## Robert W. Woodruff Arts Center, Inc.

Public Inspection Copy
For the Year Ended
May 31, 2022

### **TAX RETURNS**



# ROBERT W. WOODRUFF ARTS CENTER, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED MAY 31, 2022

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

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

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

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

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

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

### **Payment/Deposit Information Report**

Taxpayer Name: ROBERT W. WOODRUFF ARTS CENTER, INC.

Tax Payment Juris. Deposit		Amount	Financial Institution Name	Account Type	Routing Number	Account Number
990-T	EFTPS	107,263.				
GA	CHECK	28,983.				
, A	CHECK	20,703.				
	+					

#### Ec. 8879-TE

#### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 06/01/2021 and ending 05/31/2022

OMB No. 1545-0047

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. EIN or SSN 58-0633971 ROBERT W. WOODRUFF ARTS CENTER, INC. Name and title of officer or person subject to tax HALA MODDELMOG, PRESIDENT & CEO 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 . . . . > b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . 1b 2a Form 990-EZ check here . . . 3a Form 1120-POL check here . > b Tax based on investment income (Form 990-PF, Part V, line 5). . . . . 4b Form 990-PF check here . . . > Form 8868 check here... Form 990-T check here . . . . b Total tax (Form 990-T, Part III, line 4) . . . . . . . . . . . . . . 6b Form 4720 check here. . . . > 8a Form 5227 check here... b FMV of assets at end of tax year (Form 5227, Item D) .....8b b Tax due (Form 5330, Part II, line 19) . . . . . . . . . . . . . . . . 9b 9a Form 5330 check here. . . . ▶ b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b Form 8038-CP check here . . > Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2021 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 X I authorize SMITH & HOWARD ADVISORY, to enter my PIN Enter five numbers, but do not enter all zeros on the tax year 2021 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 2021 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 pisclosure consent screen. Signature of officer or person subject to tax Date > 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. 7 8 8 2 9 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 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.

Form 8879-TE (2021)

04/15/2023

ERO's signature ▶

#### **Return of Organization Exempt From Income Tax**

Form **990** 

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2021
Open to Public
Inspection

A F	or the	2021 calendar year, or tax year beginning 06/01/2021 and	d ending		05/31/2022
		C Name of organization		D Employer ide	ntification number
B C	eck if applic	ROBERT W. WOODRUFF ARTS CENTER, INC.			
	Address change	Doing Business As		58-0633	971
	Name ch	Number and street (or P.O. box if mail is not delivered to street address)  Roor	m/suite	E Telephone nui	mber
	Initial re	turn 1280 PEACHTREE ST. NE		(404)73	3-4200
	Terminal	City or town, state or province, country, and ZIP or foreign postal code			
	Amende return	d ATLANTA, GA 30309		G Gross receipts	\$ 188,790,736.
	Applicat pending	F Name and address of principal officer: HALA MODDELMOG		H(a) Is this a group subordinates?	return for Yes X No
		1280 PEACHTREE ST. NE, ATLANTA, GA 30309		H(b) Are all subordin	ates included? Yes No
ī	Tax-exen	npt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach	a list. (see instructions)
J	Website			H(c) Group exempt	ion number
K	Form of	organization: X Corporation Trust Association Other ▶	L Year of format	tion: 1965 M S	State of legal domicile: GA
Pa	art l	Summary			
	1 B	riefly describe the organization's mission or most significant activities: CHARITAE	BLE ARTS	ORGANIZATI	ON TO INSPIRE,
ė		CREATE, SUPPORT AND CELEBRATE RENOWNED ARTS AND EDUC			
and		AUDIENCES THROUGH OUR UNIQUE MODEL OF PARTNERSHIPS A			
le.u		Check this box  if the organization discontinued its operations or disposed of			
Governance	3 N	lumber of voting members of the governing body (Part VI, line 1a)			3   126
		lumber of independent voting members of the governing body (Part VI, line 1b)			4 124
ţį		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			5 1,010
Activities &		otal number of volunteers (estimate if necessary)			6 480
Å		otal unrelated business revenue from Part VIII, column (C), line 12			7a 3,207,345.
		let unrelated business taxable income from Form 990-T, line 34			7b 1,282,207.
				Prior Year	Current Year
•	8 (	Contributions and grants (Part VIII, line 1h)	$\overline{}$	44,967,18	9. 72,106,220.
Revenue		COPY FO		7,601,48	
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	ECTION	64,989,76	
2	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,612,20	
	i	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		123,170,64	
	+	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NC	NE NONE
		Benefits paid to or for members (Part IX, column (A), line 4)		NC	NE NONE
y)	4- 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		37,347,04	6. 43,562,915.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		NC	NE NONE
cbe	b 1	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,380,237.			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,028,71	0. 55,231,187.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		74,375,75	6. 98,794,102.
	1	Revenue less expenses. Subtract line 18 from line 12		48,794,88	9. 19,684,450.
or				nning of Current Y	ear End of Year
sets	20	Total assets (Part X, line 16)		744,630,96	9. 676,001,551.
Ass	21 7	Total liabilities (Part X, line 26)		209,668,34	5. 198,991,711.
Net Assets	22 1	Net assets or fund balances. Subtract line 21 from line 20		534,962,62	4. 477,009,840.
	art II	Signature Block			
Un	der pena	alties 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
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer has any k	(nowledge.	
	İ	Hola Mall		04/1	5/2023
Sig	-	Signature of officer		Date	
He	re	HALA MODDELMOG PRESI	DENT & CE	20	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai		SABRE J LINAHAN	04/15/202	self-employe	P01372980
	parer   Only	Firm's name ▶ SMITH & HOWARD ADVISORY, LLC		Firm's EIN	92-0749631
US	- Only	Firm's address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.	404-874-6244
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paper	work Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2021)

Form 990 (2021) Page 2

Pa	art III	Statement of Program So		Part III	Ty.
1	Priofly	escribe the organization's r		raitiii	. X
•	•	<u> </u>		CDEAME GUDDODM	
			ER'S MISSION IS TO INSPIRE,		
			ARTS AND EDUCATION FOR DIVE		
			OF PARTNERSHIPS AND COLLABO	RATIONS, AND IN AN	
		ITUTIONALLY SUSTAIN			
2			y significant program services during th		
	prior Fo	rm 990 or 990-EZ?		Yes	X No
	-	describe these new service			
3		_	ducting, or make significant changes		_
				Yes	X No
		describe these changes on			
4				of its three largest program services, as meas	
				report the amount of grants and allocations to	others
	the total	expenses, and revenue, if	any, for each program service reported.		
4a	(Code: _	) (Expenses \$_	33,155,155. including grants of \$	) (Revenue \$11,556,802)	
	SEE SO	CHEDULE O			
	-				
	(Code:	\/Evnenses \$	21,794,757. including grants of \$	) (Revenue \$ 6,222,707. )	
75	` -	/(Expenses \( \pi CHEDULE O	miologing grants of $\psi$	/(πονοπαο ψ)	
	SEE SC	CHEDOLE O			
4c	(Code:	) (Expenses \$_	13,505,288. including grants of \$	) (Revenue \$6,411,396)	
	SEE SO	CHEDULE O			
4d	Other p	rogram services (Describe	on Schedule O.)		
	(Expens	- '	•	enue\$)	
4-	<u> </u>	ogram sorvice expenses		,	

**4e** Total program service JSA 1E1020 1.000

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Par	t IV Checklist of Required Schedules		Yes	Na
4	Is the expenientian described in section E01/a)/2) or 4047/a)/1) (ather then a private foundation)? If ")/as "		162	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		- 1	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44.		37
اء	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X 
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
٠	the organization's separate of consolidated financial statements for the tax year include a footbote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		_X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	21		Y

JSA 1E1021 1.000

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<b></b> 0u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	252		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		21
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	256		v
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		X
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
-	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Juan		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Δ.
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		X
38	· · · · · · · · · · · · · · · · · · ·	20	\ <sub>v</sub>	
Dará	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 9	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 03	143
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C		10	v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	L

Form 990 (2021) Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,010			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

58-0633971

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 126			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization sassets?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
<i>r</i> a	one or more members of the governing body?	7a		Х
<b>L</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		Х
0	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.0		
8				
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?		21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	1.55		
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	01(c)
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain on Schedule O)	1 (000		01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	est p	olicy,
	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 recordance MODDELMOG 1280 PEACHTREE ST. ATLANTA GA 30309	ds <b>▶</b>		

404-733-4200

1E1042 1.000

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

	,							,	· · ·	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle er an	Position check more that less person is be mind a director/tru  Control of the person			an	(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	7	Key employee	Highest compensated employee	97	1099-NEC)	1099-NEC)	related organizations
(1) RAND SUFFOLK	40.00									
HIGH MUSEUM DIRECTOR	NONE	1			X			590,179.	NONE	57,498.
(2) SUSAN BOOTH	40.00							330,2731	1,01,1	37,1331
ARTISTIC DIRECTOR - AT	NONE	1			X			453,198.	NONE	69,109.
(3) ROBERT SPANO	40.00									,
MUSIC DIRECTOR	NONE	1			X			453,021.	NONE	26,927.
(4) JENNIFER BARLAMENT	40.00									
EXECUTIVE DIRECTOR - ASO	1.00	1			X			371,848.	NONE	55,678.
(5) HALA MODDELMOG	40.00									
PRESIDENT	NONE	Х		Х				399,721.	NONE	759.
(6) BRADY LUM	40.00									
DEPUTY DIRECTOR	NONE				X			264,276.	NONE	37,842.
(7) MICHAEL SCHLEIFER	40.00									
MANAGING DIRECTOR - AT	NONE				Х			249,541.	NONE	37,855.
(8) SUSAN AMBO	40.00									
CFO ASO	1.00				Х			259,270.	NONE	8,616.
(9) DAVID COUCHERON	40.00									
CONCERTMASTER	NONE					Х		252,171.	NONE	11,794.
(10) ELEANOR TARVIN	40.00									
CHIEF HUMAN RESOURCES OFFICER	NONE				Х			219,085.	NONE	26,774.
(11) PAT GUNNING	40.00									
CHIEF FINANCIAL OFFICER	NONE			Х				224,510.	NONE	NONE
(12) KRISTIN HANSEN	40.00									
CHIEF DEVELOPMENT OFFICER	NONE				X			217,537.	NONE	6,340.
(13) BETH GIBBS	40.00									
GENERAL COUNSEL	NONE			Х				216,875.	NONE	4,581.
(14) ALLISON CHANCE	40.00	4								
DIRECTOR OF DEV HIGH MUSEUM	NONE					X		175,313.	NONE	33,949.

Form **990** (2021)

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an		compensation	compensation from	amount of other				
	week (list any hours for	1				or/trust		from the	related organizations	compensation
	related	Indi or c	Inst	Officer	Key	Hig	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ividu	Ē	cer	em	hest	mer	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		Key employee	con				organizations
		uste	trus		ee	npen				
		Ф	tee			Highest compensated employee				
( 15) GRACE SIPUSIC	40.00					<u> </u>				
VP OF DEVELOPMENT ASO	NONE					X		187,208.	NONE	14,795.
( 16) BRIAN SHIVELY	40.00					Λ.		107,200.	IVONE	14,793.
DIRECTOR OF FINANCE & ADMIN	NONE				X			191,477.	NONE	6,029.
( 17) BRIAN WALLEY	40.00				21			101,117.	IVOIVE	0,025.
VICE PRESIDENT FINANCE	1.00				X			172,831.	NONE	20,214.
( 18) KEVIN TUCKER	40.00							1727031.	110112	20,211.
CHIEF CURATOR	NONE					X		167,963.	NONE	12,811.
( 19) KEVIN HENLON	40.00									
FINANCE DIRECTOR	NONE					X		160,224.	NONE	6,757.
( 20) CLAIRE LEWIS ARNOLD	3.00							·		•
GOVERNING BOARD	NONE	Х						NONE	NONE	NONE
( 21) DANIEL BALDWIN	3.00									
GOVERNING BOARD	NONE	Х						NONE	NONE	NONE
( 22) JANINE BROWN	3.00									
GOVERNING BOARD	NONE	Х						NONE	NONE	NONE
( 23) THOMAS C. CHUBB	3.00									
GOVERNING BOARD	NONE	Х						NONE	NONE	NONE
( 24) MICHAEL J. EGAN III	3.00									
GOVERNING BOARD	NONE	Х						NONE	NONE	NONE
( 25) DURIYA FAROOQUI	3.00									
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
1b Sub-total							$\blacktriangleright$	5,226,248.	NONE	438,328.
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	NONE	NONE	NONE
d Total (add lines 1b and 1c)							<u> </u>	5,226,248.	NONE	438,328.
2 Total number of individuals (including but not		hose	liste	d al	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organizatio	n ▶					77				
										Yes No
3 Did the organization list any former offic										
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such										
										4
individual										4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5
Section P. Independent Contractors	co, comple	10 001	ieut	11 <del>0</del> 0	, 101	SUCII	ρσι	3011		J J

#### Section B. Independent Contractors

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

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

OBERT W. WOODROFF ARTS CENTER, INC. 30 00337/1

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (c	continued)
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	<b>.</b>		Pos				Reportable	Reportable	Estimated
	hours per week (list any	,				e than or is both a		compensation	compensation from related	amount of other
	hours for					tor/truste		from the	organizations	compensation
	related	Indi or c	Inst	Officer	Key	Highest co	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	lividu direc	lituti	cer	em	hest	mer	(W-2/1099-MISC)		organization and related
	line)	tor tr	Institutional		Key employee	ee con				organizations
		Individual trustee or director	trustee		ee	nper				
		Ď	stee			compensated				
OC) POUGLAG T UPPER	2.00					8				
26) DOUGLAS J. HERTZ	$-\frac{3.00}{1000}$							NONE	NONTE	NONE
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
27) ROBIN HOWELL	$-\frac{3.00}{1000}$							NONE	NONTE	NONE
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
28) JOCELYN HUNTER	3.00	<b></b> .								
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
29) GLENN W. MITCHELL III	3.00								370377	17017
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
30) GALEN L. OELKERS	$-\frac{3.00}{1000}$							NONE	NONTE	NONE
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
31) DERETTA RHODES	$-\frac{3.00}{100000}$	3,7						NONE	NONTE	NONE
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
32) RAVI SALIGRAM	$-\frac{3.00}{1000}$							NONE	NONTE	NONE
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
33) BENNY VARZI	3.00	- v						NONE	NIONIE	NONE
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
34) KATHY N. WALLER GOVERNING BOARD	3.00 NONE	v						NONE	NONTE	NONE
35) D. RICHARD WILLIAMS	3.00	X						NONE	NONE	NONE
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
26) TOUN C VATEC	3 00							NONE	NONE	NONE
GOVERNING BOARD	NONE	X						NONE	NONE	NONE
		1						INOINE	IVONE	110111
1b Sub-total c Total from continuation sheets to Part VII,	Soction A		• •							
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but no							re	ceived more than	\$100 000 of	
reportable compensation from the organizati				u u.		o, <b></b>		oorvod moro man	Ψ100,000 01	
										Yes No
3 Did the organization list any former off	icar directo	or or	tri	ıcto	_	kov o	mn	lovee or highes	t compensated	1.00 1.10
employee on line 1a? If "Yes," complete Sche										3
4 For any individual listed on line 1a, is the organization and related organizations of	sum of representations	oortan	oie c	om ooz	per	isation "Voc	ı aı	na otner compens	sation from the	
individual										4
5 Did any person listed on line 1a receive o									on or individual	
for services rendered to the organization? <i>If "</i>										5
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated i	ndepe	ende	ent d	con	tractor	rs t	hat received more	than \$100.000 o	of
compensation from the organization. Report										
year.										

