

Robert W. Woodruff Arts
Center, Inc.

Public Inspection Copy
For the Year Ended
May 31, 2022

TAX RETURNS



SMITH+HOWARD
Advisory LLC

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.

PUBLIC INSPECTION COPY

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

2021

Department of the Treasury
Internal Revenue Service

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

Name of filer ROBERT W. WOODRUFF ARTS CENTER, INC. EIN or SSN 58-0633971
Name and title of officer or person subject to tax

HALA MODELMOG, PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>118478552.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 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

I authorize SMITH & HOWARD ADVISORY, to enter my PIN 17236 as my signature
ERO firm name 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 disclosure consent screen.

Signature of officer or person subject to tax *Hala Modelmog* Date ▶ 04/15/2023

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.

67882792074

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's signature ▶ _____ Date ▶ 04/15/2023

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Form **990**

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.

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 06/01/2021 **and ending** 05/31/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROBERT W. WOODRUFF ARTS CENTER, INC. Doing Business As				D Employer identification number 58-0633971	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		E Telephone number (404) 733-4200	
	1280 PEACHTREE ST. NE					
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30309					
	F Name and address of principal officer: HALA MODELMOG 1280 PEACHTREE ST. NE, ATLANTA, GA 30309					
	G Gross receipts \$ 188,790,736.					
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)						
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
J Website: WWW.WOODRUFFCENTER.ORG						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						
L Year of formation: 1965				M State of legal domicile: GA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHARITABLE ARTS ORGANIZATION TO INSPIRE, CREATE, SUPPORT AND CELEBRATE RENOWNED ARTS AND EDUCATION FOR DIVERSE AUDIENCES THROUGH OUR UNIQUE MODEL OF PARTNERSHIPS AND COLLABORATIONS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	126	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	124	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	1,010	
	6	Total number of volunteers (estimate if necessary)	480	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	3,207,345.	
7b	Net unrelated business taxable income from Form 990-T, line 34	1,282,207.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	44,967,189.	72,106,220.
	9	Program service revenue (Part VIII, line 2g)	7,601,481.	23,287,462.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,989,769.	16,768,375.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,612,206.	6,316,495.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,170,645.	118,478,552.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,347,046.	43,562,915.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	6,380,237.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,028,710.	55,231,187.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	74,375,756.	98,794,102.
19	Revenue less expenses. Subtract line 18 from line 12	48,794,889.	19,684,450.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	744,630,969.	676,001,551.
	21	Total liabilities (Part X, line 26)	209,668,345.	198,991,711.
	22	Net assets or fund balances. Subtract line 21 from line 20.	534,962,624.	477,009,840.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer:	Date: 04/15/2023
	HALA MODELMOG Type or print name and title: PRESIDENT & CEO	

Paid Preparer Use Only	Print/Type preparer's name: SABRE J LINAHAN	Preparer's signature:	Date: 04/15/2023	Check <input type="checkbox"/> if self-employed	PTIN: P01372980
	Firm's name ▶ SMITH & HOWARD ADVISORY, LLC			Firm's EIN ▶ 92-0749631	
	Firm's address ▶ 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363			Phone no. 404-874-6244	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE WOODRUFF ARTS CENTER'S MISSION IS TO INSPIRE, CREATE, SUPPORT, AND CELEBRATE RENOWNED ARTS AND EDUCATION FOR DIVERSE AUDIENCES THROUGH A UNIQUE MODEL OF PARTNERSHIPS AND COLLABORATIONS, AND IN AN INSTITUTIONALLY SUSTAINABLE MANNER.

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

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

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

4a (Code:) (Expenses \$ 33,155,155. including grants of \$) (Revenue \$ 11,556,802.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 21,794,757. including grants of \$) (Revenue \$ 6,222,707.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 13,505,288. including grants of \$) (Revenue \$ 6,411,396.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 68,455,200.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting. Includes sub-questions 11a-f and 12a-b.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (126), 1b (124), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 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 (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

