

ATLANTA HISTORICAL SOCIETY, INC.
INSTRUCTIONS FOR FILING
FORM 8879-TE
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED JUNE 30, 2025

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 2100
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, 2026. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

PUBLIC INSPECTION COPY

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 07/01/2024 and ending 06/30/2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

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 amount, 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 check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 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 | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>31278361.</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9). | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5). | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D). | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize SMITH & HOWARD ADVISORY L ERO firm name to enter my PIN 17213 as my signature. Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 05/15/2026

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

69203992074

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 05/15/2026

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

Form header section containing organization name (ATLANTA HISTORICAL SOCIETY, INC.), EIN (58-0566162), address (130 WEST PACES FERRY ROAD, ATLANTA, GA 30305), and principal officer (F. SHEFFIELD HALE).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 31,278,361), expenses (Total: 21,258,281), and net assets (Total: 218,817,475).

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.

Signature block for F. SHEFFIELD HALE, CEO/PRESIDENT, dated 05/15/2026.

Paid Preparer section for NICOLE V DAVIS, SMITH & HOWARD ADVISORY LLC, dated 05/15/2026.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2024)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 11,128,834. including grants of \$) (Revenue \$ 1,376,602.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 4,699,843. including grants of \$) (Revenue \$ 325,579.)

SEE SCHEDULE O

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

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

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

4e Total program service expenses 15,828,677.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

| Part 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 207 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | 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> | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | X | |
| b | If "Yes," enter the name of the foreign country <u>BERMUDA</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | 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 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069. | | |

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a through 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JSA 404-814-4000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/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 |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) FRANK HALE PRESIDENT/CEO | 40.00 NONE | | | X | | | 499,635. | NONE | 89,888. | |
| (2) GUY CARRIERE COO | 40.00 NONE | | | X | | | 204,030. | NONE | 34,991. | |
| (3) ERIN O'LEARY VP OF DEVELOPMENT | 40.00 NONE | | | | | X | 198,620. | NONE | 35,092. | |
| (4) POLA CHANGNON CHIEF CONTENT OFFICER | 40.00 NONE | | | | | X | 157,449. | NONE | 20,938. | |
| (5) JEFFREY RUTLEDGE VP OF FINANCE/TECH | 40.00 NONE | | | X | | | 148,432. | NONE | 2,466. | |
| (6) SUSANA CORRIPIO VP OF SALES/OPERATIONS | 40.00 NONE | | | | | X | 121,965. | NONE | 25,100. | |
| (7) MICHAEL ROSE CURATOR OF DECORATIVE ARTS | 40.00 NONE | | | | | X | 128,191. | NONE | 12,785. | |
| (8) PAUL CRATER VP OF COLLECTIONS & RESEARCH | 40.00 NONE | | | | | X | 114,068. | NONE | 19,742. | |
| (9) BEAU ALLEN TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (10) JENNY ALTON TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (11) CHLOE BARZEY TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (12) DALLAS CLEMENT TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (13) JOSEPH CRESPINO TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (14) JENNIFER DORIAN TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) MICHAEL GOLDEN TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (16) MARC HARDY TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (17) JOIA JOHNSON CHAIR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (18) GARRETT LANGLEY TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (19) SANDRA HALL MULRAIN TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (20) BILL PEARD IMMEDIATE PAST CHAIR | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (21) SACHIN SHAIENDRA TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (22) WILL SKEEAN TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (23) CAROLINE RAWLS STRUMPH ASST. SECRETARY | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (24) KATHY WALLER TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (25) JOSEPH CARPENTER TRUSTEE | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| 1b Sub-total | | | | | | | 1,572,390. | NONE | 241,002. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | NONE | NONE | NONE | |
| d Total (add lines 1b and 1c) | | | | | | | 1,572,390. | NONE | 241,002. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 14