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

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

90	0000711	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	١,				e than o is both		compensation	compensation from	amount of other
	week (list any hours for					tor/trust		from the	related organizations	compensation
	related	or o	Ins	Officer	€ €	Highest co	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	lividu direc	lituti	icer	em	hest	mer	(W-2/1099-MISC)		organization and related
	line)	tor tr	ona		Key employee	ee e				organizations
		Individual trustee or director	Institutional trustee		ee	nper				
		ď	stee			compensated e				
( 37) VANESSA ALLEN SUTHERLAND	1.00					ď				
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
( 38) PETER AMAN	2.00	- 25						110111	IVOIVE	110111
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
( 39) OZZIE AREU	1.00	1						110112	110112	110111
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
( 40) ALI (AL) AZADI	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONE
( 41) MELISSA BABB	1.00								-	
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONE
( 42) JUANITA P. BARANCO	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONE
( 43) EDWARD H. BASTIAN	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONE
( 44) ANDY BERG	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONE
( 45) BARRY BERLIN	1.00									
LIFE TRUSTEE (BEG. 11/2021)	NONE	X						NONE	NONE	NONE
( 46) J. VERONICA BIGGINS	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
( 47) W. STANLEY BLACKBURN	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total							ightharpoons			
c Total from continuation sheets to Part VII, S	-									
d Total (add lines 1b and 1c)							<u> </u>			
2 Total number of individuals (including but not		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organizatio	n ►									12 1 2
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the										
organization and related organizations gr	eater than	1 \$75	υ,υ	00?	. 11	Yes	i,	complete Schedu	ie j tor such	4

#### **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	<b>(C)</b> 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 ▶

Page 8

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) JOSEPH O. BLANCO	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
49) THEODORE I. BLUM	1.00									
VOTING TRUSTEE	NONE	Х		<u> </u>				NONE	NONE	NON
50) RAPHAEL W. BOSTIC	1.00									
VOTING TRUSTEE	NONE	X		_				NONE	NONE	NON
51) JAMES W. BOSWELL	1.00									
VOTING TRUSTEE	NONE	X		$oxed{oxed}$				NONE	NONE	NON
52) JON BRIDGES	1.00									
VOTING TRUSTEE	NONE	X		<u></u>				NONE	NONE	NON
53) CARRIE BROWN	1.00	-								
VOTING TRUSTEE	NONE	X		₩				NONE	NONE	NON
54) MARY L. CAHILL	2.00	-								
VOTING TRUSTEE	NONE	X		—				NONE	NONE	NON
55) LISA CALHOUN	1.00									
VOTING TRUSTEE	NONE	X		₩				NONE	NONE	NON
56) ELIZABETH W. CAMP	1.00									
VOTING TRUSTEE	NONE	X		⊢				NONE	NONE	NON
57) BOBBY CONDON	1.00	٠							370377	
VOTING TRUSTEE	NONE	X		₩				NONE	NONE	NON
58) COLIN CONNOLLY	2.00 NONE	3,7						NONE	NIONIE	NON
VOTING TRUSTEE	NONE	X						NONE	NONE	NON
1b Sub-total c Total from continuation sheets to Part VII, S	Section A						<b>&gt;</b>			
d Total (add lines 1b and 1c)	_						•			
2 Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n ▶									
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3
For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	oortab	ole o	com	per	satio	n aı	nd other compens	sation from the	
individual										4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	ion '	fron	n any	un	related organization	on or individual	5
Section B. Independent Contractors										
1 Complete this table for your five highest concompensation from the organization. Report of year.										
(A) Name and business ad	dress							(B) Description of se	ervices (	(C) Compensation
										•
2 Total number of independent contractors (i	ncluding bu	ut no	t lin	nite	d to	thos	se li	sted above) who	received	

more than \$100,000 in compensation from the organization ▶

					_

Part VII Section	n A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	ed)	
	(A)	(B)			(0	C)			(D)	(E)		(F)	
N	lame and title	Average				sition			Reportable	Reportable	E	stimated	
		hours per	,				e than o is both		compensation	compensation from	ar	mount of	
		week (list any hours for	office				tor/truste		from the	related organizations	com	other pensation	1
		related	Individual trustee or director	Ins	Q.	6	en Hi	Fo	organization	(W-2/1099-MISC)		rom the	
		organizations	dire	Institutional	Officer	Key employee	thes	Former	(W-2/1099-MISC)	(11 2, 1000 111100)	_	janization	
		below dotted	ual	tion	,	nplo	ee /ee	_				d related	
		line)	trus	al to		yee	) mg				org.	anizations	
			tee	trustee			Highest compensated employee						
				Θ			ated						
(59) LEIGHANN	COSTLEY	2.00											
VOTING TRUSTE	E (EX-OFFICIO)	NONE	Х						NONE	NONE		N	ONE
( 60) DONNA O.	COX	1.00											
VOTING TRUSTE	E	NONE	Х						NONE	NONE		N	ONE
( 61) ANN W. CR	AMER	2.00											
VOTING TRUSTE		NONE	Х						NONE	NONE		N	ONE
(62) CHRISTOPH	ER CUMMISKEY	2.00											
VOTING TRUSTE		NONE	Х						NONE	NONE		N	ONE
( 63) DAVID DAS		1.00											
VOTING TRUSTE		NONE	Х						NONE	NONE		N	ONE
( 64) KAPPY DEB		2.00											
VOTING TRUSTE		NONE	Х						NONE	NONE		N	ONE
( 65) MICHAEL S		2.00											
VOTING TRUSTE		NONE	Х						NONE	NONE		N.	ONE
( 66) MICHAEL D		1.00											
VOTING TRUSTE		NONE	Х						NONE	NONE		N	ONE
(67) SLOANE DR		1.00								_			
VOTING TRUSTE		NONE	Х						NONE	NONE		N	ONE
( 68) LEE ECHOL		1.00								_			
VOTING TRUSTE		NONE	Х						NONE	NONE		N.	ONE
( 69) JIMMY ET		1.00											
VOTING TRUSTE		NONE	X						NONE	NONE		N	ONE
1b Sub-total		1.01.2							1,01,1				
		ection A		• •	• •	• •							
	s 1b and 1c)	_				• •							
	findividuals (including but not				d a	bov	e) who	re	ceived more than	\$100.000 of			
	pensation from the organization						·,			Ψ.00,000 σ.			
<u> </u>												Yes I	No
3 Did the organ	ization list any former offic	er directo	or. or	trı	ıste	e.	kev e	mn	lovee or highes	t compensated			
	e 1a? If "Yes," complete Sched										3		
· ·	ual listed on line 1a, is the												
4 For any individu	nd related organizations gre	sulli ol le¦ eater than	0011aL	กลา	1007	ipei P <i>It</i>	เรลแบเ • "Vos	ı aı	complete Schedu	sation from the			
											4		
	listed on line 1a receive or												
for services reno	dered to the organization? <i>If "Your the control of the organization"</i>	es," comple	te Scl	hedu	ıle .	I for	such	per	son	oaividual	5		
Section B. Indepen		, , , ,											
	<u> </u>												

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 ▶

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n 990 (2021) Page	8

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and I	Higl	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per					e than o		compensation	compensation from	amount of
	week (list any hours for	office	er an			is both tor/trust		from	related	other compensation
	related	Individual trustee or director	Ing					the organization	organizations (W-2/1099-MISC)	from the
	organizations	dire	ŧ	Officer	y en	ploy	Former	(W-2/1099-MISC)	(,,	organization
	below dotted line)	ual t	Institutional	'	Key employee	t co				and related organizations
	11110)	rust	<del>=</del>		yee	Highest compensated employee				organizationo
		ee	l trustee			nsa				
			L			ted				
70) HOWARD FEINSAND	2.00									
LIFE TRUSTEE (BEG. 11/2021)	NONE	X						NONE	NONE	NONE
71) JOHN L. FERGUSON	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
72) TERESA M. FINLEY	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
73) CHANEL H. FRAZIER	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
74) JORDY GAMSON	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
75) BJ GREEN	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
76) JAMILA M. HALL	2.00									
VOTING TRUSTREE	NONE	X						NONE	NONE	NONE
77) PHILIP HARRISON	2.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
78) ELIZABETH HOLDER	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
79) MICHAEL E. HOLLINGSWORTH II	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
80) CARLI HUBAND	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total							$\blacktriangleright$			
c Total from continuation sheets to Part VII, S	Section A						$\blacktriangleright$			
d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (including but not		hose	liste	d a	bov	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	on ►									
										Yes No
3 Did the organization list any former offi		or, or	tru	uste	e,	key e	emp	loyee, or highes	t compensated	

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

#### **Section B. Independent Contractors**

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	<b>(C)</b> Compensation

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

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Page	•

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employee	es (co	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than control employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-MI	from	am comp fro orga and	(F) timated ount of other censation the anization related nization	f on n d
( 81) KIT HUGHES	2.00												
VOTING TRUSTEE	NONE	X						NONE	N	ONE			NONE
82) KAREN T. HUGHES	2.00							17017					
VOTING TRUSTEE (EX-OFFICIO)	NONE	X						NONE	N	ONE			NONE
( 83) GLEN JACKSON	1.00 NONE	37						NONE		ONTE			NT/NTT
VOTING TRUSTEE	NONE	X						NONE	N	ONE			NONE
( 84) PHILIP S. JACOBS  VOTING TRUSTEE	2.00 NONE	X						NONE	NT.	ONE			NTONTE
( 85) NANCY JANET	1.00	A						NONE	IN	ONE			NONE
VOTING TRUSTEE (EX-OFFICIO)	NONE	x						NONE	NT.	ONE			NONE
( 86) BOB JIMENEZ	1.00							NOINE	IN	OINE			MOINI
VOTING TRUSTEE	NONE	X						NONE	N	ONE			NONE
(87) TYRONE JOHNSON	2.00	21						110111	10				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
VOTING TRUSTEE	NONE	X						NONE	N	ONE			NONE
88) LACEY JORDAN	1.00												
VOTING TRUSTEE	NONE	Х						NONE	N	ONE			NONE
89) JOSHUA M. KAMIN	1.00												
VOTING TRUSTEE	NONE	Х						NONE	N	ONE			NONE
90) JENNA KELLY	2.00												
VOTING TRUSTEE	NONE	X						NONE	N	ONE			NONE
( 91) AMY KENNY	1.00												
VOTING TRUSTEE	NONE	X						NONE	N	ONE			NONE
Sub-total     c Total from continuation sheets to Part VII, S     d Total (add lines 1b and 1c)     Total number of individuals (including but not reportable compensation from the organization)	limited to t						re	eceived more than	\$100,000 of				
												Yes	No
3 Did the organization list any former office													
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual						•	3		
4 For any individual listed on line 1a, is the organization and related organizations granizations	eater than	\$15	50,0	00?	) It	"Yes	5,"	complete Schedu	le J for suc	ch	4		
<ul> <li>individual</li> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "You have been also /li></ul>	accrue co	mpen	sati	on '	fron	n any	un	related organization	on or individu	al	5		
Section B. Independent Contractors							,			•			
Complete this table for your five highest com- compensation from the organization. Report of year.													
(A) Name and business add	lress							(B) Description of se	ervices	Co	(C) ompens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received

	Dama	0

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per	(do ı	not ch		ition mor	e than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					is both		from	related	other
	hours for related organizations below dotted line)	Ind or c	a Institutional trustee	a Officer	Key employee	ru Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
92) ANDJELA KESSLER	1.00					8				
VOTING TRUSTEE (EX-OFFICIO)	NONE	X						NONE	NONE	NONE
93) KATE KIEFER LEE	1.00	21						IVOIVE	IVOIVE	110111
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
94) KURT P. KUEHN	1.00							1,01,12	1,01,2	
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
95) ALDO LAFIANDRA	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONE
96) LAURA LANE	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONE
97) JANE D. LANIER	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONE
98) DAVID LEITER	2.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONE
( 99) WILLIAM H. LINGINFELTER	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(100) DENNIS LOCKHART	2.00	-								
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(101) HELENE G. LOLLIS	2.00	- ,,						NONE	NONE	NONE
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(102) BRIAN MAHONY VOTING TRUSTEE	1.00 NONE	X						NONE	NONIE	NONE
4h Cub total							_	NOINE	NONE	NOINE
1b Sub-total c Total from continuation sheets to Part VII, S										
d Total (add lines 1b and 1c)	_				• •					
2 Total number of individuals (including but not	limited to t						re	ceived more than	\$100,000 of	
reportable compensation from the organizatio	n ▶									
						_				Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	) It	"Yes	,"	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? <i>If "Y</i>										5
Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report of										

year.