HALA MODDELMOG 1280 PEACHTREE ST. ATLANTA, GA 30309
404-733-4200

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAND SUFFOLK HIGH MUSEUM DIRECTOR	40.00 NONE				X		590,179.	NONE	57,498.	
(2) SUSAN BOOTH ARTISTIC DIRECTOR - AT	40.00 NONE				X		453,198.	NONE	69,109.	
(3) ROBERT SPANO MUSIC DIRECTOR	40.00 NONE				X		453,021.	NONE	26,927.	
(4) JENNIFER BARLAMENT EXECUTIVE DIRECTOR - ASO	40.00 1.00				X		371,848.	NONE	55,678.	
(5) HALA MODDELMOG PRESIDENT	40.00 NONE	X		X			399,721.	NONE	759.	
(6) BRADY LUM DEPUTY DIRECTOR	40.00 NONE				X		264,276.	NONE	37,842.	
(7) MICHAEL SCHLEIFER MANAGING DIRECTOR - AT	40.00 NONE				X		249,541.	NONE	37,855.	
(8) SUSAN AMBO CFO ASO	40.00 1.00				X		259,270.	NONE	8,616.	
(9) DAVID COUCHERON CONCERTMASTER	40.00 NONE					X	252,171.	NONE	11,794.	
(10) ELEANOR TARVIN CHIEF HUMAN RESOURCES OFFICER	40.00 NONE				X		219,085.	NONE	26,774.	
(11) PAT GUNNING CHIEF FINANCIAL OFFICER	40.00 NONE			X			224,510.	NONE	NONE	
(12) KRISTIN HANSEN CHIEF DEVELOPMENT OFFICER	40.00 NONE				X		217,537.	NONE	6,340.	
(13) BETH GIBBS GENERAL COUNSEL	40.00 NONE			X			216,875.	NONE	4,581.	
(14) ALLISON CHANCE DIRECTOR OF DEV. - HIGH MUSEUM	40.00 NONE					X	175,313.	NONE	33,949.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GRACE SIPUSIC VP OF DEVELOPMENT ASO	40.00 NONE					X	187,208.	NONE	14,795.	
(16) BRIAN SHIVELY DIRECTOR OF FINANCE & ADMIN	40.00 NONE				X		191,477.	NONE	6,029.	
(17) BRIAN WALLEY VICE PRESIDENT FINANCE	40.00 1.00				X		172,831.	NONE	20,214.	
(18) KEVIN TUCKER CHIEF CURATOR	40.00 NONE				X		167,963.	NONE	12,811.	
(19) KEVIN HENLON FINANCE DIRECTOR	40.00 NONE				X		160,224.	NONE	6,757.	
(20) CLAIRE LEWIS ARNOLD GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(21) DANIEL BALDWIN GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(22) JANINE BROWN GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(23) THOMAS C. CHUBB GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(24) MICHAEL J. EGAN III GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(25) DURIYA FAROOQUI GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							5,226,248.	NONE	438,328.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							5,226,248.	NONE	438,328.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 77

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DOUGLAS J. HERTZ GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(27) ROBIN HOWELL GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(28) JOCELYN HUNTER GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(29) GLENN W. MITCHELL III GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(30) GALEN L. OELKERS GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(31) DERETTA RHODES GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(32) RAVI SALIGRAM GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(33) BENNY VARZI GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(34) KATHY N. WALLER GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(35) D. RICHARD WILLIAMS GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
(36) JOHN C. YATES GOVERNING BOARD	3.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) VANESSA ALLEN SUTHERLAND VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(38) PETER AMAN VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(39) OZZIE AREU VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(40) ALI (AL) AZADI VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(41) MELISSA BABB VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(42) JUANITA P. BARANCO VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(43) EDWARD H. BASTIAN VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(44) ANDY BERG VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(45) BARRY BERLIN LIFE TRUSTEE (BEG. 11/2021)	1.00 NONE	X					NONE	NONE	NONE	
(46) J. VERONICA BIGGINS VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(47) W. STANLEY BLACKBURN VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like JOSEPH O. BLANCO, THEODORE I. BLUM, etc.

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

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

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for independent contractors.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) LEIGHANN COSTLEY VOTING TRUSTEE (EX-OFFICIO)	2.00 NONE	X					NONE	NONE	NONE	
(60) DONNA O. COX VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(61) ANN W. CRAMER VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(62) CHRISTOPHER CUMMISKEY VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(63) DAVID DASE VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(64) KAPPY DEBUTTS VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(65) MICHAEL S. DONNELLY VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(66) MICHAEL DOSS VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(67) SLOANE DRAKE VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(68) LEE ECHOLS VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(69) JIMMY ETHEREDGE VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) HOWARD FEINSAND LIFE TRUSTEE (BEG. 11/2021)	2.00 NONE	X					NONE	NONE	NONE	
(71) JOHN L. FERGUSON VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(72) TERESA M. FINLEY VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(73) CHANEL H. FRAZIER VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(74) JORDY GAMSON VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(75) BJ GREEN VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(76) JAMILA M. HALL VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(77) PHILIP HARRISON VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(78) ELIZABETH HOLDER VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(79) MICHAEL E. HOLLINGSWORTH II VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(80) CARLI HUBAND VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
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		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) KIT HUGHES VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(82) KAREN T. HUGHES VOTING TRUSTEE (EX-OFFICIO)	2.00 NONE	X					NONE	NONE	NONE	
(83) GLEN JACKSON VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(84) PHILIP S. JACOBS VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(85) NANCY JANET VOTING TRUSTEE (EX-OFFICIO)	1.00 NONE	X					NONE	NONE	NONE	
(86) BOB JIMENEZ VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(87) TYRONE JOHNSON VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(88) LACEY JORDAN VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(89) JOSHUA M. KAMIN VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(90) JENNA KELLY VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(91) AMY KENNY VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) ANDJELA KESSLER VOTING TRUSTEE (EX-OFFICIO)	1.00 NONE	X					NONE	NONE	NONE	
(93) KATE KIEFER LEE VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(94) KURT P. KUEHN VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(95) ALDO LAFIANDRA VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(96) LAURA LANE VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(97) JANE D. LANIER VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(98) DAVID LEITER VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(99) WILLIAM H. LINGINFELTER VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(100) DENNIS LOCKHART VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(101) HELENE G. LOLLIS VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(102) BRIAN MAHONY VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Charles S. Mann, John S. Markwalter, Jr., Barry McCarthy, Milford W. Mcguirt, Penny McPhee, Steve Mensch, Duncan Miller, Bert Mills, Ashish Mistry, Pat Mitchell, and Arun Mohan.