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | |

Section B. Independent Contractors

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

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

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



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include CATH COETZER, SAMANTHA JONES, and CYNTHIA NEAL SPENCE.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,449,076. | 1 | 3,457,273. |
| | 2 Savings and temporary cash investments | 16,690,185. | 2 | 28,967,306. |
| | 3 Pledges and grants receivable, net | 18,860,325. | 3 | 8,041,339. |
| | 4 Accounts receivable, net | 116,115. | 4 | 95,158. |
| | 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 | 6 | NONE |
| | 7 Notes and loans receivable, net | 15,000,000. | 7 | 15,000,000. |
| | 8 Inventories for sale or use | 165,684. | 8 | 238,147. |
| | 9 Prepaid expenses and deferred charges | 325,036. | 9 | 474,082. |
| | 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 101,724,720. | | |
| | b Less: accumulated depreciation | 10b 50,704,131. | | |
| | 11 Investments - publicly traded securities. | 50,003,069. | 10c | 51,020,589. |
| | 12 Investments - other securities. See Part IV, line 11 | 85,846,004. | 11 | 98,581,553. |
| | 13 Investments - program-related. See Part IV, line 11. | NONE | 12 | NONE |
| | 14 Intangible assets | NONE | 13 | NONE |
| | 15 Other assets. See Part IV, line 11 | NONE | 14 | NONE |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 15,232,321. | 15 | 16,243,999. | |
| | 203,687,815. | 16 | 222,119,446. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,400,371. | 17 | 1,830,376. |
| | 18 Grants payable | NONE | 18 | NONE |
| | 19 Deferred revenue | 1,181,092. | 19 | 1,471,595. |
| | 20 Tax-exempt bond liabilities | NONE | 20 | NONE |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 21 | NONE |
| | 22 Loans and other payables to 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 | 22 | NONE |
| | 23 Secured mortgages and notes payable to unrelated third parties | NONE | 23 | NONE |
| | 24 Unsecured notes and loans payable to unrelated third parties | NONE | 24 | NONE |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | NONE | 25 | NONE |
| | 26 Total liabilities. Add lines 17 through 25. | 2,581,463. | 26 | 3,301,971. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/> | | | |
| | 27 Net assets without donor restrictions | 114,877,754. | 27 | 119,168,242. |
| | 28 Net assets with donor restrictions | 86,228,598. | 28 | 99,649,233. |
| | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/> | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 201,106,352. | 32 | 218,817,475. |
| 33 Total liabilities and net assets/fund balances. | 203,687,815. | 33 | 222,119,446. | |

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 31,278,361. Line 2: Total expenses 21,258,281. Line 3: Revenue less expenses 10,020,080. Line 4: Net assets at beginning 201,106,352. Line 5: Net unrealized gains 7,785,043. Line 6: Donated services. Line 7: Investment expenses. Line 8: Prior period adjustments -94,000. Line 9: Other changes. Line 10: Net assets at end of year 218,817,475.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [] Cash [X] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Table with 3 columns: Question, Yes, No. Row 2a: Yes, X. Row 2b: Yes, X. Row 2c: Yes, X. Row 3a: Yes, X.

Form 990 (2024)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2024

**Open to Public
Inspection**

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990) 2024

JSA
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2024 (54.86%); 15 Public support percentage from 2023 Schedule A, Part II, line 14 (50.38%); 16a 33 1/3% support test - 2024 (checked); 16b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; 17b 10%-facts-and-circumstances test - 2023; 18 Private foundation.

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2024, 2023. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2024, 2023. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 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 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 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 the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 | Distributable amount for 2024 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2024 | | | |
| a | From 2019 | | | |
| b | From 2020 | | | |
| c | From 2021 | | | |
| d | From 2022 | | | |
| e | From 2023 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2024 distributable amount | | | |
| i | Carryover from 2019 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2024 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2020 | | | |
| b | Excess from 2021 | | | |
| c | Excess from 2022 | | | |
| d | Excess from 2023 | | | |
| e | Excess from 2024 | | | |

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

Organization type (check one):

Filers of:

Section:

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 totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

| | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Name of organization <p style="text-align: center;">ATLANTA HISTORICAL SOCIETY, INC.</p> | Employer identification number <p style="text-align: center;">58-0566162</p> |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | N/A <hr/> <hr/> | \$ 550,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N/A <hr/> <hr/> | \$ 1,082,750. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | N/A <hr/> <hr/> | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | N/A <hr/> <hr/> | \$ 750,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | N/A <hr/> <hr/> | \$ 1,500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | N/A <hr/> <hr/> | \$ 3,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Name of organization <p style="text-align: center;">ATLANTA HISTORICAL SOCIETY, INC.</p> | Employer identification number <p style="text-align: center;">58-0566162</p> |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | N/A <hr/> <hr/> <hr/> | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | N/A <hr/> <hr/> <hr/> | \$ 515,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | N/A <hr/> <hr/> <hr/> | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | N/A <hr/> <hr/> <hr/> | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

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 Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE D (Form 990) (Rev. December 2024)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange program, e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for various endowment fund metrics.