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

<sup>2</sup> 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	·	y ⊏n	ıpıo			and H	ııgı		T	r r
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do l	not ch	Pos		e than or	ne	Reportable	Reportable	Estimated
	hours per week (list any					is both a		compensation from	compensation from related	amount of other
	hours for					tor/truste		the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High emp	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	irec	iti	cer	emp	nest loye	ner	(W-2/1099-MISC)		organization and related
	line)	al tr	onal		oloy	com				organizations
		uste	trus		ě	lper				
		Ф.	tee			Highest compensated employee				
102\ GUADIEC C MANNI	2.00					ä				
103) CHARLES S. MANN	2.00	- v						NONE	NONE	NONI
VOTING TRUSTEE	NONE	X						NONE	NONE	NONI
104) JOHN S. MARKWALTER, JR.	1.00	- v						NONE	NONE	NONI
VOTING TRUSTEE	NONE	X						NONE	NONE	NONI
105) BARRY MCCARTHY	2.00	٠,,						NONE	NONE	NON
VOTING TRUSTEE	NONE	X						NONE	NONE	NONI
106) MILFORD W. MCGUIRT	<u>1.00</u>	٠,,						NONE	NONE	NON
VOTING TRUSTEE	NONE	X						NONE	NONE	NON:
107) PENNY MCPHEE	<u>1.00</u>	٠,,						NONE	NONE	11011
VOTING TRUSTEE	NONE	X						NONE	NONE	NON!
108) STEVE MENSCH	<u>1.00</u>	٠,,						NONE	NONE	NON
VOTING TRUSTEE	NONE	X						NONE	NONE	NON!
109) DUNCAN MILLER	<u>1.00</u>	٠,,						NONE	NONE	NON
VOTING TRUSTEE	NONE	X						NONE	NONE	NON:
110) BERT MILLS	2.00	٠,,						NONE	37037	11011
VOTING TRUSTEE (EX-OFFICIO)	NONE	X						NONE	NONE	NON:
111) ASHISH MISTRY	2.00	٠,,						NONE	NONE	NONT
VOTING TRUSTEE	NONE	X						NONE	NONE	NON:
112) PAT MITCHELL	2.00	٠,,						NONE	NONE	11011
VOTING TRUSTEE	NONE	X						NONE	NONE	NON:
113) ARUN MOHAN	<u>1.00</u>	٠,,						NONE	NONE	NONT
VOTING TRUSTEE (RESIGNED)	NONE	X					_	NONE	NONE	NON:
1b Sub-total										
c Total from continuation sheets to Part \										
d Total (add lines 1b and 1c)							<u> </u>		<b>1</b>	
2 Total number of individuals (including but		hose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organiz	Zalion									
										Yes No
3 Did the organization list any former										
employee on line 1a? If "Yes," complete So	chedule J for su	ch ind	lividi	ual						3
4 For any individual listed on line 1a, is										
organization and related organizations										
individual										4
5 Did any person listed on line 1a receive										
for services rendered to the organization?	If "Yes," comple	te Sci	hedu	ıle J	for	such <sub>[</sub>	per.	son		5
Section B. Independent Contractors										
1 Complete this table for your five highest	compensated i	ndepe	ende	ent o	con	tractor	rs t	hat received more	than \$100,000 c	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 ▶

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									_	
								_	0	

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employe	es (co	ontinuea	f)
(A) Name and title	(B) Average hours per week (list any	box,	unles	s pe	ition more rson	e than o is both or/truste	an	(D) Reportable compensation from	(E) Reportable compensation related	from	Estir amo ot	mated unt of her
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		fron orgar and i	ensation n the nization related izations
114) JOHN MURPHY	2.00											
VOTING TRUSTEE	NONE	X						NONE	1	NONE		NONI
115) KENNETH NEIGHBORS	2.00								_			
VOTING TRUSTEE	NONE	X						NONE	1	NONE		NONI
116) JOHN F. O'NEILL III	1.00							17017	_			17017
VOTING TRUSTEE	NONE	X						NONE	1	NONE		NON
117) HOWARD D. PALEFSKY	1.00								_			
VOTING TRUSTEE	NONE	X						NONE	1	NONE		NONI
118) CHARLES F. PALMER	2.00								_			
VOTING TRUSTEE	NONE	X						NONE	1	NONE		NONI
119) NATALYE PAQUIN, ESQ.	1.00								_			
VOTING TRUSTEE (RESIGNED)	NONE	X						NONE	1	NONE		NON
120) SANJAY PAREKH	2.00								_			
VOTING TRUSTEE	NONE	X						NONE	1	NONE		NONI
121) WILLIAM PATE	1.00								_			
VOTING TRUSTEE	NONE	X						NONE	1	NONE		NONI
122) KATHRYN PETRALIA	1.00								_			
VOTING TRUSTEE	NONE	X						NONE	Γ	NONE		NONI
123) SUZANNE T. PLYBON	2.00							NONE	,			NON
VOTING TRUSTEE	NONE	X						NONE	r	NONE		NONI
124) ALAN PRINCE	1.00 NONE							NONE	,			NON
VOTING TRUSTEE	NONE	X						NONE	Γ	NONE		NONI
total from continuation sheets to Part VII, Some distriction of the sheet state of t	limited to t		liste	d al	oove	e) who	re	ceived more than	\$100,000 of			
	<u> </u>										•	Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,00	00?	lf	"Yes	,"	complete Schedu	le J for su	ıch	4	
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors	accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individu	ual	5	
Complete this table for your five highest com- compensation from the organization. Report of year.												
(A) Name and business add	lress							(B) Description of se	rvices	Co	(C) ompensa	ition

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

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Dana	Q
Page	O

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	rson	e than o is both tor/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	: Ser	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		organization and related organizations
(125) ERICA QUALLS-BATTEY	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(126) MARGARET C. REISER	2.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(127) MICHAEL M. ROGERS	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(128) JOE W. ROGERS, JR.	2.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(129) LOVETTE RUSSELL	1.00	_								
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(130) TEYA RYAN	1.00									
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(131) S. STEPHEN SELIG, III	2.00 NONE	3.5						NONE	NONE	NONE
VOTING TRUSTEE	1.00	X						NONE	NONE	NONE
(132) JAMES H. SIMPSON III VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(133) JANET SIMPSON	2.00							NONE	NONE	NONE
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(134) PRADEEP K. SINHA, MD/PHD/FACS	1.00							NONE	NONE	NONE
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
(135) MICHAEL J. SIVEWRIGHT	2.00	21						IVOIVE	NONE	IVOIVE
VOTING TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>			
d Total (add lines 1b and 1c)							<u> </u>			
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d al	bov	e) who	re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										Yes No
For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab \$15	ole c 50,0	com 00?	per	nsatior "Yes	ո aı ;,"	nd other compens	sation from the	4
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	

for services rendered to the organization? If "Yes," cor	nplete Schedule J fo	or such person		 	 
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 ▶

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinu	ed)	
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	sition mor erson	e than of is both tor/trust Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	a con f orç ar	stimated mount of other appensation rom the ganization anization	of ion on d
		ee	stee			nsated						
(136) ANGELA SPIVEY	1.00											
VOTING TRUSTEE	NONE	Х						NONE	NONE			NONE
(137) AMY SPRUILL	1.00											
VOTING TRUSTEE (RESIGNED)	NONE	Х						NONE	NONE			NONE
(138) PAMELA STAHL	1.00											
VOTING TRUSTEE	NONE	X						NONE	NONE			NONE
(139) CANDACE STEELE FLIPPIN, PHD	2.00											
VOTING TRUSTEE	NONE	X						NONE	NONE			NONE
(140) CLAIRE E. STERK, PHD	1.00											
VOTING TRUSTEE (RESIGNED)	NONE	X						NONE	NONE			NONE
(141) WENDY H. STEWART	1.00											
VOTING TRUSTEE	NONE	X						NONE	NONE			NONE
(142) LYLE TICK	1.00											
VOTING TRUSTEE	NONE	X						NONE	NONE			NONE
(143) G. SCOTT UZZELL	1.00											
VOTING TRUSTEE	NONE	X						NONE	NONE			NONE
(144) PAUL E. VIERA	2.00	-										
VOTING TRUSTEE	NONE	X						NONE	NONE			NONE
(145)_REGGIE_WALKER	1.00	-										
VOTING TRUSTEE	NONE	X						NONE	NONE			NONE
(146) ANITA WARD	2.00	-										
VOTING TRUSTEE	NONE	X						NONE	NONE			NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but not	<u></u>				bov	e) who	► ► o re	eceived more than	\$100,000 of			
reportable compensation from the organization	n 🕨											
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	? It	"Yes	s,"	complete Schedu	le J for such	4		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	5		
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

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

Page **8** 

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplc	oye	es,	and l	Hig	hest Compensat	ed Employ	ees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trus	an	(D) Reportable compensation from the	(E)  Reportable compensation fro related organizations		an	(F) stimated nount o other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		org and	om the anization d related anization	on ed
(147) DARCY WHITE	1.00												
VOTING TRUSTEE (RESIGNED)	NONE	Х						NONE		NONE			NON
(148) TIRRELL D. WHITTLEY	1.00												
VOTING TRUSTEE	NONE	X	╙					NONE		NONE			NON
(149) RYAN WILSON	1.00												
VOTING TRUSTEE	NONE	X	⊢					NONE		NONE			NON
(150) GREGORY H. WORTHY	2.00 NONE	37						NONE		NTONTE			NTONT:
VOTING TRUSTEE	2.00	X	-					NONE		NONE			NON:
VOTING TRUSTEE	NONE	Х						NONE		NONE			NON
		-											
	<del> </del>												
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>&gt; &gt;</b>						
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	ed a	bov	e) wh	o re	eceived more than	\$100,000 (	of			
												Yes	No
3 Did the organization list any former office											_		
employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the organization and related organizations groups.	eater than	\$15	50,0	00?	? 11	"Ye	s,"	complete Schedu	le J for :	such	-		
individual											4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		X
Section B. Independent Contractors  1 Complete this table for your five highest com			1	4		44.	4		H 0400	000	,		
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>													
(A) SEE SCHEDULE O Name and business add	dress							<b>(B)</b> Description of se	rvices	C	(C) Compens		
			_				$\pm$						
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received				

#### Part VIII Statement of Revenue

r ai	't VII	Statement of Revenue  Check if Schedule O contains a response	se or note to an	√ line in this Part \	/		x
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	3,116,415.				
ξĞ	С	Fundraising events 1c	1,407,745.				
ifts ar /	d	Related organizations 1d					
a,ie	е	Government grants (contributions) 1e	15,876,076.				
Sir	f	All other contributions, gifts, grants,					
uti		and similar amounts not included above . 1f	51,705,984.				
등	g	Noncash contributions included in					
o de		lines 1a-1f	5,521,694.				
g 9	h	Total. Add lines 1a-1f		72,106,220.			
			Business Code				
ဗ	2a	PERFORMANCE ARTS TICKETS	711190	10,330,048.	10,330,048.		
e Zi	b	EDUC. PROGRAMS FEES	711190	2,710,460.	2,710,460.		
Program Service Revenue	c	PARKING REVENUE	711190	2,665,940.	2,651,287.	14,653.	
am eve	d	MUSEUM EXHIBITIONS	711190	3,981,327.	3,981,327.		
P.S.	e	OTHER	711190	1,943,419.	1,943,419.		
P	f	All other program service revenue	711190	1,656,268.	1,656,268.		
	g	Total. Add lines 2a-2f		23,287,462.			
	3	Investment income (including dividends,					
		other similar amounts)		1,311,655.		1,130,359.	181,296.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	46,639.			46,639.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 4,557,361.					
	b	Less: rental expenses <b>6b</b> 935,184.					
	c	Rental income or (loss) 6c 3,622,177.	NONE				
	d	Net rental income or (loss)		3,622,177.		1,831,928.	1,790,249.
	7a	Gross amount from (i) Securities	(ii) Other				
	'"	sales of assets	,,				
		other than inventory <b>7a</b> 83,295,520.					
Φ	h	Less: cost or other basis					
evenue		and sales expenses <b>7b</b> 67,838,800.					
š	_	Gain or (loss) 76 15,456,720.					
	d	Net gain or (loss)	•	15,456,720.			15,456,720.
Other R		` ` '		20,200,000			20,100,100
ŏ	ба	Gross income from fundraising events (not including \$ 1,407,745.					
		events (not moraumy w					
		of contributions reported on line	2,253,465.				
	١.	10). 6661 41117, 1116 16 1 1 1 1 1 1 1	754,288.				
	b	Less: direct expenses		1,499,177.			1,499,177.
				1,133,11			1,133,1171
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	١.		NONE				
	b	Less: direct expenses		NONE			
	C			110112			
	10a	Gross sales of inventory, less returns and allowances	1,932,414.				
	.		783,912.				
	b	Less: cost of goods sold  Net income or (loss) from sales of inventory		1,148,502.	918,097.	230,405.	
			Business Code	1,110,302.	210,027.	230,403.	
snc (		•	Daoi 1000 Out				
ne Jue	11a						
alla Ver	b						
Miscellaneous Revenue	С	All -M					
Ξ̈́	d	All other revenue		3703			
	•	Total royenue See instructions		NONE	24 102 225	2 205 245	10.074.003
	12	Total revenue. See instructions	<u> </u>	118,478,552.	24,190,906.	3,207,345.	18,974,081.

58-0633971

#### 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 resp	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	lotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	4,712,352.	3,341,958.	941,423.	428,971.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	31,649,904.	22,445,828.	6,322,948.	2,881,128.
	Pension plan accruals and contributions (include	573,853.	457,417.	70,002.	46,434.
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,049,864.	3,026,891.	656,727.	366,246.
10	Payroll taxes	2,576,942.	1,926,021.	417,877.	233,044.
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	225,013.		225,013.	
	Accounting	371,247.		371,247.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	617,071.		617,071.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	5,016,402.	1,039,877.	3,440,720.	535,805.
12	Advertising and promotion	3,552,764.	3,258,708.	256,636.	37,420.
13	Office expenses	165,728.	81,639.	63,822.	20,267.
14	Information technology	1,269,215.	766,128.	416,441.	86,646.
15	Royalties	211,134.	211,134.		
16	Occupancy	6,190,449.	2,993,659.	3,187,015.	9,775.
17	Travel	1,785,147.	1,038,726.	79,290.	667,131.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	356,743.	49,117.	30,427.	277,199.
20	Interest	6,881,616.	5,384,928.	1,496,392.	296
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	10,895,888.	6,725,125.	4,163,881.	6,882.
23	Insurance	1,431,011.	231,470.	1,199,541.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	EXHIBITIONS	8,839,975.	8,839,740.	235.	
b	SET DESIGN COSTS	5,769,326.	5,769,326.		
C	GENERAL ADMINISTRATION	1,652,458.	867,508.	1,957.	782,993.
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	98,794,102.	68,455,200.	23,958,665.	6,380,237.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				
_	Tollowing 501 30-2 (A50 350-120)				5 000 (000)

NONE 18

NONE 21

NONE 22

NONE 25

19

20

24

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32

33

5,583,053.

