale or use	148,862.	8	167,661.
¥	9	Prepaid expenses and deferred charges	516,269.	9	330,133.
	10 a	Land, buildings, and equipment: cost or other	·		
		basis. Complete Part VI of Schedule D 10a 91,698,826.			
	b	Less: accumulated depreciation	54,265,102.	10c	51,455,610.
	11	Investments - publicly traded securities SEE SCHEDULE .Q	77,615,170.	11	71,929,515.
	12	Investments - other securities. See Part IV, line 11	12,495,940.	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	15,954,619.	15	13,696,216.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	186,882,791.	16	165,876,329.
	17	Accounts payable and accrued expenses	1,417,616.	17	1,251,711.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	1,537,105.	19	1,374,064.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,	1,01,1		1101112
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	210212		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	2,954,721.	_	2,625,775.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	2,701,721,		2,020,770
an	27	Net assets without donor restrictions	121,434,537.	27	107,153,765.
Ba	28	Net assets with donor restrictions.	62,493,533.	28	56,096,789.
Б	20	Organizations that do not follow FASB ASC 958, check here ▶	02,493,333.	20	30,090,769.
Net Assets or Fund Balances		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances	183,928,070.	32	163,250,554.
_	33	Total liabilities and net assets/fund balances	186,882,791.	33	165,876,329.
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	·					
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	2,6	65,	811.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	5,4	30,	<u> 167</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		7,2	35,	<u>644</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	3,9	28,	<u>070</u> .
5	Net unrealized gains (losses) on investments	5	-2	7,8	80,	<u>960</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			<u>32,</u>	<u> 200</u> .
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	16	3,2	<u>50,</u>	<u>554</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			3.7
_	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-		26		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	iaits -		3b		

SCHEDULE A (Form 990)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

AI	LAIN.	IA HISTORICAL SOCIE	IY, INC.				58-0	50010Z		
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this pa	art.) See instructions	S.		
		anization is not a private fou				<u> </u>				
1		A church, convention of chu		·	_	=	•			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz	•	•		٠,		(iii) Enter the		
•		hospital's name, city, and st	•	oonjunouon mara not	opilai ao	conboa n		(m) Lines are		
5		An organization operated t		a college or universit	v owne	d or one	erated by a governme	ntal unit described in		
J		section 170(b)(1)(A)(iv). (C		a college of diliversi	y Owne.	u or ope	rated by a governme	intal unit described in		
6		A federal, state, or local go		rnmantal unit describe	d in soot	tion 170/	h\/1\/A\/ _W \			
6	7.7							om the general nublic		
7	LX	An organization that norma	-		ipport iii	oni a go	verninental unit of ite	on the general public		
0		described in section 170(b)			Dort II \					
8		A community trust describe	-		-		l iniatith	land mank sallana		
9		An agricultural research org	=			-	=			
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	r the college or		
		university:								
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	331/3 % of its		
11		An organization organized	•	•	-					
12		An organization organized a	•	-	•					
		one or more publicly suppor	•			•				
		the box on lines 12a throug					•	_		
а	L	$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving		
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the		
		_ supporting organization. \	ou must complet	e Part IV, Sections A	and B.					
b	L		anization supervise	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having		
		control or management o	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported		
	_	organization(s). You must	complete Part IV	, Sections A and C.						
С		Type III functionally integ			ited in c	onnectio	n with, and functional	ly integrated with,		
		its supported organization	(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.			
d		Type III non-functionally		•				ted organization(s)		
		that is not functionally inte			-			- ' '		
		requirement (see instruct	-		_		•			
е		\Box Check this box if the orga	•	-				I. Type III		
		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	, ,,		
f	En	ter the number of supported								
g		ovide the following information								
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	• •	., .	, ,	(described on lines 1-10		our governing		other support (see		
				above (see instructions))	Yes	Mo	instructions)	instructions)		
					163	110				
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	al									

Schedule A (Form 990) 2021 Page 2

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,290,412.	5,162,231.	7,511,706.	8,159,399.	6,938,048.	38,061,796.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	10,290,412.	5,162,231.	7,511,706.	8,159,399.	6,938,048.	38,061,796.
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)						9,156,432.
6	Public support. Subtract line 5 from line 4						28,905,364.
	tion B. Total Support	(-) 2017	(b) 2010	(-) 2010	(4) 2020	(=) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019 7,511,706.	(d) 2020	(e) 2021 6,938,048.	(f) Total 38,061,796.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,254,041.	5,162,231. 2,203,923.	2,516,120.	8,159,399. 2,256,791.	2,546,605.	11,777,480.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	58,975.	19,414.				78,389.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						49,917,665.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	11,413,606.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth, o	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li		-			14	57.91 %
15	Public support percentage from 2020					15	56.01 %
16a	331/3% support test - 2021. If the organization of	-					
L	box and stop here. The organization quantum 33 1/3 % support test - 2020. If the organization quantum support test - 2020 is the organization quantum support test - 2020.						
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2			-			
114	10% or more, and if the organization						
	Part VI how the organization meets			•		•	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets					•	•
	organization			•	•		
18	Private foundation. If the organization						
	instructions						. \square

Schedule A (Form 990) 2021 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•		•	•	•
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
L	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
42	(Explain in Part VI.)						+
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	41	 		550		F04/ \/0\
14	First 5 years. If the Form 990 is for	-					
800	organization, check this box and stop here.						🟲 🔼
	Public support percentage for 2021 (line 8		_	mn (f))		15	0/
15 16	Public support percentage for 2021 (line 8,	. ,	•			15	%
16 Soc	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investment			12 polymer (5)		47	0/
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	<u>%</u>
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3%, check this	-	•	-	•		
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check		•	•	. ,		
20	Private foundation. If the organization of	aia not check	a pox on line 1	14, 19a, or 19b	, cneck this bo	x and see instr	uctions 🟲