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

- a Board designated or quasi-endowment 54.0000 %
b Permanent endowment 25.0000 %
c Term endowment 21.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations?
(ii) Related organizations?

Small table with columns Yes/No and rows 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a-1e for land, buildings, leasehold improvements, equipment, and other.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) THORNTON TRUST, (2) WHITAKER CRUT, (3) SCHUTZE TRUST, (4) AIKEN TRUST, (5) through (9), and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) through (9), and Total.

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 [X]

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 31,278,361.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 21,258,281.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

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

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

THE ORGANIZATION CARRIES ITS HISTORICAL BUILDINGS AND COLLECTIONS AT NO VALUE. THE COST OF PURCHASED HISTORICAL BUILDINGS OR COLLECTIONS IS REPORTED AS AN EXPENSE. CONTRIBUTED HISTORICAL BUILDINGS OR COLLECTIONS ARE NOT VALUED. DURING 2025 AND 2024, APPROXIMATELY \$478,000 AND \$419,000 RESPECTIVELY, WAS CHARGED TO THE ORGANIZATION 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

Part XIII Supplemental Information (continued)

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

\$282,747 FUNDRAISING EXPENSES

\$43,587 RENTAL EXPENSES

\$326,334

Part XIII Supplemental Information (continued)

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

\$282,747 FUNDRAISING EXPENSES

\$43,587 RENTAL EXPENSES

\$326,334

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 SUBSIDIARIES, ALL INCOME, LOSSES AND TAX CREDITS FROM THE SUBSIDIARIES' 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 2025 OR 2024. ADDITIONALLY, IN THE OPINION OF MANAGEMENT, THE ACTIVITIES OF THE SUBSIDIARIES 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

Part XIII Supplemental Information (continued)

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, 2022.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | NONE | 58,235. | NONE |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

GA,

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.

Table with 5 columns: (a) Event #1 SWAN HOUSE BALL, (b) Event #2, (c) Other events NONE, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:



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

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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**

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

Part I Questions Regarding Compensation

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

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

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?

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.

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

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

- a** Receive a severance payment or change-of-control payment? **4a** **No** **Yes**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **No** **Yes**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **No** **Yes**
- 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:

- a** The organization? **5a** **No** **Yes**
- b** Any related organization? **5b** **No** **Yes**
- 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:

- a** The organization? **6a** **No** **Yes**
- b** Any related organization? **6b** **No** **Yes**
- 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** **No** **Yes**

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** **No** **Yes**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** **No** **Yes**

| | Yes | No |
|-----------|-------------------------------------|-------------------------------------|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | <input checked="" type="checkbox"/> | |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| 7 | <input checked="" type="checkbox"/> | |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | <input checked="" type="checkbox"/> |

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

Schedule J (Form 990) (Rev. 12-2024)

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 FRANK HALE PRESIDENT/CEO | (i) | 324,635. | 175,000. | NONE | 66,700. | 23,954. | 590,289. | NONE |
| | (ii) | | | | | | | |
| 2 GUY CARRIERE COO | (i) | 144,030. | 60,000. | NONE | 3,099. | 32,551. | 239,680. | NONE |
| | (ii) | | | | | | | |
| 3 ERIN O'LEARY VP OF DEVELOPMENT | (i) | 148,620. | 50,000. | NONE | 3,200. | 32,563. | 234,383. | NONE |
| | (ii) | | | | | | | |
| 4 JEFFREY RUTLEDGE VP OF FINANCE/TECH | (i) | 123,432. | 25,000. | NONE | 2,466. | 584. | 151,482. | NONE |
| | (ii) | | | | | | | |
| 5 POLA CHANGNON CHIEF CONTENT OFFICER | (i) | 152,449. | 5,000. | NONE | NONE | 21,438. | 178,887. | NONE |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 4B