145,732,994.

18,235,000.

209,668,345.

109,158,781.

425,803,843

534,962,624.

744,630,969

8,495,482.

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**Fund Balances** 

Net Assets or

Liabilities

Page **11** Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		x
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	16,833,084.	1	28,773,473.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	14,747,981.	3	20,638,571.
	4	Accounts receivable, net	14,283,569.	4	18,546,377.
	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
ets	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	504,753.	8	469,213.
⋖	9	Prepaid expenses and deferred charges	4,121,536.	9	5,082,800.
	10 a				
		basis. Complete Part VI of Schedule D 10a 356,818,615.			
	b	Less: accumulated depreciation	169,334,713.	10c	163,489,917.
	11	Investments - publicly traded securities SEE SCHEDULE .O	329,329,615.	11	290,892,626.
	12	Investments - other securities. See Part IV, line 11	164,965,396.	12	120,788,564.
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	,	15	27,320,010.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	, ,	16	676,001,551.
	17	Accounts payable and accrued expenses	31,621,816.	17	28,330,479.

Escrow or custodial account liability. Complete Part IV of Schedule D . . . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 

Secured mortgages and notes payable to unrelated third parties . . . . . .

Unsecured notes and loans payable to unrelated third parties.

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds . . . .

Total liabilities. Add lines 17 through 25.....

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Net assets without donor restrictions

Net assets with donor restrictions

Total liabilities and net assets/fund balances

Deferred revenue

477,009,840. 676,001,551.

Form **990** (2021)

NONE

NONE

NONE

NONE

NONE

9,271,093.

145,355,139.

16,035,000.

198,991,711.

98,699,163.

378,310,677.

X

Form 990 (2021) Page **12** 

	,						
Part							
	Check if Schedule O contains a response or note to any line in this Part XI					. X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	8,4	78,	<u>552</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			94,		
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>450</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>624</u>	
5	Net unrealized gains (losses) on investments	5	<u>-7</u>	6,8	<u>15,</u>	<u>538</u>	
6	Donated services and use of facilities	6					
7	Investment expenses	7				714	
8	8 Prior period adjustments						
9	9 Other changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))						
Part	·						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		_			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, ex	φlain	on				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the				
	Single Audit Act and OMB Circular A-133?			3a		_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b			

#### **SCHEDULE A** (Form 990)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

empt charitable trust.	20 <b>21</b>						
tion.	Open to Public Inspection						
Employer identification number							

ROE	BER'	r w. woodruff Arts (	CENTER, INC.				58-0	633971
Pai	rt I	Reason for Public Cha	rity Status. (All	organizations must o	complet	te this p	art.) See instruction	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1		A church, convention of chu					70(b)(1)(A)(i).	
2		A school described in section		•				
3		A hospital or a cooperative	•	=				
4		A medical research organiz	•	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's name, city, and st						
5		An organization operated f		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
•		section 170(b)(1)(A)(iv). (C				470/	1 \/4\/4\/	
6	<u> </u>	A federal, state, or local go	_			-		om the general nublic
7	X	An organization that normal described in section 170(b)	=	•	pport ire	Jili a go	verninental unit of in	oni the general public
8		A community trust describe		·	Part II \			
9		An agricultural research org	-		-		Lin conjunction with a	land-grant college
•		or university or a non-land-	=			-	-	-
		university:	g. a	,	.55)			. w.e comoge c
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	nip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more that	n 331/3 % of its
		acquired by the organizatio	n after June 30, 1	975. See <b>section 509</b> (	(a)(2). (C	Complete	e Part III.)	Dusinesses
11		An organization organized a						
12		An organization organized a	and operated exclu	sively for the benefit o	f, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppor	rted organizations	described in <b>section 5</b>	09(a)(1)	or <b>secti</b>	ion <b>509(a)(2).</b> See <b>se</b> d	ction 509(a)(3). Check
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	•	•	•		• , ,	
		the supported organization	. , .	• • • •		ajority of	the directors or truste	es of the
_		supporting organization. \	-					
b		_ Type II. A supporting org	•					. , ,
		control or management o		=	tne sam	e persor	is that control or mar	age the supported
•		organization(s). You must  ☐ Type III functionally integ	•		tod in o	onnoctio	n with and functions	lly intograted with
С		its supported organization						ny integrated with,
d		Type III non-functionally		•				ted organization(s)
_		that is not functionally inte			-			
		requirement (see instructi	-		_		•	
е		$\overline{}$ Check this box if the orga	,			•		II, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	En	ter the number of supported	organizations					
g	Pro	ovide the following information		orted organization(s).				T
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
<b>(0)</b>								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990) 2021 Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45,817,705.	45,267,676.	31,384,129.	44,967,189.	72,106,220.	239,542,919.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	45,817,705.	45,267,676.	31,384,129.	44,967,189.	72,106,220.	239,542,919.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						32,234,152.
6	Public support. Subtract line 5 from line 4						207,308,767.
	tion B. Total Support	( ) 0047	(1) 0040	( ) 0040	4 N 0000	( ) 0004	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45,817,705. 6,746,320.	45,267,676. 8,544,860.	31,384,129. 7,595,839.	44,967,189.	72,106,220. 2,953,368.	239,542,919.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		702,778.	974,344.	1,755,187.	2,796,362.	6,228,671.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE SUPP .PAGE			2,811,687.	471,673.		3,283,360.
11	Total support. Add lines 7 through 10						279,582,524.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	117,409,112.
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li		-			14	74.15 %
15	Public support percentage from 2020					15	74.39 %
	331/3% support test - 2021. If the organization q 331/3% support test - 2020. If the organization q	ualifies as a pub	licly supported o	organization			<b>▶</b> X
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 2	•		•			
	10% or more, and if the organization	_					
	Part VI how the organization meets					-	-
	organization			_	•		
b	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meet					-	
	organization			•			
18	Private foundation. If the organization						
. •	instructions						

Schedule A (Form 990) 2021 Page **3** 

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(4)	(1)		(1)	(4)	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	_					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investment					1	,,,
17	Investment income percentage for 2021 (lin			13 column (f))		17	%
18	Investment income percentage for 2021 (iii						
	331/3% support tests - 2021. If the or						
154	17 is not more than 331/3%, check this						. —
h			_				
D	331/3% support tests - 2020. If the orga						
22	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	and HUL CHECK	a DOX OII IIIIE	וד, ופס, טו ושט	, OHEON HIS DO	יא מווט שכל וווצנו	uctions -

JSA 1E1221 1.000 Schedule A (Form 990) 2021 Page 4

#### Part IV **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

		Yes	No
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	444		
Section	on B. Type I Supporting Organizations	11c		
JC011	on b. Type i supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		.,	
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	4	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard			

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Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See					
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.		
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection					
	of gross income or for management, conservation, or maintenance of					
	property held for production of income (see instructions)	6				
7		7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
	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				
	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				
Se	ection C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2		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				
	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	7 Legion Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization					

Schedule A (Form 990) 2021

(see instructions).

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	section E - Distribution Allocations (see instructions)  (i)  Excess Distributions  (ii)  Underdistribution  Pre-2021				(iii) Distributable Amount for 2021		
_1_	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021						
	(reasonable cause required - explain in <b>Part VI</b> ). See						
	instructions.						
_3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
C	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2017						
b	Excess from 2018						
С	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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

SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS INCOME			2,811,687.	471,673.		3,283,360.
TOTALS			2,811,687.	471,673.		3,283,360.

### Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization		Employer identification number
ROBERT W. WOODRUFF A		58-0633971
Organization type (check one	).	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a pri	vate 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 <b>General Rule</b> or a <b>Special Rule</b> .	
	), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See in ontributions.	=
Special Rules		
regulations under se 16b, and that receiv	described in section 501(c)(3) filing Form 990 or 990-EZ that met t ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Fo yed from any one contributor, during the year, total contributions of t nt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Comp	orm 990), Part II, line 13, 16a, or the greater of <b>(1)</b> \$5,000; or
contributor, during t literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Ethe year, total contributions of more than \$1,000 exclusively for relignal purposes, or for the prevention of cruelty to children or animals. instead of the contributor name and address), II, and III.	jious, charitable, scientific,
contributor, during t contributions totaled during the year for a <b>General Rule</b> applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Each eyear, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contrant exclusively religious, charitable, etc., purpose. Don't complete any extensions to this organization because it received nonexclusively religious, charical during the year.	oses, but no such ributions that were received y of the parts unless the naritable, etc., contributions
_	isn't covered by the General Rule and/or the Special Rules doesn't, line 2, of its Form 990; or check the box on line H of its Form 990-E	

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization ROBERT W. WOODRUFF ARTS CENTER, INC.

Employer identification number 58-0633971

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	\$5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$3,935,413.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4  N/A  (b)	\$ 2,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4  N/A  (b)  Name, address, and ZIP + 4	\$	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

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Name of organization

ROBERT W. WOODRUFF ARTS CENTER, INC.

Employer identification number 58-0633971

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
2	PUBLICLY TRADED STOCK		
		\$\$	05/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633971 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE C (Form 990)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy n	Tax) (See separate in	structions) or Form 990-E	EZ, Part V, line 35c (Prox
•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	e of organization			Employer ide	ntification number
ROB	ERT W. WOODRUFF ARTS	S CENTER, INC.		58-06	533971
Par	t I-A Complete if the c	organization is exempt under	section 501(c) or i	s a section 527 orgar	nization.
1	Provide a description of the	he organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions fo
	definition of "political campa	aign activities."			
2		xpenditures. See instructions			
		campaign activities. See instruction			
Par		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2		cise tax incurred by organization m			
3	=	a section 4955 tax, did it file Form	-		
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		xpended by the filing organization			
2		ig organization's funds contributed			
		es			
3	•	enditures. Add lines 1 and 2. Ent			
	line 17b			▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		and employer identification numb s. For each organization listed, en			
		tributions received that were prom			
		nd or a political action committee (I			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(2)	(2) / (23)	(0) =	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
					,
(1)					
(2)					
(3)					
(4)					
<b></b>					
(5)					
(0)					
(6)					

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

Schedule C (Form 990) 2021

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Schedule C (Form 990) 2021

Schedule C (Fe	orm 990) 2021	ROBERT W.	WOODRUFF	ARTS	CENTER,	INC.		58-0633971	Page <b>3</b>
Part II-B	Complete if the o (election under se	rganization is ection 501(h))	s exempt ur	nder se	ection 501	(c)(3) and has NO	T filed For	m 5768	
	·	•			•	•	(a)	(b)	

	(election dider Section 301(ii)).			
Eor	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)	(b)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	Х		
c	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
q	Direct contact with legislators, their staffs, government officials, or a legislative body?			NONE
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?		Х	
i j	Total. Add lines 1c through 1i			NONE
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	9 9 9	4	
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

### Supplemental Information Part IV

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

### Part IV Supplemental Information (continued)

PART II-B

LOBBYING RELATED TO TICKET SALE TAX EXEMPTION. WORK WAS DONE PRO BONO AT AN ESTIMATED VALUE OF \$25,000.

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

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

Inspection

Name	e of the organization	Employer identification number
ROE	BERT W. WOODRUFF ARTS CENTER, INC.	58-0633971
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	
1	-	
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?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	ls can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	rt    Conservation Easements.	
1 0	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a biotania allu inana mtant landana
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	?b
С		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	• • • • • • • • • • • • • • • • • • • •	ed
3	Number of conservation easements modified, transferred, released, extinguished, or termina	<del></del>
3		tied 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	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and easements.	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	· ·
	organization's accounting for conservation easements.	statements that describes the
Da	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assots
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	miniai Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue s of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes thes	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stat	
U	art, historical treasures, or other similar assets held for public exhibition, education, or resear	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	<b>*</b> * * * * * * * * * * * * * * * * * *
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain provide the
4		sets for illiancial gaill, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	<b>•</b> •
a	Revenue included on Form 990, Part VIII, line 1.	
<u>b</u>	Assets included in Form 990, Part X	<b>&gt;</b> \$

Pa	rt    Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures	, or	Other	Similar A	ssets (d	continue	ed)	
3	Using the organization's acquisition	n, accession, and	other recor	ds, check	c any o	f the	follow	ing that m	nake sigr	nificant ı	use o	of its
	collection items (check all that apply):											
а	X Public exhibition		d X	Loan	or excha	nge	prograi	m				
b	X Scholarly research		e –	Other		Ū						
С	X Preservation for future gener	rations										
4	Provide a description of the organ		and expla	in how t	hev fur	ther	the or	ganization'	s exemp	t purpos	e in	Part
-	XIII.		, a.i.a. 07,pic					g	o o.cp	. pa.pa.		
5	During the year, did the organization	n solicit or receive o	lonations o	fart histo	orical tre	22511	res or	other simil:	ar			
•	assets to be sold to raise funds rath								_	Yes	X	No
Pa			amou do pa	11 01 1110 1	or garnze		0 001101	J. 1011.			21	1.10
	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, trust	tee, custodian or o	ther interm	ediary fo	or contr	ibuti	ons or	other ass	ets not			
	included on Form 990, Part X?								[	Yes		No
b	If "Yes," explain the arrangement in											J
	, ,	•		J					Amount			
С	Beginning balance					1c						
d	Additions during the year					1d						
e	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an am						stodial	account lia	bility?	Yes		No
	If "Yes," explain the arrangement in											1
	rt V Endowment Funds.			1						<u> </u>	•	
. ~	Complete if the organiza	tion answered "Ye	es" on For	m 990. F	Part IV.	line	10.					
	- 1	(a) Current year	(b) Prio		(c) Two			(d) Three y	ears back	(e) Four	years	back
4.	Designing of year balance	368,587,906.		97,595.	358,9			380,63			<del>,</del> 906,6	
1a	Beginning of year balance	8,905,713.		5,580.		.35,3			6,534.		849,1	
b	Contributions	0,703,7121	-//-	3,300.	372		<i>.</i>	3772	,	.,	0 10 / 1	
С	Net investment earnings, gains,	-45,312,746.	86 4	76,265.	5 4	137,0	73	-10 83	9,100.	26,337,446		46
_	and losses	13,312,710.	00,1	0,203.	3,1	.57,0	73.	10,03	3,100.	20,	337,1	
d	Grants or scholarships											
е	Other expenditures for facilities	16,292,734.	5.9 1.9	31,534.	29 (	025,9	74	16 75	7,336.	16	462,2	102
	and programs	10,292,734.	36,10	1,554.	29,0	123,9	/4.	10,75	17,330.	10,	402,2	<u></u>
f	Administrative expenses	315,888,139.	260 50	37,906.	338,4	07 6	0 E	358,95	1 150	200	621 0	61
g	End of year balance								1,159.	300,	631,0	<u>.                                    </u>
2 a	Provide the estimated percentage Board designated or quasi-endowm			e (line 1g,	column	(a))	neid as	:				
	Permanent endowment ► 76.0											
	Term endowment ► 11.6800											
	The percentages on lines 2a, 2b, a		100%									
3a	Are there endowment funds not in	·		tion that	are held	d and	d admir	nistered for	the			
	organization by:	россосоло а.								Γ	Yes	No
	(i) Unrelated organizations									3a(i)	Х	
	(ii) Related organizations									3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate									3b		X
4	Describe in Part XIII the intended u	J	•									
	rt VI Land, Buildings, and Equ	ipment.						_				
	Complete if the organiza	ation answered "Y										
	Description of property		other basis tment)	(b) Cost o	or other ba ther)	sis		cumulated eciation	(0	l) Book va	lue	
1a	Land		,	10,5	26,16	6.				10,52	6,10	66.
b	Buildings				45,50		120,1	20,868.		L42,32		
c	Leasehold improvements			, -	, - 3		- , -			,	, - '	
d	Equipment			81.7	18,82	0.	71.9	85,787.		9,73	3,0	33.
e	Other				28,12	-		22,043.			6,0	
_	I. Add lines 1a through 1e. (Column		n 990, Part							L63,48		