Schedule A (Form 990) 2021 Page 4

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

		Yes	No
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Page 5 Schedule A (Form 990) 2021

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	110		
	on Dr. Type i eapperting enganizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		\ <u></u>	
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.		/	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	24		

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organic			
Se	ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
е	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	-	5		
6		6		
7			ted Type III supportin	g organization

Schedule A (Form 990) 2021

Schedu	ıle A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)  (i)  Excess Distribution			(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				

		1.0 2021	741104111111011111111111111111111111111
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021		
	(reasonable cause required - explain in Part VI). See		
	instructions.		
3	Excess distributions carryover, if any, to 2021		
а	From 2016		
b	From 2017		
С	From 2018		
d	From 2019		
е	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from		
	Section D, line 7: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
С	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if		
	any. Subtract lines 3g and 4a from line 2. For result		
	greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
<u>e</u>	Excess from 2021		

Schedule A (Form 990) 2021

## Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization ATLANTA HISTORICAL SOCIETY, INC 58-0566162 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

Schedule B (Form 990) (2021)

Name of organization ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number 58-0566162

Part I	Contributors (	see instructions).	Use duplicate copies	of Part I if additional	I space is needed.
--------	----------------	--------------------	----------------------	-------------------------	--------------------

	, , ,	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$ 255,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person   X     Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for

1E1253 2.000

Name of organization

Employer identification number

	ATLANTA HISTORICAL SOCIETY, INC	1.	58-0566162
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$\$ 249,650.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1E1253 2.000

Name of organization Employer identification number

	ATLANTA HISTORICAL SOCIETY, INC.	58-0566162
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.

	, - 1		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-  -  -		 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-  -  -		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-  -  -		  \$	

Name of organization Employer identification number ATLANTA HISTORICAL SOCIETY, INC. 58-0566162 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

## Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ATLA	NTA HISTORICAL SOCIETY, INC.		58-0566162
Par	Organizations Maintaining Donor Adv	rised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year.		
	Did the organization inform all donors and donor	r advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject to th	<del>-</del>	
	Did the organization inform all grantees, donors,	= = = = = = = = = = = = = = = = = = = =	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		n of a historically important land area
	Protection of natural habitat	· _	of a certified historic structure
	Preservation of open space		
2	 Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution i	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 easements		2a
	Fotal acreage restricted by conservation easement		2b
	Number of conservation easements on a certified		2c
	Number of conservation easements included in (		
	nistoric structure listed in the National Register		2d
	Number of conservation easements modified, tra		ninated by the organization during the
	ax year ▶		g
	Number of states where property subject to conse	ervation easement is located ▶	
	Does the organization have a written policy re		ction, handling of
	violations, and enforcement of the conservation ea		-
	Staff and volunteer hours devoted to monitoring, insp		
	<b>&gt;</b>	3, 3	,
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b> \$	3, 3 ,	3 ,
	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• •	
9	n Part XIII, describe how the organization reports	conservation easements in its revenue ar	nd expense statement and
	palance sheet, and include, if applicable, the text		
1	organization's accounting for conservation easeme	ents.	
Par	Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line 8.	
1a	f the organization elected, as permitted under For art, historical treasures, or other similar asse	ASB ASC 958, not to report in its reven	ue statement and balance sheet works
	of art, historical treasures, or other similar asse service, provide in Part XIII the text of the footnote	ets held for public exhibition, education	, or research in furtherance of public
	• •		
	f the organization elected, as permitted under F art, historical treasures, or other similar assets he provide the following amounts relating to these ite	eld for public exhibition, education, or re-	
	i) Revenue included on Form 990, Part VIII, line	1	<b>&gt;</b> \$
(	ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
	f the organization received or held works of a		
	ollowing amounts required to be reported under F	ASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990 Part X		<b>▶</b> \$

Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that app	ly):							
а	X Public exhibition		d X Lo	an or exchan	ge prograr	n			
b	X Scholarly research		e  0	her					
С	X Preservation for future gene	rations							
4	Provide a description of the organ		and explain h	ow they furth	er the ord	anization's	exempt	purpose	in Part
-	XIII.					,			
5	During the year, did the organization	on solicit or receive o	donations of art	historical trea	sures or o	other similar			
•	assets to be sold to raise funds rath							Yes	X No
Pa	rt IV Escrow and Custodial A		aniou do part or	ino organizati	2110 001100	,tioi1.			X NO
	Complete if the organiza 990, Part X, line 21.	•	es" on Form 99	0, Part IV, Iir	e 9, or re	eported an	amour	nt on For	m 
1 a	Is the organization an agent, trus			-			_		
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement is	ո Part XIII and comբ	olete the followin	g table:					
						Α	Amount		
С	Beginning balance			1	С				
d	Additions during the year			1	d				
е	Distributions during the year			1	е				
f	Ending balance				f				
2a	Did the organization include an am					account liabi	lity?	Yes	No
b	If "Yes," explain the arrangement in						_	 	
	rt V Endowment Funds.		·						
	Complete if the organiza	ition answered "Ye	es" on Form 99	0, Part IV, Iir	ne 10.				
		(a) Current year	(b) Prior year	<b>(c)</b> Two y	ears back	(d) Three year	rs back	(e) Four y	ears back
1a	Beginning of year balance	90,462,467.	68,527,24	3. 74,025	,971.	74,502,	,198.	69,7	08,155.
b	Contributions	1,388,072.	4,449,04	9. 365	,447.	1,233,	,750.	3,7!	51,435.
		, , .	, , , ,		, .	,			,
С	Net investment earnings, gains, and losses	-15,432,776.	21,666,06	91,920	. 666	2,903,	.584	5.48	35,969.
				-,,,,	,			-,	
	Grants or scholarships								
е	Other expenditures for facilities	3,768,861.	3,809,04	2 50/	,050.	4,267,	500	4 00	91,496.
_	and programs	327,182.	370,85						
t	Administrative expenses				,454.		,972.		51,865.
g	End of year balance	72,321,720.	90,462,46		I	74,025,	,9/1.	/4,5	02,198.
2	Provide the estimated percentage			: 1g, column (a	)) held as:				
a	Board designated or quasi-endown								
D	Permanent endowment ► 27.0								
С	Term endowment ► 17.0000		1000/						
•	The percentages on lines 2a, 2b, a	•			and a decide				
3a	Are there endowment funds not in	the possession of tr	ne organization	inat are neid a	ına aamın	istered for th	ie	v	es No
	organization by:							-	
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
	If "Yes" on line 3a(ii), are the relate	•	•					3b	
4	Describe in Part XIII the intended u		tion's endowme	nt funds.					
Pa	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or	other basis (b)	Cost or other basis	(c) Acc	umulated		) Book valu	
		,	tment)	(other)		eciation			
1a	Land			3,130,564					,564.
b	Buildings		5	9,299,518		41,949.		35,057	
С	Leasehold improvements			5,505,758		43,459.			,299.
d	Equipment			2,975,975		18,991.			,984.
<u>e</u>	Other			0,787,011		38,817.			,194.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X, co	lumn (B), line	10c.)	▶		51,455	,610.