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 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 BASED ON INDIVIDUAL PERFORMANCE AND CONTRIBUTIONS TO ACHIEVEMENT OF ORGANIZATIONAL GOALS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Employer identification number

58-0566162

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 38 | 872,880. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | X | 15 | NONE | N/A |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (SEE SUPP PAGE) | | 185. | NONE | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization 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) 2024

JSA

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PUBLIC INSPECTION COPY

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

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 AND 25 OF SCHEDULE M.

NUMBER OF CONTRIBUTIONS

THE ORGANIZATION REPORTED THE NUMBER OF CONTRIBUTIONS RECEIVED.

SELL NONCASH CONTRIBUTIONS

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

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| DESCRIPTION | (A) CHECK | (B) NUMBER OF CONTRIBUTIONS | (C) REVENUES REPORTED | (D) METHOD OF DETERMINING |
|-----------------|-----------|-----------------------------|-----------------------|---------------------------|
| ARCHIVAL RECORD | X | 185 | NONE | N/A |
| TOTALS | | 185. | NONE | |

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

58-0566162

FORM 990, PART VI, LINE 4

DURING THE TAX YEAR, THE ORGANIZATION AMENDED ITS BYLAWS TO REFLECT UPDATES TO ITS GOVERNANCE STRUCTURE AND OPERATIONAL POLICIES. KEY CHANGES INCLUDED REVISING ELIGIBILITY REQUIREMENTS FOR OFFICER POSITIONS TO PERMIT CERTAIN EMPLOYEES OF THE ORGANIZATION TO SERVE AS OFFICERS, SUBJECT TO BOARD APPROVAL AND CONFLICT-OF-INTEREST SAFEGUARDS.

IN ADDITION, THE BYLAWS WERE AMENDED TO CONSOLIDATE THE AUDIT COMMITTEE AND FINANCE COMMITTEE INTO A SINGLE AUDIT AND FINANCE COMMITTEE. THE COMBINED COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF FINANCIAL REPORTING, INTERNAL CONTROLS, BUDGETING, AND THE ANNUAL AUDIT PROCESS.

THESE AMENDMENTS WERE APPROVED BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH THE ORGANIZATION'S GOVERNANCE PROCEDURES.

FORM 990, PART VI, 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, LINE 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ATLANTA HISTORICAL SOCIETY, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

58-0566162

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 COMPENSATION CONSULTANT PROVIDES A SUMMARY OF
COMPENSATION PAID BY COMPARABLE ORGANIZATIONS LOCALLY, REGIONALLY, AND
NATIONALLY UTILIZING THE MOST RECENTLY ACCESSIBLE MARKET DATA FROM
VARIOUS SOURCES. 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 MARKET COMPENSATION DATA PROVIDED TO THE CEO/PRESIDENT BY
THE COMPENSATION CONSULTANT. THE COMPENSATION COMMITTEE APPROVES A RANGE
OF COMPENSATION THAT IT DETERMINES TO BE REASONABLE FOR THE DISQUALIFIED
PERSONS OTHER THAN THE CEO/PRESIDENT AND DIRECTS THE CEO/PRESIDENT TO SET
THE COMPENSATION FOR THE OTHER DISQUALIFIED PERSONS WITHIN THAT RANGE.

FORM 990, PART VI, LINE 19

THE ATLANTA HISTORICAL SOCIETY MAKES ITS FORM 990 AND AUDITED FINANCIAL
STATEMENTS AVAILABLE ON ITS OWN WEBSITE AT
[HTTPS://WWW.ATLANTAHISTORYCENTER.COM/ABOUT-US/GOVERNANCE/](https://www.atlantahistorycenter.com/about-us/governance/)

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.

Name of the organization

Employer identification number

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

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 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

Name of the organization

Employer identification number

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

FORM 990, PART III - PROGRAM SERVICE

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 80,000 PEOPLE EITHER ON-CAMPUS OR OFF-CAMPUS THROUGHOUT THE YEAR.