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.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) HEDGE FUNDS	70,221,898.	FMV	
(B) PRIVATE EQUITY FUNDS	43,614,496.	FMV	
(C) DISTRESSED OPPORTUNITY FUNDS	70,105.	FMV	
(D) EMERGING MARKETS	140,014.	FMV	
(E) SENIOR DIRECT LOAN FUNDS	100,180.	FMV	
(F) REAL ESTATE FUNDS	6,641,871.	FMV	
(G)			
(H)	100 -00 -11		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	120,788,564.		
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
(a) Description of investment	(b) Book value	(c) Method of valuat	ion:
		Cost or end-of-year mark	et value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11d. See Form 990.	Part X. line 15.
	scription	, ,	(b) Book value
(1)	•		. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<b>(9)</b>			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<b>&gt;</b>	
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
	tion of liability		(b) Book value
(1) Federal income taxes			
(2)			
_(3)			
_(4)			
_(5)			
_(6)			
_(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	3
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
C C	Theoretic of phot your grants;		
d	(2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2e	
e	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
_ c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

PT III, LINE 1A

THE HIGH MUSEUM OF ART'S COLLECTIONS COMPRISE MORE THAN 18,300 OBJECTS

AND WORKS OF ART. THE COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION,

EDUCATION AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FOR

FINANCIAL GAIN AND ARE CONSIDERED TO HAVE CULTURAL, AESTHETIC OR

HISTORICAL VALUE WORTH PRESERVING PERPETUALLY. IN CONFORMITY WITH

ACCOUNTING PRACTICES GENERALLY FOLLOWED BY ART MUSEUMS, THE VALUE OF THE

MUSEUM'S COLLECTIONS HAS BEEN EXCLUDED FROM THE CONSOLIDATED STATEMENTS

OF FINANCIAL POSITION. CONTRIBUTIONS FOR PURCHASES OF ART OBJECTS ARE

RECORDED AS INCREASES IN NET ASSETS AND PURCHASES OF ART OBJECTS ARE

RECORDED AS DECREASES IN NET ASSETS IN THE CONSOLIDATED STATEMENTS OF

ACTIVITIES.

PROCEEDS RECEIVED FROM THE DEACCESSION OF WORKS OF ART ARE USED TO PURCHASE OTHER WORKS OF ART OR FOR DIRECT CARE OF THE MUSEUM'S COLLECTIONS. DIRECT CARE IS DEFINED AS COSTS ASSOCIATED WITH CONSERVATION, PRESERVATION, REGISTRATION, MAINTENANCE, STORAGE AND SAFEGUARDING OF COLLECTIONS. PROCEEDS FROM DEACCESSIONS OF ART WERE \$185,314 FOR THE YEAR ENDED MAY 31, 2021. THERE WERE NO SIGNIFICANT DEACCESSIONS OF ART FOR THE YEAR ENDED MAY 31, 2020.

PART III, LINE 4

THE HIGH MUSEUM OF ART HAS MORE THAN 18,300 OBJECTS AND WORKS OF ART IN ITS PERMANENT COLLECTION, AN EXTENSIVE ANTHOLOGY OF 19TH AND 20TH CENTURY AMERICAN AND DECORATIVE ART, SIGNIFICANT HOLDINGS OF EUROPEAN PAINTINGS, A GROWING COLLECTION OF AFRICAN-AMERICAN ART, AND A BURGEONING COLLECTION OF MODERN, CONTEMPORARY, AND AFRICAN ART. THE HIGH IS DEDICATED TO SUPPORTING AND COLLECTING WORKS BY SOUTHERN ARTISTS, AND IS DISTINGUISHED AS THE ONLY MAJOR MUSEUM IN NORTH AMERICA TO HAVE A CURATORIAL DEPARTMENT SPECIFICALLY DEVOTED TO THE FIELD OF FOLK AND SELF-TAUGHT ART.

PART V, LINE 4

ENDOWMENT FUNDS ARE AVAILABLE FOR USE IN OPERATIONAL SUPPORT AND ORGANIZATIONAL GROWTH.

PART X, LINE 2

THE ARTS CENTER IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, IS SUBJECT TO FEDERAL INCOME TAX.

THE ARTS CENTER ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH GAAP. THIS
PRESCRIBES THE USE OF THE LIABILITY METHOD WHEREBY DEFERRED TAX ASSET AND
LIABILITY ACCOUNT BALANCES ARE DETERMINED BASED ON DIFFERENCES BETWEEN
THE FINANCIAL REPORTING AND TAX BASES OF ASSETS AND LIABILITIES AND ARE
MEASURED USING THE ENACTED RATES AND LAWS THAT WILL BE IN EFFECT WHEN THE

DIFFERENCES ARE EXPECTED TO REVERSE. THE ARTS CENTER PROVIDES A VALUATION ALLOWANCE, IF NECESSARY, TO REDUCE DEFERRED TAX ASSETS TO THEIR ESTIMATED REALIZABLE VALUE.

THE ARTS CENTER ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING
THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET
BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ARTS CENTER
UTILIZES A TWO-STEP APPROACH FOR EVALUATING TAX POSITIONS. RECOGNITION
OCCURS WHEN THE ARTS CENTER CONCLUDES THAT A TAX POSITION, BASED SOLELY
ON ITS TECHNICAL MERITS, IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON
EXAMINATION. MEASUREMENT IS ONLY ADDRESSED IF RECOGNITION HAS BEEN
SATISFIED. UNDER MEASUREMENT, THE TAX BENEFIT IS MEASURED AT THE LARGEST
AMOUNT OF BENEFIT, DETERMINED ON A CUMULATIVE PROBABILITY BASIS THAT IS
MORE LIKELY THAN NOT TO BE REALIZED UPON FINAL SETTLEMENT. THE TERM "MORE
LIKELY THAN NOT" IS INTERPRETED TO MEAN THAT THE LIKELIHOOD OF OCCURRENCE
IS GREATER THAN 50%.

ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ESTABLISHES THE CRITERION THAT AN INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN THE ARTS CENTER'S CONSOLIDATED FINANCIAL STATEMENTS. UNDER ASC 740, THE ARTS CENTER IS REQUIRED TO DETERMINE THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN ITS TAX POSITION FOLLOWING AN IRS AUDIT. TAX YEARS OPEN TO EXAMINATION BY TAX AUTHORITIES UNDER THE STATUTE OF LIMITATIONS INCLUDE FISCAL 2020 THROUGH 2022. THE ARTS CENTER HAS DETERMINED THAT ITS MATERIAL TAX POSITIONS SATISFY THE MORE LIKELY THAN NOT CRITERION AND THAT NO PROVISION FOR INCOME TAXES WAS REQUIRED AT MAY 31, 2022 AND 2021, FOR UNCERTAIN TAX POSITIONS.

DEFERRED INCOME TAXES ARE PROVIDED FOR DIFFERENCES IN TIMING OF INCOME

AND EXPENSES FOR FINANCIAL REPORTING AND INCOME TAX REPORTING PURPOSES.

DURING THE YEARS ENDED MAY 31, 2022 AND 2021, THE ARTS CENTER RECORDED A

DEFERRED INCOME TAX ASSET RELATING TO TRANSFERABLE GEORGIA FILM

PRODUCTION TAX CREDITS IN THE AMOUNT OF \$1,656,268 AND \$2,489,763,

RESPECTIVELY, WHICH WAS ALSO RECORDED AS A CREDIT FOR DEFERRED INCOME

TAXES.

UNDER THE GEORGIA'S ENTERTAINMENT INDUSTRY INVESTMENT ACT, COMPANIES THAT PRODUCE FILM, TELEVISION SERIES, MUSIC VIDEOS AND COMMERCIALS CAN BE PROVIDED A 20 PERCENT TAX CREDIT ON PRODUCTION AND POST-PRODUCTION COSTS IN GEORGIA. THE ACT ALSO PROVIDES AN ADDITIONAL 10 PERCENT TAX CREDIT IF THE FINISHED PROJECT INCLUDES A PROMOTIONAL LOGO PROVIDED BY THE STATE. THE ARTS CENTER IS ELIGIBLE FOR 30% TAX CREDIT ON PRODUCTION AND POST-PRODUCTION COSTS RELATED TO VIRTUAL PERFORMANCES CONDUCTED AT ATLANTA SYMPHONY ORCHESTRA AND ALLIANCE THEATRE THAT OCCURRED DURING FISCAL YEARS 2022 AND 2021. THE ARTS CENTER CALCULATED GEORGIA TAX CREDITS IN THE AMOUNT OF \$1,840,298 AND \$2,728,019 RESPECTIVELY FOR FISCAL YEARS 2022 AND 2021. AS THE ARTS CENTER IS NOT ABLE TO UTILIZE THE CREDITS AGAINST ITS OWN TAXABLE REVENUE, IT INTENDS TO SELL THE CREDITS ONCE FORMAL APPROVAL IS PROVIDED BY THE GEORGIA DEPARTMENT OF REVENUE. THE ARTS CENTER ESTIMATES THEY CAN SELL THE CREDITS FOR APPROXIMATELY 90% OF CREDIT AMOUNT, THUS HAS RECORDED A VALUATION ALLOWANCE ON THE DEFERRED TAX CREDITS IN THE AMOUNT OF \$184,030 AS OF MAY 31, 2022, AND \$272,802 AS OF MAY 31, 2021. THE NET DEFERRED INCOME TAX ASSET (CREDITS) FOR FISCAL YEAR 2021 WERE SOLD IN FEBRUARY 2022 AT THE SALE RATE (NET OF BROKERAGE FEES) OF 91.6% FOR A TOTAL OF \$2,589,891 THEREBY RELIEVING THE FISCAL YEAR 2021 DEFERRED INCOME TAX ASSET AND GENERATING FISCAL YEAR 2022 EARNINGS OF \$134,674 RECORDED AS OPERATING INCOME IN THE CONSOLIDATED

Part XIII Supplemental Information (continued)

STATEMENT OF ACTIVITIES.

### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ŭ				' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
ROBERT W. WOODRUFF ARTS CI				58-06339	
<b>General Information o</b> Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	inswered "Yes" or
1 For grantmakers. Does the org	ganization mai	ntain records	to substantiate the amou	int of its grants and	
other assistance, the grantees'	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	
award the grants or assistance?				[	Yes No
<b>2 For grantmakers.</b> Describe in loutside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants an	d other assistance
3 Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		253,108,405.
(1) CHATREM TRANSPORT OF RELEASE	NONE	NONE	INVEGIMENTS		233,100,103.
(2) EUROPE			PROGRAM SERVICES	SCOUTING	40,844.
(Z) HOROLD			TROGRAM BERVICES	DCOUTING	10,011.
(3) SUB-SAHARAN AFRICA			PROGRAM SERVICES	SCOUTING	5,853.
(b) bob binning in Rich			TROGRAM BERVICES	BCOOTING	3,033.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SCOUTING	6,196.
(4) 2.02 1.021. 12.0 1.02 1.021.12			THOUSAN DERVIOUS	500011110	0,150.
(5) NORTH AMERICA			PROGRAM SERVICES	SCOUTING	1,593.
					,,,,,,
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(/					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal	NONE	NONE			253,162,891.
<b>b</b> Total from continuation					
sheets to Part I					

c Totals (add lines 3a and 3b)

253,162,891.

	(Form 990) 2021 ROI	BERT W. WOODRUFF	ARTS CENTER, IN	rc.	58-063	3971			Page 2
Part II	Grants and Other Assi Part IV, line 15, for any							red "Yes" on	Form 990
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
exe	er total number of recipient of mpt 501(c)(3) organization by er total number of other orgar	the IRS, or for which the	grantee or counsel ha	as provided a sect	ion 501(c)(3) equi	valency letter	<b>&gt;</b>		

Schedule F (Form 990) 2021

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

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

Part	V Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X	Yes		No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see				

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

Yes

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

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization					Employer identification	on number
ROBERT W. WOODRUFF ARTS CENTE	R, INC.				58-063397	
Part I Fundraising Activities. Comp				Yes" on Form 99	00, Part IV, line 1	7.
Form 990-EZ filers are not re	quired to comple	te this pa	ırt.			
1 Indicate whether the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitations	е	Solid	citation of i	non-government g	rants	
<b>b</b> Internet and email solicitations	f	Solid	citation of	government grants	3	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations						
<ul> <li>Did the organization have a written of or key employees listed in Form 990.</li> <li>If "Yes," list the 10 highest paid indirection of the compensated at least \$5,000 by the compensated.</li> </ul>	, Part VII) or entity viduals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		coi. (i)	
1		163	140			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which the organizate registration or licensing.	tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI	,IL,					
KS, KY, LA, MD, MA, MI, MN, MS, MO, NV		NC,ND,	OH,			
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV	,WI,					

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.