Schedule D (Form 990) 2021 ATLANTA HISTOR	ICAL SOCIETY,	INC. 5	8-0566162 Page <b>3</b>
Part VII Investments - Other Securities.  Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11d. See Form 990	, Part X, line 15.
	scription	, , ,	(b) Book value
(1)THORNTON TRUST			5,549,964.
(2)WHITAKER CRUT			5,479,649.
(3)SCHUTZE TRUST			2,448,603.
(4)AIKEN TRUST			218,000.

(a) Description	(b) Book value
(1)THORNTON TRUST	5,549,964.
(2)WHITAKER CRUT	5,479,649.
(3)SCHUTZE TRUST	2,448,603.
(4)AIKEN TRUST	218,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶	13,696,216.

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part.	X. col. (B) line 25.)	

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

Part	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	-4,998,203.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d	2e	-27,336,832.		
3	Subtract line 2e from line 1	3	22,338,629.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 327,182.				
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b	4c	327,182.		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	22,665,811.		
Part		rn.	, ,		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		15 670 210		
1	Total expenses and losses per audited financial statements	1	15,679,312.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	_			
е	Add lines 2a through 2d	2e	576,327.		
3	Subtract line 2e from line 1	3	15,102,985.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	_			
_ C	Add lines 4a and 4b	4c	327,182.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	15,430,167.		
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	ort \/	line 4: Dort V line		
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform				
SEE	SUPPLEMENTAL PAGE				

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 2022 AND 2021, APPROXIMATELY \$131,000 AND \$107,000 RESPECTIVELY, WAS CHARGED TO ORGANIZATION, ARCHIVAL, MUSEUM, AND HORTICULTURAL COLLECTIONS FOR THE PURCHASE OF HISTORICAL COLLECTIONS.

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

FORM 990, SCHEDULE D, PART III, LINE 4

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

FORM 990, SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS OF THE ATLANTA HISTORICAL SOCIETY ARE USED TO SUPPORT

THE ANNUAL EXPENSE INCURRED TO ACHIEVE THE ORGANIZATION'S MISSION AND

VISION AND TO FUND THE EXPENSES AND ACTIVITIES AS PROSCRIBED BY THE DONOR

DESIGNATED RESTRICTIONS.

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

(\$543,627) FUNDRAISING EXPENSES

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

(\$543,627) FUNDRAISING EXPENSES

ASC-740-10 FOOTNOTE

THE SUBSIDIARIES ARE 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 2022 OR 2021. ADDITIONALLY, IN THE OPINION OF MANAGEMENT, THE ACTIVITIES OF THE SUBSIDIARY ARE NOT SUBJECT TO UNRELATED BUSINESS TAXABLE INCOME. ACCORDINGLY, NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

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, 2019.

## **SCHEDULE F** (Form 990)

# Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** 

Department of the Treasury

Inspection Internal Revenue Service Name of the organization **Employer identification number** ATLANTA HISTORICAL SOCIETY, INC. 58-0566162 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number (a) Region (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, of offices in expenditures for region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) CENTRAL AMERICA/CARIBBEAN NONE NONE INVESTMENTS 9,864,984. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15) (16)(17)Subtotal 3a NONE NONE 9,864,984.

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

from continuation

sheets to Part I Totals (add lines 3a and 3b)

Schedule F (Form 990) 2021

9,864,984.

Total

NONE

(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
1	ich the grantee or counsel ha	ich the grantee or counsel has provided a sec	ich the grantee or counsel has provided a section 501(c)(3) equi	ich the grantee or counsel has provided a section 501(c)(3) equivalency letter	d above that are recognized as charities by the foreign country, recognized as a tax ich the grantee or counsel has provided a section 501(c)(3) equivalency letter	ich the grantee or counsel has provided a section 501(c)(3) equivalency letter

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<u>(18)</u>							

Schedule F (Form 990) 2021

1E1277 1.000

#### Part V

## **Supplemental Information**

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

PART IV QUESTION 3

ATLANTA HISTORICAL SOCIETY IS INVESTED IN A FOREIGN CORPORATION BUT THE

INVESTMENT IS LESS THAN REPORTING REQUIREMENTS FOR FORM 5471.