LINE 4B, PROGRAM SERVICE

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 PROGRAMS AND TRAVEL TRUNKS TAKE HISTORY OUT INTO THE CLASSROOM THROUGH PRESENTATIONS AND ACTIVITIES. SCHOOL PROGRAMS ARE ALSO OFFERED VIRTUALLY. SCHOOL PROGRAMMING SERVED OVER 44,000 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,

Name of the organization

Employer identification number

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

FORM 990, PART III - PROGRAM SERVICE

=====

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 HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|--------------------------------------------------------------------|-------------------------|--------------|
| ABLE P.O. BOX 888841 LOS ANGELES, CA 90088 | JANITORIAL SERVICES | 627,119. |
| LEAPFROG SERVICES 1190 W DRUID HILLS DRIVE ATLANTA, GA 30329 | IT SUPPORT SERVICES | 887,865. |
| TESSITURA 11700 PRESTON RD DALLAS, TX 75230 | ERP DESIGN & SUPPORT | 286,161. |
| PRD GROUP LLC 2677 PROPERITY AVE, STE 450 FAIRFAX, VA 22031 | EXHIBIT PLANNING | 390,336. |
| VELOSIO LLC PO BOX 933191 CLEVELAND, OH 44193 | ACCOUNTING SYSTEM | 282,079. |

Name of the organization

Employer identification number

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | ENDING BOOK VALUE | COST OR FMV |
|--------------------------|----------------------|----------------|
| COMMON STOCKS | 62,394,681. | FMV |
| FIXED INCOME MUTUAL FUND | 19,573,159. | FMV |
| INTERNATIONAL EQUITIES | 14,297,187. | FMV |
| MUTUAL FUND | 2,316,526. | FMV |
| TOTALS | 98,581,553. | |

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

**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 applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) MMH/AHS, LLC 130 WEST PACES FERRY ROAD ATLANTA, GA 30305 58-0566162 | MUSEUM | GA | 627,950. | 20,389,381. | N/A |
| (2) MADE BY US, LLC 130 WEST PACES FERRY ROAD ATLANTA, GA 30305 580566162 | CIVIC ENGAGE | GA | 847,443. | 961,353. | 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) 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 | (g) Section 512(b)(13) controlled entity? | |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| | | | | | | Yes | No |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) (Rev. 12-2024)

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|----------------------------------------------|----|
| | | | | | | | | Yes | No |
| (1) THORTON-VENABLE CHARITABLE TRUST SUNTRUST BANK FOUNDATIONS & ENDOWMENTS ATLANTA, GA 30302 | INVESTMENT | GA | N/A | TRUST | 744,776. | 6,789,067. | 25.0000 | | X |
| (2) P.T. SCHUTZE ENDOWMENT FUND 50 HURT PLAZA STE 449 ATLANTA, GA 30303 | INVESTMENT | GA | N/A | TRUST | 282,231. | 2,763,880. | 100.0000 | | X |
| (3) LUCY RUCKER AIKEN FUND 50 HURT PLAZA STE 449 ATLANTA, GA 30303 | INVESTMENT | GA | N/A | TRUST | NONE | 218,000. | 100.0000 | | X |
| (4) MARY ANN AND LLOYD T. WHITAKER CRUT 130 WEST PACES FERRY ROAD ATLANTA, GA 30305 | INVESTMENT | GA | N/A | TRUST | NONE | 6,473,052. | 100.0000 | | X |
| (5) ANNE G. WELTNER CRUT 3455 PEACHTREE RD NE, SUITE 1100 ATLANTA, GA 30326 | INVESTMENT | GA | N/A | TRUST | NONE | 475,093. | 100.0000 | | X |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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

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

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. | 1a | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j 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 | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses. | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

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

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

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

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

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

Part VII Supplemental Information

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

RENT AND ROYALTY SUMMARY
=====

| PROPERTY ----- | TOTAL INCOME ----- | DEPLETION/ DEPRECIATION ----- | OTHER EXPENSES ----- | ALLOWABLE NET INCOME ----- |
|----------------------|--------------------------|-------------------------------------|----------------------------|-------------------------------------|
| 130 WEST PACES FERRY | | 3,635,217. | | -3635217. |
| TOTALS | ----- | 3,635,217. | ----- | -3635217. |
| | ===== | ===== | ===== | ===== |