		3 1 3				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			WINE AUCTION	DRISKELL DINNER	4	(aḋd col. <b>(a)</b> through col. <b>(c)</b> )
ь			(event type)	(event type)	(total number)	COI. (C)
ənn	1	Gross receipts	2 524 200	200 500	056 410	2 ((1 010
Revenue	•	Gloss receipts	2,524,300.	280,500.	856,410.	3,661,210.
œ	2	Less: Contributions	771,819.	206,625.	429.301	1,407,745.
	3	Gross income (line 1 minus	7.1270251	200,0201	125 / 5 5 1 1	271077710
		line 2)	1,752,481.	73,875.	427,109.	2,253,465.
	_					
	4	Cash prizes				
	5	Noncash prizes			200	200
	J	Noncasii prizes			280.	280
ses	6	Rent/facility costs		1,058.	25,216.	26,274
Direct Expenses		,				_,,
EX	7	Food and beverages	202,304.		300,057.	502,361.
ect						
Dir	8	Entertainment	21,022.	850.	124,724.	146,596.
	۵	Other direct expenses	72 010		6,759.	78,777.
	,	Other direct expenses	/2,010.		0,759.	70,777
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)	▶	754,288.
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	▶	1,499,177.
Pa	rt I			Yes" on Form 990, I	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	ie 6a. ⊤	T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ver				gpgg-		( ) ( )
Re	1	Gross revenue				
ses	2	Cash prizes				
ens	•	Namanah miman				
Ϋ́	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Dire						
	5	Other direct expenses				
			Yes %	Yes%	Yes%	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	_	
	•	Direct expense summary. And in	co z unough o in colu	····· (u)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9		Enter the state(s) in which the org				
a		Is the organization licensed to con			es?	Yes No
k	,	If "No," explain:				
10a	l	Were any of the organization's gaminุ	g licenses revoked, sus	pended, or terminated du	uring the tax year?	Yes No
b	)	If "Yes," explain:				· —

Sched	ule G (Form 990 or 990-EZ) 2021 ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633971 Page 1	age <b>3</b>
11		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name ▶	
	Address >	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	<u> </u>	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
	(see instructions).	

### **SCHEDULE J** (Form 990)

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

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

ROBERT W. WOODRUFF ARTS CENTER, INC.

Employer identification number

58-0633971

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments			
	Discretionary spending account  X 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	46		
2	explain	1b	X	
2				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		37	
_	1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X       Independent compensation consultant       X       Compensation survey or study			
	X       Form 990 of other organizations         X       Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
HALA MODDELMOG	(i)	399,721.	NONE	NONE	NONE	759.	400,480.	NONE
1 PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAT GUNNING	(i)	224,510.	NONE	NONE	NONE	591.	225,101.	NONE
2 CHIEF FINANCIAL OFFIC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BETH GIBBS	(i)	216,875.	NONE	NONE	4,581.	591.	222,047.	NONE
3 GENERAL COUNSEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RAND SUFFOLK	(i)	536,360.	53,819.	NONE	28,346.	30,177.	648,702.	11,788.
4 HIGH MUSEUM DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT SPANO	(i)	453,021.	NONE	NONE	7,502.	19,425.	479,948.	NONE
5 MUSIC DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN BOOTH	(i)	453,198.	NONE	NONE	39,957.	29,152.	522,307.	NONE
6 ARTISTIC DIRECTOR - A	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JENNIFER BARLAMENT	(i)	310,648.	61,200.	NONE	33,800.	22,903.	428,551.	NONE
7 EXECUTIVE DIRECTOR -	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRADY LUM	(i)	253,926.	10,350.	NONE	8,690.	30,177.	303,143.	NONE
8 DEPUTY DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL SCHLEIFER	(i)	249,541.	NONE	NONE	8,703.	29,152.	287,396.	NONE
9 MANAGING DIRECTOR - A	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN AMBO	(i)	225,304.	33,966.	NONE	8,616.	NONE	267,886.	NONE
10 CFO ASO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID COUCHERON	(i)	250,371.	1,800.	NONE	NONE	11,794.	263,965.	NONE
11 CONCERTMASTER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELEANOR TARVIN	(i)	219,085.	NONE	NONE	7,349.	19,425.	245,859.	NONE
12 CHIEF HUMAN RESOURCES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KRISTIN HANSEN	(i)	217,537.	NONE	NONE	6,340.	1,025.	224,902.	NONE
13 CHIEF DEVELOPMENT OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRIAN SHIVELY	(i)	191,477.	NONE	NONE	6,029.	NONE	197,506.	NONE
14 DIRECTOR OF FINANCE &	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GRACE SIPUSIC	(i)	159,117.	28,091.	NONE	6,142.	8,653.	202,003.	NONE
15 VP OF DEVELOPMENT ASO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALLISON CHANCE	(i)	164,963.	10,350.	NONE	4,797.	30,177.	210,287.	NONE
16 DIRECTOR OF DEV HI	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRIAN WALLEY	(i)	172,831.	NONE	NONE	5,775.	15,464.	194,070.	NONE
1 VICE PRESIDENT FINANC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEVIN TUCKER	(i)	167,613.	350.	NONE	5,404.	8,432.	181,799.	NONE
2 CHIEF CURATOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEVIN HENLON	(i)	160,224.	NONE	NONE	5,217.	2,565.	168,006.	NONE
3 FINANCE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
13	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

### Part | Supplemental Information

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

PART I, LINE 4A

INDIVIDUALS WHO SERVED AS OFFICERS FOR PART OF THE YEAR RECEIVED SEVERANCE PAYMENTS AFTER THEIR EMPLOYMENT ENDED.

PART 1, LINE 7

OFFICERS AND OTHER MANAGEMENT PERSONNEL ARE ELIGIBLE TO PARTICIPATE IN BONUSES.

PART I LINE 4B

THE ARTS CENTER MAINTAINS A NONQUALIFIED PLAN FOR CERTAIN CURRENT AND FORMER MANAGEMENT PERSONNEL. THE TOTAL EXPENSE FOR CURRENT EMPLOYEES IS \$88,953. DEFERRED COMPENSATION PAID IN THE CURRENT YEAR IS \$11,788; THIS AMOUNT WAS REPORTED AS DEFERRED COMPENSATION EXPENSE ON PRIOR YEARS' FORM 990 AND IS INCLUDED AS TAXABLE INCOME ON THE EMPLOYEES' CURRENT YEAR W-2.

Page 3

### **SCHEDULE K** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

(a) Issuer name

(g) Defeased

(f) Description of purpose

Open to Public Inspection

behalf of financing

(i) Pooled

OMB No. 1545-0047

**Employer identification number** ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633971 Part I **Bond Issues** 

(d) Date issued

(e) Issue price

(c) CUSIP#

(b) Issuer EIN

											uer	illiand	
								Yes	No	Yes	No	Yes	No
A DEVELOPMENT AUTHORITIES OF FULTON AND DEKALB	58-1639487	09/24/	2009 19	6,035,351.	REFUND 2/1/0	2, 4/28/04,	1/16/08		Х		Х		Х
_													
B DEVELOPMENT AUTHORITIES OF FULTON CO.	58-1639487	12/30/	2015 4	3,710,329.	REFUND 9/24/	2009			Х		Х		Х
•													
C DEVELOPMENT AUTHORITIES OF FULTON CO.	58-1639487	01/10/	2019 5	55,334,175.	REFUND A POF	TION OF 9/2	4/2009		Х		Х		Х
D													
Part II Proceeds													
				Α		В	С				D		
1 Amount of bonds retired			. 146	,455,35	1.						-		_
2 Amount of bonds legally defeased													
3 Total proceeds of issue				,035,35	1. 43,	710,329.	55,3	34,17	75.				
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
	Issuance costs from proceeds			,040,70	0.	519,194.	5	39,6	12.				
8 Credit enhancement from proceeds				271,65	1.								
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds													
11 Other spent proceeds				,631,75	0. 43,	191,135.	54,7	94,56	53.				
12 Other unspent proceeds													
13 Year of substantial completion													
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refu	inding issue of ta	ax-exempt bonds (o	-,										
if issued prior to 2018, a current refunding iss					X		Х						
15 Were the bonds issued as part of a refu													
issued prior to 2018, an advance refunding iss				X		X		Х					
16 Has the final allocation of proceeds been made					X		X						
17 Does the organization maintain adequate													
final allocation of proceeds?			. X		X		Х						
For Panerwork Reduction Act Notice see the Instructions									Sch	ا ماريامم	K (Forr	n 000)	0021

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

Part III Private Business Use	ROBERT W	. WOODRUF	F ARTS	CENTER				
		Α		В	(	С	[	)
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X		Х		Х		
2 Are there any lease arrangements that may result in private business use	of							
bond-financed property?		X		X		Х		
3a Are there any management or service contracts that may result in priva								
business use of bond-financed property?		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outs								
counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use								
bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entiti								
other than a section 501(c)(3) organization or a state or local government	<b>&gt;</b>	%		%		%		<u></u>
5 Enter the percentage of financed property used in a private business use as								
result of unrelated trade or business activity carried on by your organization								
another section 501(c)(3) organization, or a state or local government		2.0300 % 2.0300 %				.0300 %		
6 Total of lines 4 and 5		2.0300 %	2	.0300 %	2	.0300 %		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a								
nongovernmental person other than a 501(c)(3) organization since the bonds were issu	ed? X		X		X			
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		7.8644 %		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?	X			X		X		
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	X		Х		X			
Part IV Arbitrage								
		Α		В		C		)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction a		No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		Х		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		Х		
<b>b</b> Exception to rebate?		X	X		X			
c No rebate due?		X		X		Х		
If "Yes" to line 2c, provide in Part VI the date the rebate computation w								
performed								
3 Is the bond issue a variable rate issue?	X			Х		X	h - ded - 12.7=	orm 990) 2021

Schedule K (Form 990) 2021 Page **3** 

Part IV Arbitrage (continued)	ROBERT W.	WOODRUE	FF ARTS (	CENTER				
		A		В		С		D
4a Has the organization or the governmental issuer entered into a qualif	fied Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfi	ied?							
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor								
requirements of section 148?	X		X		X			
Part V Procedures To Undertake Corrective Action								
		A	В		(	;	D	
Has the organization established written procedures to ensure that violation	ons Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through								
voluntary closing agreement program if self-remediation isn't available un								
applicable regulations?		X		X		X		
Part VI Supplemental Information. Provide additional information for response	ses to questio	ns on Sche	edule K. Se	ee instruct	ions.			

### Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

PART I, LINE A

ON SEPTEMBER 24, 2009, THE DEVELOPMENT AUTHORITIES OF FULTON AND DEKALB COUNTIES ISSUED THREE SERIES OF BONDS FOR THE BENEFIT OF THE ROBERT W. WOODRUFF ARTS CENTER, INC. UNDER TREASURY REGULATION SECTION 1.150-1(C), THE THREE SERIES OF BONDS WERE CONSIDERED A SINGLE "ISSUE" FOR FEDERAL INCOME TAX PURPOSES AND ARE SHOWN COLLECTIVELY ON LINE A. THE RELEVANT INFORMATION REGARDING THE SEPARATE SERIES OF BONDS IS AS FOLLOWS:

- (A) ISSUER NAME: DEVELOPMENT AUTHORITY OF DEKALB COUNTY
- (B) ISSUER EIN: 58-1500666
- (C) CUSIP #: 240463JG5
- (D) DATE ISSUED: 9/24/09
- (E) ISSUE PRICE: \$5,343,160
- (F) DESCRIPTION OF PURPOSE: REFUND 2/1/02

THE PRINCIPAL \$5,235,000 OF DEVELOPMENT AUTHORITY OF DEKALB COUNTY BONDS, CUSIP 240463JG5, WAS REPAID ON 3/15/2015.

- (A) ISSUER NAME: DEVELOPMENT AUTHORITY OF FULTON COUNTY
- (B) ISSUER EIN: 58-1639487
- (C) CUSIP #: 359900ZO3
- (D) DATE ISSUED: 9/24/09
- (E) ISSUE PRICE: \$125,692,191
- (F) DESCRIPTION OF PURPOSE: REFUND 2/1/02, 4/28/04, 1/16/08
- (A) ISSUER NAME: DEVELOPMENT AUTHORITY OF FULTON COUNTY
- (B) ISSUER EIN: 58-1639487
- (C) CUSIP #: 359900ZL4
- (D) DATE ISSUED: 9/24/09
- (E) ISSUE PRICE: \$65,000,000
- (F) DESCRIPTION OF PURPOSE: REFUND 2/1/02
- (A) ISSUER NAME: DEVELOPMENT AUTHORITY OF FULTON COUNTY
- (B) ISSUER EIN: 58-1639487
- (C) CUSIP #: 3599007B7
- (D) DATE ISSUED: 12/30/2015
- (E) ISSUE PRICE: \$43,710,329
- (F) DESCRIPTION OF PURPOSE: REFUND 9/24/09

A PORTION OF THE DEVELOPMENT AUTHORITY OF FULTON COUNTY BONDS, CUSIP

Schedule K (Form 990) 2021

### Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

359900ZL4, HAS BEEN REDEEMED, BUT NO OTHER PORTION HAS BEEN DEFEASED. NONE OF THE BONDS WAS APPLIED AS AN "ON BEHALF OF" ISSUER, AND NO PORTION OF THE BONDS WAS A "POOLED FINANCING."

PART II, LINE 1

DEVELOPMENT AUTHORITY OF DEKALB COUNTY BONDS, CUSIP 240463JG5, IN THE AMOUNT OF \$5,235,000 MATURED AND WAS REDEEMED ON MARCH 15, 2016. A PORTION OF THE DEVELOPMENT AUTHORITY OF FULTON COUNTY BONDS, CUSIP 359900ZL4, IN THE AMOUNT OF \$15,420,000 WAS REDEEMED ON JUNE 24, 2014. A PORTION OF THE DEVELOPMENT AUTHORITY OF FULTON COUNTY BONDS, CUSIP 359900ZO3, IN THE AMOUNT OF \$57,600,000 WAS REDEEMED ON MARCH 15, 2016.

PART IV, LINE 2

A REBATE COMPUTATION SHOWING NO AMOUNT DUE WAS PERFORMED AS OF SEPTEMBER 24, 2014.

### SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

**Employer identification number** Name of the organization ROBERT W. 58-0633971 WOODRUFF ARTS CENTER, INC. Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (i) Written (a) Name of interested person (b) Relationship (f) Balance due (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6)(7) (8)(9)(10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5)(6)(7)

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

Schedule L (Form 990) 2021

(8) (9) (10)

Page 2

### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1)ELIZABETH HOLDER	WIFE OF OWNER OF HOLDER C	1,318,204.	CONSTRUCTION SERVICES		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

### Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV

ELIZABETH HOLDER (TRUSTEE) IS THE WIFE OF THE OWNER OF HOLDER CONSTRUCTION GROUP, LLC, FROM WHICH WOODRUFF ARTS CENTER, INC. CONTRACTED CONSTRUCTION SERVICES DURING THE FISCAL YEAR. WOODRUFF ARTS CENTER, INC. PAID HOLDER CONSTRUCTION GROUP, LLC \$1,318,204 DURING THE CURRENT TAX YEAR AND THIS TRUSTEE IS REPORTED AS AN INTERESTED PERSON AS A RESULT OF THOSE TRANSACTIONS.

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

### **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

ROBERT W. WOODRUFF ARTS CENTER, INC.

Employer identification number 58-0633971

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			,
1	Art - Works of art	X	247	NONE				
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		96	5,483,694.	STOCK QUO	TE		
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							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( SEE SUPP PAGE )		1.	38,000.				
26	Other ►()							
27	Other ►()							
	Other ►(							
29	Number of Forms 8283 received	-						
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29			16
							Yes	No
30a	During the year, did the organizat		•		-			
	28, that it must hold for at least the	-			-	20-		3.5
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i		taman malkan that are t	a Alan mandani et e				
31	Does the organization have a					24	37	
00-	contributions?				all man and	31	X	
32a	Does the organization hire or use	-				22-	٦,	
	contributions?					32a	X	
	If "Yes," describe in Part II.		aluman (a) fan a turr a st	manda da manda la la calenca de la constanta d	\			
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is cnecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

Part II Supplement

**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 1

UNDER SFAS 116, THE ORGANIZATION DOES NOT REPORT REVENUES FOR ARTWORK AND COLLECTIONS RECEIVED ON ITS FINANCIAL STATEMENTS AS REPORTED ON LINE 1 OF SCHEDULE M.

SCH M, LINE 32B

ANY NON-CASH CONTRIBUTIONS IN THE FORM OF STOCKS ARE IMMEDIATELY SENT TO STATE STREET FOR LIQUIDATION, SO THE STOCKS CAN BE CONVERTED TO CASH.

SCH M, LINE 33

DONATED WORKS OF ART INCLUDE PAINTING, SCULPTURES, PRINTS, CERAMICS, DECORATIVE ARTS, AND PHOTOGRAPHY.

COLUMN B - THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

**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.

	==	=========	==========	
TOTALS		1.	38,000.	
MUSICAL INSTRUM	Х	1	38,000.	FMV
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SCHEDULE M, PART I	OTHER NO	NCASH CONTRIBUTION	S =	

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990. Inspection
Employer identification number

58-0633971

ROBERT W. WOODRUFF ARTS CENTER, INC

PT VI, LINE 2

Name of the organization

ALDO LAFIANDRA, DARCY WHITE, AND JAMILA HALL - BUSINESS RELATIONSHIP

JAMES W. BOSWELL, JOSHUA M. KAMIN, AND ALAN PRINCE - BUSINESS

RELATIONSHIP

JANINE BROWN AND ANGELA SPIVEY - BUSINESS RELATIONSHIP

ANN W. CRAMER AND LOVETTE RUSSELL - BUSINESS RELATIONSHIP

TERESA M. FINLEY, KURT P. KUEHN, AND LAURA LANE - BUSINESS RELATIONSHIP

DAVID LEITER AND MILFORD W. MCGUIRT - BUSINESS RELATIONSHIP

CHRISTOPHER CUMMISKEY AND SLOANE DRAKE - BUSINESS RELATIONSHIP

KAPPY DEBUTTS AND GALEN L. OELKERS - BUSINESS RELATIONSHIP

GLENN W. MITCHELL III AND PETER AMAN - BUSINESS RELATIONSHIP

#### PART VI, LINE 11A

THE FORM 990 IS COMPLETED ANNUALLY AND COPIES ARE PROVIDED TO THE ENTIRE BOARD OF TRUSTEES AS WELL AS THE PRESIDENT/CEO OF THE ORGANIZATION. THE DRAFT 990 IS ALSO PRESENTED TO THE GOVERNING BOARD AND THE AUDIT COMMITTEE, WHICH HAS THE OPPORTUNITY TO ASK QUESTIONS, AND PROVIDE FEEDBACK OR COMMENTS WHICH ARE ADDRESSED AS NECESSARY. A COPY OF THE APPROVED, SIGNED FORM 990 IS PROVIDED TO ALL OFFICERS, DIRECTORS, AND TRUSTEES BEFORE THE RETURN IS FILED.

#### PART VI, LINE 12C

ROBERT W. WOODRUFF ARTS CENTER, INC. (THE "ARTS CENTER") MAINTAINS A

CONFLICT OF INTEREST POLICY, ORIGINALLY ADOPTED BY THE BOARD OF TRUSTEES

IN 1995, AS AMENDED THEREAFTER (THE "POLICY"). THIS POLICY APPLIES TO ALL

ART CENTER TRUSTEES, OFFICERS AND EMPLOYEES, AS WELL AS OTHER ARTS CENTER

REPRESENTATIVES.

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

RELATED PERSONS IN TRANSACTIONS WHICH ARE IMPERMISSIBLE OR IMPROPER UNDER GEORGIA NONPROFIT CORPORATION LAW OR FEDERAL TAX LAW (ALTHOUGH THE POLICY IS MORE EXPANSIVE THAN THESE LAWS.) THE KEY DEFINITIONS UNDER THE POLICY ARE "INSIDER, "FAMILY MEMBER," AND "RELATED PARTY." THE POLICY IS REVIEWED AND UPDATED (IF NECESSARY) ON AN ANNUAL BASIS.

THE UPDATED DOCUMENT IS THEN DISTRIBUTED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. A COPY OF THE POLICY AND A RELATED QUESTIONNAIRE IS THEN DISTRIBUTED ANNUALLY TO ALL ARTS CENTER TRUSTEES, OFFICERS AND SENIOR MANAGEMENT, AS WELL AS OTHER ARTS CENTER REPRESENTATIVES. ONCE RESPONSES ARE OBTAINED, THEY ARE REVIEWED AND RESULTS COMPILED, INCLUDING A LIST OF POTENTIAL CONFLICTS TO BE REVIEWED BY THE AUDIT COMMITTEE AND MANAGEMENT.

THE POLICY IS INTENDED TO PREVENT THE ARTS CENTER FROM ENGAGING WITH

THE AUDIT COMMITTEE WILL DETERMINE WHETHER A BUSINESS OR FINANCIAL RELATIONSHIP INVOLVING A TRUSTEE OR OFFICER SHOULD BE ENTERED INTO OR CONTINUED. IN THE CASE OF ANY SUCH RELATIONSHIP INVOLVING A TRUSTEE, SUCH A DETERMINATION SHALL BE SET FORTH IN A WRITTEN REPORT OF THE AUDIT COMMITTEE, SIGNED BY THE CHAIRMAN AND A MAJORITY OF THE COMMITTEE, AND PROVIDED TO THE BOARD OF TRUSTEES.

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A
TRUSTEE, OFFICER, EMPLOYEE, OR OTHER REPRESENTATIVE HAS FAILED TO
DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE
INDIVIDUAL OF THE BASIS FOR SUCH BELIEF AND ALLOW HIM/HER AN OPPORTUNITY
TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE
RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE TRUSTEE,

OFFICER, EMPLOYEE, OR OTHER REPRESENTATIVE HAS FAILED TO DISCLOSE AN

ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE

DISCIPLINARY AND CORRECTIVE ACTION.

#### PT VI, LINE 15

THE DETERMINATION OF COMPENSATION FOR THE OFFICERS AND OTHER KEY

EMPLOYEES IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS OF THE ROBERT

W. WOODRUFF ARTS CENTER, INC. WHICH HAS DELEGATED THIS TO THE

COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS COMPOSED OF

INDEPENDENT BOARD MEMBERS WHOSE RESPONSIBILITIES INCLUDE, IN PART, THE

REVIEW AND APPROVAL OF THE COMPENSATION FOR THE OFFICERS AND KEY

EMPLOYEES. THE COMPENSATION AGREEMENTS DELIBERATED BY THE COMMITTEE ARE

DETERMINED BASED ON COMPARABLE DATA WHICH IS DOCUMENTED IN THE RECORDS OF

THE COMMITTEE'S WORK. SUCH DOCUMENTATION IS MEANT TO MEET OR EXCEED THE

REQUIREMENTS WHICH WOULD SATISFY THE REBUTTABLE PRESUMPTION CRITERIA

UNDER THE INTERMEDIATE SANCTIONS LANGUAGE OF THE IRS. AS THE COMPOSITION

OF THE COMPENSATION COMMITTEE IS COMPRISED EXCLUSIVELY OF BOARD MEMBERS,

EACH BOARD MEMBER COMPLETES A CONFLICT OF INTEREST STATEMENT WHICH IS

REVIEWED BY THE CENTER'S MANAGEMENT PRIOR TO THE COMPLETION AND FILING OF

#### PART VI, LINE 19

GOVERNING DOCUMENTS FOR THE ROBERT W. WOODRUFF ARTS CENTER, INC. ARE REGISTERED WITH THE STATE OF GEORGIA. CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

#### PART VIII LINE 1E

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

ERTC IS A REFUNDABLE TAX CREDIT AGAINST CERTAIN EMPLOYMENT TAXES EQUAL TO 50% OF QUALIFIED WAGES. DURING THE YEARS ENDED MAY 31, 2022 AND 2021, ARTS CENTER REQUESTED REFUNDS UNDER THE PROGRAM IN THE AMOUNT OF \$5,876,076 AND \$3,735,571, RESPECTIVELY, AND RECORDED AS GOVERNMENT GRANTS IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. AT MAY 31, 2022 AND 2021, THE ARTS CENTER HAD RECEIVABLES TOTALING \$6,783,487 AND \$1,034,561, RESPECTIVELY, IN THE PLEDGES AND OTHER RECEIVABLES IN THE CONSOLIDATED STATEMENT OF ACTIVITIES.

ON JULY 8, 2021, THE ARTS CENTER RECEIVED A FEDERAL GRANT, SHUTTERED VENUE OPERATORS GRANT (SVOG), FROM THE SMALL BUSINESS ADMINISTRATION IN THE AMOUNT OF \$1,504,518. THE SVOG GRANT IS CONDITIONED UPON CERTAIN PERFORMANCE REQUIREMENTS AND / OR THE INCURRENCE OF ALLOWABLE QUALIFYING EXPENSES OF WHICH \$1,504,518 WAS RECOGNIZED DURING THE YEAR ENDED MAY 31, 2022 AS GOVERNMENT GRANTS IN THE CONSOLIDATED STATEMENT OF ACTIVITIES.

### PART XI LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

\$ 1,687,377 CHANGE IN INTEREST RATE SWAP VALUE

\$-2,477,459 CHANGE IN SPLIT INTEREST AGREEMENTS

\$ 817,100 CHANGE IN MINIMUM PENSION LIABILITY

\$ 27,018

Name of the organization

Employer identification number

58-0633971

FORM 990, PART III - PROGRAM SERVICE

ROBERT W. WOODRUFF ARTS CENTER, INC.

### LINE 4A, PROGRAM SERVICE

\_\_\_\_\_

ATLANTA SYMPHONY ORCHESTRA: THE ATLANTA SYMPHONY ORCHESTRA UNITES, EDUCATES, AND ENRICHES OUR COMMUNITY THROUGH THE ENGAGING AND TRANSFORMATIVE POWER OF ORCHESTRAL MUSIC EXPERIENCES. MORE THAN 150 CONCERTS ARE PERFORMED EACH YEAR INCLUDING THE DELTA CLASSICAL SERIES, MOVIES IN CONCERT, FAMILY CONCERT SERIES, ATLANTA SYMPHONY HALL LIVE AND THE COCA-COLA HOLIDAY SERIES, AS WELL AS COMMUNITY AND EDUCATION CONCERTS. NOW IN HIS FINAL SEASON AS MUSIC DIRECTOR, ROBERT SPANO CONTINUES TO NURTURE AND CHAMPION CONTEMPORARY AMERICAN MUSIC WHILE DEFINING A NEW GENERATION OF AMERICAN COMPOSERS THROUGH THE ATLANTA SCHOOL OF COMPOSERS AND OTHER PARTNERSHIPS. WITH EXCELLENT LIVE PERFORMANCES, IMPRESSIVE GUEST ARTISTS, A RENOWNED CHORUS, AND ENGAGING EDUCATION INITIATIVES, THE GRAMMY® AWARD WINNING ATLANTA SYMPHONY ORCHESTRA CONTINUES TO BE A LEADER IN ITS INDUSTRY.

#### LINE 4B, PROGRAM SERVICE

\_\_\_\_\_

HIGH MUSEUM OF ART: THE HIGH MUSEUM OF ART IS A RENOWNED ART INSTITUTION THAT CONNECTS WITH AUDIENCES FROM ACROSS THE SOUTHEASTERN UNITED STATES AND AROUND THE WORLD THROUGH A BROAD RANGE OF HISTORIC AND CONTEMPORARY ART. WHILE ITS PROGRAM IS INTERNATIONAL IN SCOPE, THE HIGH'S CONNECTIONS TO ITS REGION AND DIVERSE COMMUNITIES HELP INFORM AND ENRICH THE DEVELOPMENT OF ITS COLLECTIONS, EXHIBITIONS, AND RELATED EDUCATIONAL ENDEAVORS. FEATURING MORE THAN 18,300 WORKS THAT SPAN SEVEN CURATORIAL DEPARTMENTS, THE HIGH'S COLLECTION REFLECTS A BROAD SPECTRUM OF MEDIA AND CULTURES. AMONG THESE ARE SUPERIOR HOLDINGS OF AMERICAN, AFRICAN, AND EUROPEAN ART, AN IMPORTANT COLLECTION OF HISTORIC DECORATIVE ARTS AND INTERNATIONAL CONTEMPORARY DESIGN, A PROMINENT COLLECTION OF MODERN AND CONTEMPORARY ART, AND A RENOWNED COLLECTION OF PHOTOGRAPHY. THE HIGH IS DEDICATED TO REFLECTING THE DIVERSITY OF ITS COMMUNITIES AND OFFERING A VARIETY OF EXHIBITIONS AND EDUCATIONAL PROGRAMS THAT ENGAGE VISITORS WITH THE WORLD OF ART, THE LIVES OF ARTISTS AND THE CREATIVE PROCESS.