## **SCHEDULE G** (Form 990)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identification	on number
ATLANTA HISTORICAL SOCIETY,					58-056616	
Part I Fundraising Activities. Com	plete if the organi	ization ar	swered "	Yes" on Form 99	90, Part IV, line 1	7.
Form 990-EZ filers are not r	equired to comple	te this pa	ırt.			
1 Indicate whether the organization ra	ised funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitations	е	Solid	citation of	non-government g	ırants	
<b>b</b> Internet and email solicitations	f	Solid	citation of	government grant	S	
c Phone solicitations	g			ising events		
d In-person solicitations	J			J		
2a Did the organization have a written or key employees listed in Form 990						Yes No
b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	lividuals or entities					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Tatal						
Total  3 List all states in which the organization	ation is registered a	r licence	to policit	oontributions or	has been notified	it is evenut from
registration or licensing.	ation is registered of	n licensed	i to solicit	Contributions of	nas been nouneu	it is exempt from
region and restrong.						
	-	_	_	-		

Schedule G (Form 990) 2021 ATLANTA HISTORICAL SOCIETY, INC. 58-0566162 Part II Fundraising Events. Complete if the organization answered "Yes" on 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	0.			
			(a) Event #1 SWAN HOUSE BALL	<b>(b)</b> Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
4.			(event type)	(event type)	(total number)	col. (c)
nue	_	_				
Revenue	1	Gross receipts	996,299.			996,299.
ď	2	Less: Contributions	939,599.			939,599.
		Gross income (line 1 minus	737,377.			232,322.
		line 2)	56,700.			56,700.
		On all mains a				
	4	Cash prizes				
	5	Noncash prizes				
Ś						
Direct Expenses	6	Rent/facility costs				
(pe	7	Food and haverages	110 021			110 021
Щ Ж	′	Food and beverages	119,231.			119,231.
<u>ie</u>	8	Entertainment	13,850.			13,850.
	9	Other direct expenses	410,546.			410,546.
	10	Direct expense summary. Add line	es 4 through 9 in colu	mn (d)		543,627.
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)		-486,927.
Pa	rt I	Gaming. Complete if the org	anization answered "			
		\$15,000 on Form 990-EZ, lin	e 6a.	T T		
Jue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				g.,p g		· · · · · · · · · · · · · · · · · · ·
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Щ						
ect	4	Rent/facility costs				
$\Box$						
	5	Other direct expenses	Yes %	Yes%	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	0	Net gaming income summary. Su	uhtraat lina 7 fram lina	1 column (d)	_	
	0	Net gaming income summary. So	ibilactille / Itolii ille	1, column (a)		
9		Enter the state(s) in which the orga	anization conducts ga	ming activities:		
a		Is the organization licensed to con				Yes No
k	)	If "No," explain:				
10a		Were any of the organization's gaming	n licenses revoked sust	nended or terminated du	ring the tax year?	Yes No
	l	riore any or the organization organization	y licelises revokeu, susp	ochaca, or terminated at	ing the tax year:	_     165   110
k		16 113 ( 11 1 1 1	g licerises revoked, susp			

12 Is the form 13 Indic a The b An o 14 Enter recon Nam Addr 15 a Does	ne ▶	Yes Yes	No No %
form 13 Indic a The b An o 14 Ente recor Nam Addr 15 a Does	ted to administer charitable gaming?  cate the percentage of gaming activity conducted in: organization's facility  putside facility  are the name and address of the person who prepares the organization's gaming/special events books and ords:  the percentage of gaming activity conducted in:  13a  13b  13b  13b  13b  13c  13c  13c  13c	3	<u>%</u>
13 Indic a The b An o 14 Ente recor Nam Addr	tate the percentage of gaming activity conducted in: organization's facility	3	<u>%</u>
13 Indic a The b An o 14 Ente recor Nam Addr	tate the percentage of gaming activity conducted in: organization's facility	3	
a The b An of the recommendation And the recommendation Address and the recommendation Addres	organization's facility	1	
b An o 14 Ente recon Nam Addr 15 a Does	outside facility	1	
Nam Addr	er the name and address of the person who prepares the organization's gaming/special events books and ords:	d	70
Nam Addr	rds: ne ▶		
Nam Addr <b>15 a</b> Does	ne ▶		
Addr			
Addr			
<b>15 a</b> Does			
<b>15 a</b> Does			
	ress ►		
	s the organization have a contract with a third party from whom the organization receives gamin		
revei	nue?	Yes L	No
b If "Ye	es," enter the amount of gaming revenue received by the organization ▶ \$ and t	he	
amo	unt of gaming revenue retained by the third party ▶ \$		
c If "Ye	es," enter name and address of the third party:		
Nam	ne ▶		
Addr	ress <b>&gt;</b>		
<b>16</b> Gam	ning manager information:		
Nam	ne ▶		
_			
Gam	ning manager compensation ▶ \$		
D	and the orange of the second o		
Desc	cription of services provided ▶		
	Discolated files		
	Director/officer Employee Independent contractor		
	datory distributions:		
	ne organization required under state law to make charitable distributions from the gaming proceed		<b>—</b>
	in the state gaming license?		No
	er the amount of distributions required under state law to be distributed to other exempt organizar	tions	
	pent in the organization's own exempt activities during the tax year > \$		
Part IV	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in	ntormation	
	(see instructions).		