SCHEDULE A:SPECIAL EVENT INCOME
PART II - LINE 14 - OTHER DEDUCTIONS
=====

| | |
|-----------------------|----------|
| FACILITIES | 768,318. |
| LANDSCAPE | 19,731. |
| INSURANCE & TAXES | 68,226. |
| COPIER & POSTAGE | 7,699. |
| BUSINESS OFFICE | 49,968. |
| HR | 81,419. |
| IT & INFO SVCS | 94,722. |
| OFFICE SUPPLIES | 17,384. |
| BANK FEES | 17,620. |
| PROFESSIONAL SERVICES | 99,167. |
| SOFTWARE EXPENSE | 6,514. |
| OTHER | 2,010. |
| ADVERTISING | 800. |

| | |
|------------------------------|------------------------------|
| TOTAL OTHER DEDUCTIONS | ----- 1,233,578. ===== |
|------------------------------|------------------------------|

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

ATLANTA HISTORICAL SOCIETY, INC.

58-0566162

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for general depreciation calculations and 13 rows for listed property details. Columns include description, cost, and elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance and other depreciation items.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2024.

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, Nonresidential real property.

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction. Rows include 12-year, 30-year, 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for summary calculations: Listed property amount, Total amount, and Basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) through (i) for depreciation and other information. Includes rows 25, 26, 27, 28, and 29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for vehicle information. Includes rows 30 through 36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table for Section C with columns Yes No for employer questions. Includes rows 37 through 41.

Part VI Amortization

Table for Section C with columns (a) through (f) for amortization information. Includes rows 42, 43, and 44.

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2024

Jurisdiction: Federal - 990T

Name: ATLANTA HISTORICAL

No of Attachments: 1

Return No: E1TYROU4

PDF Attachment Description

PDF File Name

File Size

NOL carryforward schedule

E1TYROU4_FE-990T_NOL carryforward schedule.pdf

35,625

ATLANTA HISTORICAL SOCIETY, INC.
58-0566162

FORM 990-T, NOL CARRYFORWARD SCHEDULE

| YE | ORIGINAL NOL | CARRYOVER FROM PRIOR YEARS | AMOUNT USED PRIOR YEARS | AMOUNT USED CURRENT YEAR | CARRYOVER TO NEXT YEAR |
|-----------|--------------|----------------------------------|----------------------------|-----------------------------|---------------------------|
| 6/30/2007 | 1,295 | | | | 1,295 |
| 6/30/2008 | 32,722 | 1,295 | | | 34,017 |
| 6/30/2009 | - | 34,017 | 13,630 | | 20,387 |
| 6/30/2010 | 184,228 | 20,387 | - | | 204,615 |
| 6/30/2011 | 258,411 | 204,615 | - | | 463,026 |
| 6/30/2012 | 197,753 | 463,026 | - | | 660,779 |
| 6/30/2013 | 187,556 | 660,779 | - | | 848,335 |
| 6/30/2014 | 39,961 | 848,335 | - | | 888,296 |
| 6/30/2015 | 304,051 | 888,296 | - | | 1,192,347 |
| 6/30/2016 | - | 1,192,347 | 210,788 | | 981,559 |
| 6/30/2017 | - | 981,559 | 479,365 | | 502,194 |
| 6/30/2018 | - | 502,194 | 58,975 | | 443,219 |
| 6/30/2019 | - | 443,219 | 19,415 | | 423,804 |
| 6/30/2020 | 274,647 | 423,804 | | | 698,451 |
| 6/30/2021 | 560,677 | 698,451 | | | 1,259,128 |
| 6/30/2022 | 233,774 | 1,259,128 | | | 1,492,902 |
| 6/30/2023 | 132,410 | 1,492,902 | | | 1,625,312 |
| 6/30/2024 | - | 1,625,312 | 99,385 | | 1,525,927 |
| 6/30/2025 | 248,071 | 1,525,927 | | | 1,773,998 |

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