#### LINE 4C, PROGRAM SERVICE

\_\_\_\_\_

ALLIANCE THEATRE: THE ALLIANCE THEATRE IS THE LEADING PRODUCING

Name of the organization Employer identification number ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633971

FORM 990, PART III - PROGRAM SERVICE 

THEATRE IN THE SOUTHEAST, CREATING THE POWERFUL EXPERIENCE OF SHARED THEATRE FOR DIVERSE PEOPLE. WITH A COMMITMENT TO LEAD THE NATIONAL FIELD BY DEEPLY ENGAGING WITH ITS LOCAL COMMUNITY, MODELING RADICAL INCLUSION AND CATALYTIC EXPERIENCES ON OUR STAGES, IN OUR CLASSROOMS, AND THROUGHOUT ATLANTA, THE ALLIANCE THEATRE HAS PLAYED AN IMPORTANT ROLE SINCE ITS INCEPTION IN 1968. UNDER THE LEADERSHIP OF SUSAN V. BOOTH, JENNINGS HERTZ ARTISTIC DIRECTOR, THE ALLIANCE THEATRE RECEIVED THE REGIONAL THEATRE TONY AWARD ® IN RECOGNITION OF SUSTAINED EXCELLENCE IN PROGRAMMING EDUCATION, AND COMMUNITY ENGAGEMENT. AS THE LEADING PRODUCING THEATER IN THE SOUTHEAST, THE ALLIANCE THEATRE REACHES MORE THAN 165,000 PATRONS ANNUALLY WHILE DELIVERING POWERFUL PROGRAMMING THAT CHALLENGES ADULT AND YOUTH AUDIENCES TO THINK CRITICALLY AND CARE DEEPLY.

Name of the organization Employer identification number ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633971

FORM 990, PART VI, LINE 17 - STATES 

AL, AK, DC, FL, GA, IL, LA, MI, MS, MO, NH, OH, RI,SC,

Name of the organization Employer identification number 58-0633971

ROBERT	W.	WOODRUFF	ARTS	CENTER,	INC.
•					

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HOLDER CONSTRUCTION GROUP, LLC		
5075 AVALON RIDGE PKWY		
NORCROSS, GA 30071	CONSTRUCTION	1,890,728.
ALLIED UNIVERSAL SECURITY SERVICES		
P.O. BOX 828854		
PHILADELPHIA, PA 19182	SECURITY	1,823,208.
ALVAREZ & MARSAL CORP PERF. IMPROVEMENT		
600 MADISON AVE 8TH FLOOR		
NEW YORK, NY 10022	CONTRACTED SERVICES	503,280.
BASESIX SYSTEMS, LLC		
2053 FRANKLIN WAY SE		
MARIETTA, GA 30067	CONSTRUCTION	431,710.
LEHMANN MAUPIN, LLC		
P.O. BOX 20496		
NEW YORK, NY 10011	CONTRACTED SERVICES	360,000.

Name of the organization

ROBERT W. WOODRUFF ARTS CENTER, INC.

Employer identification number
58-0633971

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
CASH & EQUIVALENTS	6,583,308.	
EQUITY SECURITIES- DOMESTIC	31,514,310.	
COMMINGLED FUNDS	247,714,693.	
REAL ASSET FUNDS	5,080,315.	
TOTALS	290,892,626.	
	==========	

# SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

ROBERT W. WOODRUFF ARTS CENTER, INC.

Employer identification number 58-0633971

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 app	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlli entity	ng	
(1) ASO PRODUCTIONS, LLC	85-3846658						
1280 PEACHTREE ST. NE	ATLANTA, GA 30309	INVESTMENT	GA	NONE	NONE	WOODRUFF	ART
(2) ALLIANCE THEATRE PRODUCTION	S, LLC 85-4027099						
1280 PEACHTREE ST. NE	ATLANTA, GA 30309	INVESTMENT	GA	NONE	NONE	WOODRUFF	ART
(3)							
(4)							
(5)							
(6)							

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
						Yes	No
(1) ENCORE PARK FOR THE ARTS, INC. 16-1661377							
1280 PEACHTREE STREET NE ATLANTA, GA 30309	FUNDRAISING	GA	501(C)(3)	509(A)(3)	WAC		Х
(2)							
_(3)							
(4)							
(5)							
(6)							
(7)							
<u>, , , , , , , , , , , , , , , , , , , </u>							

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

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	_	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity	led ?
(1) E P MCBURNEY TRUST 58-6029235								Yes N	<u>o</u>
303 PEACHTREE STREET ATLANTA, GA 30308	TRUST-INVESTI	GA	TRUIST	TRUST	972,599.	8,702,072.			X
(2) E P MCBURNEY TRUST 58-6029260									_
303 PEACHTREE STREET ATLANTA, GA 30308	TRUST-INVESTI	GA	TRUIST	TRUST	159,007.	1,428,710.			X
(3) LUCY CLAIR HARRIS TRUST 58-6163824									
ONE WEST 4TH STREET WINSTON-SALEM, NC 27101	TRUST-INVESTI	GA	WELLS FARGO	TRUST	4,414.	174,722.		:	X
(4) CHARITABLE REMAINDER TRUST (4) 99-9999999									
N/A	TRUST INVESTI	GA	VARIOUS	TRUST				]	X
(5)									
(6)									
<u>(7)</u>									

Yes No

58-0633971

_		_		
	_	-	_	

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

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

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?		
-	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х
		1b	X
	Gift, grant, or capital contribution to related organization(s)		X
	Gift, grant, or capital contribution from related organization(s)	1c	
	Loans or loan guarantees to or for related organization(s)	1d	X
е	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
	Sale of assets to related organization(s)	1g	Х
	Purchase of assets from related organization(s)	1h	Х
	Exchange of assets with related organization(s).	1i	Х
		1j	X
J	Lease of facilities, equipment, or other assets to related organization(s)	'',	A
_		41.	3,5
	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
0	Sharing of paid employees with related organization(s)	10	X
р	Reimbursement paid to related organization(s) for expenses	1p	X
_	Reimbursement paid by related organization(s) for expenses	1q	Х
ч	The initial content para by total or organization (c) for oxposioso the first term of the first term o		
_	Other transfer of cash or property to related organization(s)	1r	Х
· ·	Other transfer of cash or property from related organization(s)	1s	X
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 three		
	(a)   (b)   (c)     Name of related organization   Transaction   Amount involved   Method	of deter	minina
		unt invol	
(1)			
(2)			
(3)			
` '			
(4)			
(-)			
<b>(5</b> )			
(5)			
(C)			
(6)	Cabadula D./	F	00\ 000

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(b) (c) Primary activity 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?  Yes No		(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)	partner?		ownership	
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2021

Taxpayer's Name  ROBERT W. WOODRU	FF ARTS CEN	TER, I	NC.					Identify -063	ing Number 3971
DESCRIPTION OF PROPERTY									
PROPERTY									
Yes No Did you ac	ctively participate in th	e operation	of the ac	tivity c	during the tax year?				
TYPE OF PROPERTY:									
OTHER INCOME:			_ · ·						
TOTAL GROSS INCOME									
OTHER EXPENSES:									
DEPRECIATION (SHOWN BELOW)									
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES								• • ⊨	
TOTAL RENT OR ROYALTY INCOME	E (LOSS)				<del> </del>				
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others								•	
Net Rent or Royalty Income (Loss)								•	
Deductible Rental Loss (if Applicable SCHEDULE FOR DEPRECIAT	e)				<u> </u>				
SCHEDULE FOR DEFRECIAT	ON CLAIMED								
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

Taxpayer's Name  ROBERT W. WOODRUFF ARTS CENTER, INC.  1der 58-0									ing Number 3971
DESCRIPTION OF PROPERTY PARKING LOTS AND									
	ctively participate in th	e operation	of the ac	tivity d	luring the tax year?				
TYPE OF PROPERTY:	strony participate in th	о ороганоп	01 1110 40	rivity o	idinig the tax year.				
THE OF THOSE ENT.									
OTHER INCOME:			_ • •						
TOTAL GROSS INCOME OTHER EXPENSES:									
——————————————————————————————————————									
DEPRECIATION (SHOWN BELOW)						5.			
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion					-				7 005
TOTAL EXPENSES								• •	7,085.
TOTAL RENT OR ROYALTY INCOME	E (LOSS)				<del> </del>	<del> </del>			-7,085.
Less Amount to									
Rent or Royalty						-			
Depreciation									
Depletion						• • • •			
Investment Interest Expense						• • • •			
Other Expenses						• • • •			
Net Income (Loss) to Others								•	7 005
Net Rent or Royalty Income (Loss)								•	-7,085.
Deductible Rental Loss (if Applicable SCHEDULE FOR DEPRECIAT				<del></del>	· · · · · · · · · · · · · · · · · · ·			•	
SCHEDULE FOR DEFRECIAT	ION CLAIMED							1	
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
Totals									7,085.

									ring Number 3971
DESCRIPTION OF PROPERTY GIFT SHOP		·							
	ctively participate in th	ne operation	of the ac	tivity di	ring the tay year?				
TYPE OF PROPERTY:	ctively participate in ti	ie operation	or the ac	tivity ut	uning the tax year:				
TIPE OF PROPERTY.									
OTHER INCOME:									
TOTAL GROSS INCOME									
OTHER EXPENSES:									
DEPRECIATION (SHOWN BELOW)						29.			
LESS: Beneficiary's Portion					•				
AMORTIZATION									
LESS: Beneficiary's Portion					•				
DEPLETION									
LESS: Beneficiary's Portion					•				
TOTAL EXPENSES									20,129.
TOTAL RENT OR ROYALTY INCOME	E (LOSS)								-20,129.
Less Amount to									
Rent or Royalty						<u></u>			
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others								_	
Net Rent or Royalty Income (Loss)									-20,129.
Deductible Rental Loss (if Applicable									•
SCHEDULE FOR DEPRECIAT									
(a) Description of property	(b) Cost or unadjusted basis	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for depreciation	(g) Depreciation in	(h) Method	(i) Life or	(j) Depreciation for this year
	unaujusteu basis	acquired	des.	%	depreciation	prior years	Metriod	rate	ioi tilis year
SEE STATEMENT									
			1						
							-	-	
			1						
			1					-	
							-	-	
Totals							<u> </u>		20,129.
I ULAID I I I I I I I I I I I I I	i .								. <u> </u>

									ring Number 3971
DESCRIPTION OF PROPERTY									
LESSOR OF NONRES									
	ctively participate in th	ne operation	of the ac	tivity du	uring the tax year?				
TYPE OF PROPERTY:									
OTHER INCOME:			_ · ·						
TOTAL GROSS INCOME									
OTHER EXPENSES:									
DEPRECIATION (SHOWN BELOW)					. 26,24	13.			
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES					•				26,243.
TOTAL RENT OR ROYALTY INCOME									-26,243.
Less Amount to									
Rent or Royalty									
Depreciation									
·									
Depletion						• • • • • • • • • • • • • • • • • • • •			
Investment Interest Expense						• • • • • • • • • • • • • • • • • • • •			
Other Expenses									
Net Income (Loss) to Others .								•	
Net Rent or Royalty Income (Loss)								•	-26,243.
Deductible Rental Loss (if Applicable									
SCHEDULE FOR DEPRECIAT	ION CLAIMED	1	1			1		T	T
(a) Description of property	(b) Cost or unadjusted basis	(c) Date	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
ODE COMPENSION			400.	,,		prior years		1410	
SEE STATEMENT									
Totals		1							26,243.

Taxpayer's Name  ROBERT W. WOODRU		ring Number 3971							
DESCRIPTION OF PROPERTY CATERING		·							
	ctively participate in th	e operation	of the ac	tivity d	uring the tay year?				
TYPE OF PROPERTY:	ctively participate in ti	ic operation	or the ac	tivity di	uning the tax year:				
TIPE OF PROPERTY.									
OTHER INCOME:			_ ' '						
TOTAL GROSS INCOME									
OTHER EXPENSES:									
					100.00				
DEPRECIATION (SHOWN BELOW)						35.			
LESS: Beneficiary's Portion					•				
AMORTIZATION									
LESS: Beneficiary's Portion					•				
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									123,885.
TOTAL RENT OR ROYALTY INCOME	E (LOSS)								-123,885.
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss)								-	-123,885.
Deductible Rental Loss (if Applicable									
SCHEDULE FOR DEPRECIAT								-	
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
Totals									123,885.

									ing Number 3971
DESCRIPTION OF PROPERTY									
Yes No Did you ac	ctively participate in th	e operation	of the ac	tivity c	Juring the tax year?				
TYPE OF PROPERTY:	buvery participate in th	<u>c operation</u>	or the ac	civity C	iding the tax year:				
THE OF TROFERTY.									
OTHER INCOME:			_ ' '						
TOTAL GROSS INCOME									
OTHER EXPENSES:									
DEPRECIATION (SHOWN BELOW)									
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION  LESS: Beneficiary's Portion									
TOTAL EXPENSES									
TOTAL RENT OR ROYALTY INCOME								• •	
Less Amount to	. (2000) 111111								
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others .									
Net Rent or Royalty Income (Loss)									
Deductible Rental Loss (if Applicable	e)								
SCHEDULE FOR DEPRECIAT	ION CLAIMED			1		I	I	ı	
(a) Description of property	(b) Cost or unadjusted basis	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for depreciation	(g) Depreciation in	(h) Method	(i) Life or	(j) Depreciation for this year
	unadjusted basis	aoquiica	des.	%	deprediation	prior years	Wictifod	rate	ioi tilis year
Totals									

### RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
PROPERTY PARKING LOTS AND GAR GIFT SHOP LESSOR OF NONRESIDEN CATERING		7,085. 20,129. 26,243. 123,885.		-7,085. -20,129. -26,243. -123,885.
TOTALS	========	177,342.	========	-177,342. ========