# **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	X   Form 990 of other organizations     X   Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	_		_
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	ı

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC of		1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
FRANK HALE	(i)	297,485.	175,000.	NONE	66,120.	22,315.	560,920.	NONE
1 PRESIDENT/CEO	(ii)							
GUY CARRIERE	(i)	175,680.	60,000.	NONE	3,795.	31,304.	270,779.	NONE
<b>2</b> COO	(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)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i) (ii)							
14								
45	(i) (ii)							
15								
40	(i) (ii)							
16	(11)							

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## Part | Supplemental Information

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

PART I, LINE 4B

ON JANUARY 3, 2017, THE ATLANTA HISTORICAL SOCIETY, INC. ENTERED INTO A BOARD APPROVED RETENTION PLAN FOR THE BENEFIT OF THEIR CHIEF EXECUTIVE OFFICER, FRANK SHEFFIELD HALE. MR. HALE VESTED IN THE PLAN UPON COMPLETION OF 5 YEARS OF SERVICE FROM THE DATE OF THE AGREEMENT. THE PAYMENT FOR THE PLAN WAS A LUMP SUM AMOUNT OF \$250,000 IN JANUARY 2022, SUBJECT TO APPROPRIATE TAX WITHHOLDING.

ON JANUARY 17, 2022, THE ATLANTA HISTORICAL SOCIETY, INC. ENTERED INTO A BOARD APPROVED RETENTION PLAN FOR THE BENEFIT OF THEIR CHIEF EXECUTIVE OFFICER, FRANK SHEFFIELD HALE. MR. HALE WILL VEST IN THE PLAN UPON COMPLETION OF 5 YEARS OF SERVICE FROM THE DATE OF THE AGREEMENT. THE PAYMENT FOR THE PLAN IS A LUMP SUM AMOUNT OF \$300,000, SUBJECT TO APPROPRIATE TAX WITHHOLDING.

MR. HALE WILL RECEIVE THE PAYMENT UPON COMPLETING 5 YEARS OF SERVICE FROM
THE DATE OF THE AGREEMENT. IF MR. HALE'S EMPLOYMENT TERMINATES FOR ANY
REASON OTHER THAN DEATH OR DISABILITY PRIOR TO COMPLETION OF 5 YEARS OF

## Part III Supplemental Information

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

SERVICE, HE IS NOT ENTITLED TO ANY PAYOUTS FROM THE PLAN. THE AMOUNT OF

BENEFIT ACCRUED DURING THE TAX YEAR WAS \$60,000.

PART I, LINE 7

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

ANNUAL PERFORMANCE REVIEWS.

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Employer identification number 58-0566162

NONE N/A

1,500.

ATLANTA HISTORICAL SOCIETY, INC.

Drugs and medical supplies

Taxidermy

Historical artifacts

Scientific specimens

Archeological artifacts

Other ▶ ( SEE SUPP PAGE

Types of Property (c) (b) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 33 75,430. FMV 9 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19

Other ►( 27 28 Other ►( Number of Forms 8283 received by the organization during the tax year for contributions for 29 NONE which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . . . . . . Yes No

12

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Χ b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2021

20

21

22

23

24

25 26

Other ►(

Part II Supple

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

SCH M LINE 31 AND 32

ORGANIZATION DID NOT REPORT REVENUES FOR A TYPE OF PROPERTY RECEIVED

UNDER SFAS 116, THE ORGANIZATION DOES NOT REPORT REVENUES FOR ARTWORK AND

COLLECTIONS RECEIVED ON ITS FINANCIAL STATEMENTS AS REPORTED ON LINES 22,

25, AND 26 OF SCHEDULE M.

NUMBER OF CONTRIBUTIONS

THE ORGANIZATION REPORTED THE NUMBER OF CONTRIBUTIONS RECEIVED.

SELL NONCASH CONTRIBUTIONS

ALL STOCK CONTRIBUTIONS ARE SOLD IMMEDIATELY UPON RECEIPT THROUGH SUNTRUST TRUST DEPARTMENT WHERE STOCK GIFTS ARE RECEIVED.

Part II Suppleme

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

SCHEDULE M, PART I	- OTHER	NONCASH CONTRIBUTION	NS .	
===========	=======	=======================================	==	
		(B) NUMBER OF	(C) REVENUES	
DESCRIPTION	(A) CHECI	K CONTRIBUTIONS	REPORTED	(D) METHOD OF DETERMINING
ARCHIVAL RECORD	X	161	NONE	N/A
REFERENCE MATER	X	2	NONE	N/A
MISC DONATIONS	X	1	1,500.	FMV
TOTALS		164.	1,500.	
		=========	==========	

# 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 58-0566162

ATLANTA HISTORICAL SOCIETY, INC

#### FORM 990, PART VI, LINE 11A

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

#### FORM 990, PART VI, 12C

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

## FORM 990, PART VI, LINE 15

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

# 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ATLANTA HISTORICAL SOCIETY, INC

Employer identification number 58-0566162

THE CEO/PRESIDENT AND DIRECTS THE CEO/PRESIDENT TO SET THE COMPENSATION FOR THE OTHER DISQUALIFIED PERSONS WITHIN THAT RANGE.

#### FORM 990, PART VI, LINE 19

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

HTTPS://WWW.ATLANTAHISTORYCENTER.COM/ABOUT-US/GOVERNANCE/

#### FORM 990, PART VIII, LINE 1E

PAYCHECK PROTECTION PROGRAM LOANS

IN MARCH 2021, THE ORGANIZATION OBTAINED A SECOND SBA LOAN UNDER THE PPP IN THE AMOUNT OF \$1,109,087. THE PPP LOAN BEARS INTEREST AT 1% AND MAY REQUIRE REPAYMENT UNDER CERTAIN CIRCUMSTANCES. UNDER THE TERMS OF THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITIES ACT (THE CARES ACT"), THE ORGANIZATION MAY APPLY FOR PPP LOAN PROCEEDS USED WITHIN A SPECIFIC TIME PERIOD TO BE FORGIVEN WITH THE LENDING INSTITUTION, PROVIDED THE PROCEEDS ARE USED TO COVER CERTAIN PAYROLL AND OTHER EXPENSES AS DEFINED BY THE CARES ACT. INITIAL REPAYMENTS OF THE LOAN AMOUNT ARE DEFERRED UNTIL THE DATE THE SBA REMITS THE LOAN FORGIVENESS FUNDS TO THE LENDING INSTITUTION, OR UNTIL 10 MONTHS AFTER THE END OF THE FORGIVENESS COVERAGE PERIOD IF THE ORGANIZATION DOES NOT APPLY FOR FORGIVENESS. THE ORGANIZATION IS TREATING THE LOAN AS A CONDITIONAL GRANT UNDER ASU 2018-08 AND RECORDED THE ENTIRE PPP LOAN AMOUNT AS REVENUE AS THE ORGANIZATION UTILIZED THE FUNDS FOR ELIGIBLE EXPENSES DURING 2021. ON JULY 1, 2022, THE ORGANIZATION RECEIVED NOTICE THE LOAN HAD BEEN FORGIVEN.

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

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

ATLANTA HISTORY CENTER SEEKS TO CONNECT PEOPLE, HISTORY, AND CULTURE TO BUILD A STRONGER COMMUNITY. THROUGH EXHIBITIONS, COLLECTIONS, HISTORIC HOUSES, GARDENS, ARCHIVES, EDUCATIONAL SCHOOL TOURS, PUBLIC PROGRAMS, AND DIGITAL AND VIRTUAL PROGRAMS AND CONTENT, WE ENCOURAGE OUR CONSTITUENTS TO CONSIDER OUR SHARED PAST IN A DYNAMIC CONTEXT, PROVIDING OPPORTUNITIES FOR BROADER PERSPECTIVE. ATLANTA HISTORY CENTER-BUCKHEAD IS COMPRISED OF THE ATLANTA HISTORY MUSEUM, WHICH IS ONE OF THE LARGEST HISTORY MUSEUMS IN THE COUNTRY AND FEATURES SIGNATURE, TEMPORARY, AND TRAVELING EXHIBITIONS; GOIZUETA GARDENS INCLUDING 33 ACRES OF CURATED GARDENS, WOODLANDS, AND TRAILS; THREE HISTORIC HOUSES AND ASSOCIATED BUILDINGS: SWAN HOUSE, SMITH FARM, AND WOOD CABIN; AND KENAN RESEARCH CENTER.

ATLANTA HISTORY CENTER-MIDTOWN INCLUDES MARGARET MITCHELL HOUSE, WHICH CONTAINS THE APARTMENT WHERE MARGARET MITCHELL WROTE GONE WITH THE WIND, ALONG WITH EXHIBITION GALLERIES; AND COMMERCIAL ROW, WHICH CONTAINS A TEMPORARY EXHIBITION GALLERY, LECTURE, AND EVENT SPACE. BOTH LOCATIONS OFFER AUTHOR LECTURES AND OTHER PROGRAMS, SUMMER CAMPS, AND COMMUNITY ACTIVATION EVENTS. THIS CAMPUS IS CLOSED DURING THE PANDEMIC SINCE MARCH 2020 AND IS PROJECTED TO REOPEN IN 2023.

Name of the organization Employer identification number 58-0566162

ATLANTA HISTORICAL SOCIETY, INC.

FORM 990, PART III - PROGRAM SERVICE _____

## LINE 4A, PROGRAM SERVICE

______

ATLANTA HISTORY CENTER CONSISTS OF A 33-ACRE CAMPUS IN BUCKHEAD THAT INCLUDES THE ATLANTA HISTORY MUSEUM, GOIZUETA GARDENS, KENAN RESEARCH CENTER, AND THREE HISTORIC HOUSES, AND ATLANTA HISTORY CENTER-MIDTOWN, WHICH INCLUDES THE MARGARET MITCHELL HOUSE, EXHIBITION SPACE, AND EVENT SPACE.

ATLANTA HISTORY MUSEUM IS ONE OF THE LARGEST HISTORY MUSEUMS IN THE COUNTRY. THROUGH SIGNATURE, TEMPORARY, AND TRAVELING EXHIBITIONS, VISITORS CAN EXPLORE THE HISTORY OF ATLANTA AND THE SOUTHEAST FROM THE LAND'S ORIGINAL INHABITANTS UNTIL THE PRESENT DAY. THE MUSEUM ALSO INCLUDES THE FULLY-RESTORED THE BATTLE OF ATLANTA CYCLORAMA PAINTING IN THE MULTIMEDIA EXPERIENCE CYCLORAMA: THE BIG PICTURE.

ALL EXHIBITIONS AND DIGITAL CONTENT ARE SUPPORTED BY THE MUSEUM COLLECTIONS. THE MUSEUM ARTIFACT COLLECTIONS ARE PARTICULARLY STRONG IN AMERICAN CIVIL WAR AND RECONSTRUCTION, ATLANTA BUSINESSES AND HOME LIFE, PERIOD FURNITURE AND DECORATIVE ARTS, AND A SIGNIFICANT COLLECTION OF FASHION AND TEXTILES. THE LIVING COLLECTIONS OF THE ATLANTA HISTORY CENTER ARE PRESENTED THROUGHOUT GOIZUETA GARDENS, CONTAINING 9 DISTINCT THEMATIC GARDENS: GILBERT QUARRY GARDEN, SMITH FARM GARDENS, SWAN HOUSE GARDEN, SWAN WOODS, SIMS ASIAN GARDEN, RHODODENDRON GARDEN, OLGUITA'S GARDEN, VETERANS PARK, AND THE ENTRANCE GARDENS.

FOR PEOPLE LOOKING TO CONDUCT RESEARCH, KENAN RESEARCH CENTER AT ATLANTA HISTORY CENTER IS A FREE PUBLIC ARCHIVES AND SPECIAL COLLECTIONS LIBRARY OFFERING A MULTITUDE OF RESOURCES FOR THE STUDY OF ATLANTA AND SOUTHERN REGIONAL HISTORY AND CULTURE. DEDICATED COLLECTIONS INCLUDE DECORATIVE ARTS, SOUTHERN ARCHITECTURE, GENEALOGY, MILITARY HISTORY, RAILROADS, AND SOUTHERN GARDENS. COPIES OF HISTORIC PHOTOGRAPHS, PRINTS, AND OTHER ARCHIVAL MATERIALS CAN BE PURCHASED THROUGH KENAN RESEARCH CENTER.

THE HISTORIC HOUSES PROVIDE UNIQUE AND INTERACTIVE ACCESS POINTS TO HISTORY, AND INCLUDE SMITH FARM, SWAN HOUSE, WOOD CABIN, AND MARGARET MITCHELL HOUSE. THE SMITH FARMHOUSE (LISTED ON THE NATIONAL REGISTER AS THE TULLIE SMITH FARMHOUSE), SWAN HOUSE, AND MARGARET MITCHELL HOUSE (LISTED ON THE NATIONAL REGISTER AS

Name of the organization

Employer identification number

58-0566162

FORM 990, PART III - PROGRAM SERVICE

ATLANTA HISTORICAL SOCIETY, INC.

CRESCENT APARTMENTS) ARE LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES. THE SMITH FARMHOUSE AND DETACHED KITCHEN WERE BUILT IN THE 1840S. THE SITE ALSO INCLUDES RELOCATED STRUCTURES AND REPLICAS OF OTHER LIKELY STRUCTURES INCLUDING A CABIN INTERPRETED AS AN ENSLAVED PERSONS RESIDENCE, A RECONSTRUCTED BLACKSMITH SHOP AND BARN, AND A 19TH CENTURY CORN CRIB. THE SITE IS PRESENTED IN THE 1860S THROUGH INTERPRETATION FOR CHILDREN AND ADULTS WITH HEIRLOOM CROPS AND LIVE HEIRLOOM BREED ANIMALS. THE 1928 SWAN HOUSE, DESIGNED BY ATLANTA ARCHITECT PHILIP TRAMMELL SHUTZE, PROVIDES A GLIMPSE INTO THE LIVES OF THOSE WHO LIVED AND WORKED IN THE MANSION DURING THE 1930S. THE 1840S WOOD CABIN HELPS VISITORS LEARN ABOUT THE LIVES OF WHITE SETTLERS IN THE SOUTHEASTERN UNITED STATES AND FIRST CONTACT WITH NATIVE AMERICANS, INCLUDING THE MUSKOGEE PEOPLE. MARGARET MITCHELL HOUSE IS LOCATED IN THE HEART OF MIDTOWN AT ATLANTA HISTORY CENTER MIDTOWN. THE HOUSE FEATURES THE APARTMENT WHERE MARGARET MITCHELL WROTE GONE WITH THE WIND. THE BUILDING ALSO INCLUDES OTHER EXHIBITION GALLERIES. THE CAMPUS INCLUDES A SEPARATE BUILDING CALLED COMMERCIAL ROW, A REFURBISHED HISTORIC RETAIL SPACE THAT SERVES AS AN EVENT SPACE USED FOR AUTHOR PROGRAMS, GALLERY INSTALLATIONS, AND PRIVATE EVENTS. ATLANTA HISTORY CENTER SERVED MORE THAN 75,000 PEOPLE EITHER ON-CAMPUS OR OFF-CAMPUS THROUGHOUT THE YEAR.

# LINE 4B, PROGRAM SERVICE

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ATLANTA HISTORY CENTER PRODUCES A RICH ARRAY OF INTERACTIVE, DYNAMIC PROGRAMS AND EXHIBITIONS. COMMUNITY DAYS, SUCH AS JUNETEENTH AND MARTIN LUTHER KING JR. DAY, ACTIVATE OUR ENTIRE 33-ACRE CAMPUS WITH MUSEUM THEATRE PERFORMANCES, EDUCATIONAL SIMULATIONS, GUEST LECTURES, HISTORICAL CRAFTING DEMONSTRATIONS, AND OPPORTUNITIES FOR CHILDREN AND ADULTS TO EXPERIENCE HISTORY FIRSTHAND, WHILE ALSO INCLUDING DIGITAL AND VIRTUAL COMPONENTS. ATLANTA HISTORY CENTER ALSO HOSTS A FULTON COUNTY UNIVERSITY OF GEORGIA 4-H EXTENSION OFFICE AND THE STORYCORPS ATLANTA RECORDING STUDIO THROUGH ONSITE PARTNERSHIPS, WHICH ALLOWS THOSE INSTITUTIONS TO FURTHER THEIR COMPLEMENTARY MISSIONS AND INCREASE AWARENESS OF ATLANTA HISTORY CENTER AND OUR MISSION.

OUR SCHOOL TOURS TAKE SCHOOLCHILDREN THROUGH INTERACTIVE EXPERIENCES TO HELP THEM LEARN ABOUT CIVIL RIGHTS, THE CIVIL WAR, NATIVE AMERICANS, AND GEORGIA FARM LIFE, WHILE SCHOOL OUTREACH

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

FORM 990, PART III - PROGRAM SERVICE

PROGRAMS AND TRAVEL TRUNKS TAKE HISTORY OUT INTO THE CLASSROOM THROUGH PRESENTATIONS AND ACTIVITIES. SCHOOL PROGRAMS ARE ALSO OFFERED VIRTUALLY. SCHOOL PROGRAMMING SERVED OVER 28,000 CHILDREN THIS YEAR. TODDLER PROGRAMS, SUMMER CAMPS, AND HOMESCHOOL DAYS BRING ENGAGING, INTERACTIVE FUN TO LEARNING ABOUT HISTORY. FOR ADULTS, AUTHOR TALKS BRING ENGAGING SPEAKERS TO ATLANTA, VIRTUALLY AND IN PERSON. EACH YEAR, MORE THAN 48 AUTHOR TALKS AT BOTH CAMPUSES AND ONLINE FOCUS ON A VARIETY OF GENRES, INCLUDING BIOGRAPHY, HISTORY, MEMOIR, COOKING, HISTORICAL FICTION, LITERARY FICTION, AND MORE. THOUSANDS OF PEOPLE ATTEND THESE TALKS EACH YEAR. EACH PROGRAM INCLUDES TIME FOR A QUESTION AND ANSWER SESSION AS WELL AS A BOOK SIGNING WITH THE AUTHOR AT IN-PERSON EVENTS.

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

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHES!		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ABLE SERVICES		
492 NEW HOPE RD		
LAWRENCEVILLE, GA 30046	FACILITIES MAINTENAN	794,764.
LEAPFROG SERVICES		
1190 W DRUID HILLS DRIVE		
ATLANTA, GA 30329	IT CONSULTING	332,728.
ALL TED INTEGRAL GEGINTES		
ALLIED UNIVERSAL SECURITY 1438 W PEACHTREE ST NE #100TH		
ATLANTA, GA 30309	SECURITY SERVICES	293,545.
TITEMINITY OIL 30307	BBCONIII BBNVICES	2737313.
COMMUNICATIONS & ENTERTAINMENT		
1820 BRIARWOOD INDUSTRIAL CT NE		
ATLANTA, GA 30329	IT SERVICES	160,070.
LANDSCAPES OF THE SOUTH		
3760 SIXES ROAD, SUITE 126-149		
CANTON, GA 30114	FACILITIES MAINTENAN	115,854.

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

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FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
COMMON STOCKS	44,811,523.	FMV
FIXED INCOME MUTUAL FUND	14,928,777.	FMV
INTERNATIONAL EQUITIES	10,077,838.	FMV
MUTUAL FUND	2,111,377.	FMV
TOTALS	71,929,515.	

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

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

(a Name, address, and EIN (if a	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity	
(1) MMH/AHS, LLC	58-0566162					
130 WEST PACES FERRY ROAD	ATLANTA, GA 30305	MUSEUM	GA	756,252.	19,956,096.	N/A
(2) MADE BY US, LLC	580566162					
130 WEST PACES FERRY ROAD	ATLANTA, GA 30305	CIVIC ENGAGE	GA	554,694.	453,095.	N/A
(3)						
_(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	<b>(b)</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	conti	g) 512(b)(13) rolled :ity?
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	_	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								Yes No
(1) THORTON-VENABLE CHARITABLE TRUST SUNTRUST BANK FOUNDATIONS & ENDOWMENTS ATLANTA, GA 30302	INVESTMENT	GA	N/A	TRUST	-879,005.	5,549,964.	25.0000	х
(2) P.T. SCHUTZE ENDOWMENT FUND								
50 HURT PLAZA STE 449 ATLANTA, GA 30303	INVESTMENT	GA	N/A	TRUST	-220,513.	2,448,603.	100.0000	Х
(3) LUCY RUCKER AIKEN FUND								
50 HURT PLAZA STE 449 ATLANTA, GA 30303	INVESTMENT	GA	N/A	TRUST	NONE	218,000.	100.0000	Х
(4) MARY ANN AND LLOYD T. WHITAKER CRUT								
130 WEST PACES FERRY ROAD ATLANTA, GA 30305	INVESTMENT	GA	N/A	TRUST	NONE	5,479,649.	100.0000	Х
_(5)								
_(6)								
(7)								

58-0566162

Dowl V	Transactions With Balata I Ornania dans Consulate if the
Part V	Transactions With Related Organizations. Complete if the

Transactions With Related Organizations.	Complete if the ora:	anization answered "	Ves" on Form 90	0 Part IV	line 34	35h or 36
Transactions with Netated Organizations.	Complete il the orga	anization answered	163 0111 01111 33	U, Faitiv	, III IC 34,	33D, UI 30.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1	During the tax year, did the organization engage in any of the following transactions with one or more	elated organizations lis	sted in Parts II-IV?		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	
	Gift, grant, or capital contribution to related organization(s)				
	Gift, grant, or capital contribution from related organization(s)				
	Loans or loan guarantees to or for related organization(s)				
	Loans or loan guarantees by related organization(s)				
	, , , , , , , , , , , , , , , , , , , ,				
f	Dividends from related organization(s)			1f	
q	Sale of assets to related organization(s)			1g	
	Purchase of assets from related organization(s)				
i	Exchange of assets with related organization(s)			1i	
i	Lease of facilities, equipment, or other assets to related organization(s)			1j	
•	, , , , , , , , , , , , , , , , , , , ,				
k	Lease of facilities, equipment, or other assets from related organization(s)			1k	
	Performance of services or membership or fundraising solicitations for related organization(s)				
	Performance of services or membership or fundraising solicitations by related organization(s).				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				
	Sharing of paid employees with related organization(s)				
р	Reimbursement paid to related organization(s) for expenses			1p	
	Reimbursement paid by related organization(s) for expenses				
r	Other transfer of cash or property to related organization(s)			1r	
s	Other transfer of cash or property from related organization(s)				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and trans	action threshold	ds.
	(a)	(b) Transaction	(c) Amount involved	(d) Method of det	tormining
	Name of related organization	type (a-s)	Amount involved	amount inv	
(1)					
(2)					
(3)					
<i>(</i>					
(4)					
/E\					
(5)					
/e\					
(6)					

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Are all sed 501 organiz	partners tion (c)(3) cations?	(f) Share of total income	e end-of-year allocations? amount in both of Schedule (Form 106		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	1 partner?		ownership	
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No	
(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													