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

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

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for independent contractors.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) JOHN MURPHY VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(115) KENNETH NEIGHBORS VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(116) JOHN F. O'NEILL III VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(117) HOWARD D. PALEFSKY VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(118) CHARLES F. PALMER VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(119) NATALYE PAQUIN, ESQ. VOTING TRUSTEE (RESIGNED)	1.00 NONE	X					NONE	NONE	NONE	
(120) SANJAY PAREKH VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(121) WILLIAM PATE VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(122) KATHRYN PETRALIA VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(123) SUZANNE T. PLYBON VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(124) ALAN PRINCE VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
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		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

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

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

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include ERICA QUALLS-BATTEY, MARGARET C. REISER, MICHAEL M. ROGERS, JOE W. ROGERS, JR., LOVETTE RUSSELL, TEYA RYAN, S. STEPHEN SELIG, III, JAMES H. SIMPSON III, JANET SIMPSON, PRADEEP K. SINHA, MD/PHD/FACS, and MICHAEL J. SIVEWRIGHT.

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

Table with 3 columns: Question, Yes, No. Questions 3, 4, and 5 regarding compensation reporting and unrelated organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for independent contractors.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) ANGELA SPIVEY VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(137) AMY SPRUILL VOTING TRUSTEE (RESIGNED)	1.00 NONE	X					NONE	NONE	NONE	
(138) PAMELA STAHL VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(139) CANDACE STEELE FLIPPIN, PHD VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(140) CLAIRE E. STERK, PHD VOTING TRUSTEE (RESIGNED)	1.00 NONE	X					NONE	NONE	NONE	
(141) WENDY H. STEWART VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(142) LYLE TICK VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(143) G. SCOTT UZZELL VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(144) PAUL E. VIERA VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(145) REGGIE WALKER VOTING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(146) ANITA WARD VOTING TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
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		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

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

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

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Darcy White, Tirrell D. Whittley, Ryan Wilson, Gregory H. Worthy, and Carol Yancey.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	504,753.	8	469,213.
	9 Prepaid expenses and deferred charges	4,121,536.	9	5,082,800.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 356,818,615.		
	b Less: accumulated depreciation	10b 193,328,698.		
	11 Investments - publicly traded securities.	169,334,713.	10c	163,489,917.
	12 Investments - other securities. See Part IV, line 11	329,329,615.	11	290,892,626.
	13 Investments - program-related. See Part IV, line 11.	164,965,396.	12	120,788,564.
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,510,322.	15	27,320,010.	
	744,630,969.	16	676,001,551.	
Liabilities	17 Accounts payable and accrued expenses	31,621,816.	17	28,330,479.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	5,583,053.	19	9,271,093.
	20 Tax-exempt bond liabilities	145,732,994.	20	145,355,139.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	18,235,000.	23	16,035,000.
	24 Unsecured notes and loans payable to unrelated third parties	8,495,482.	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	NONE	25	NONE
	26 Total liabilities. Add lines 17 through 25.	209,668,345.	26	198,991,711.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	109,158,781.	27	98,699,163.
	28 Net assets with donor restrictions	425,803,843.	28	378,310,677.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	534,962,624.	32	477,009,840.
33 Total liabilities and net assets/fund balances	744,630,969.	33	676,001,551.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	118,478,552.
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,794,102.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,684,450.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	534,962,624.
5	Net unrealized gains (losses) on investments	5	-76,815,538.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-848,714.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	27,018.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	477,009,840.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

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

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

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (74.15%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (74.39%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions 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 Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	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			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 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)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (ROBERT W. WOODRUFF ARTS CENTER, INC.) and Employer identification number (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 not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation, [] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization 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 <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ 3,935,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/>	\$ 5,876,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	\$ 2,345,738.	05/31/2022

Name of organization ROBERT W. WOODRUFF ARTS CENTER, INC.	Employer identification number 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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.

Department of the Treasury Internal Revenue Service

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.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (ROBERT W. WOODRUFF ARTS CENTER, INC.) and Employer identification number (58-0633971)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions \$
3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955. \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

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

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities... j Total... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912... c If "Yes," enter the amount of any tax incurred by organization managers under section 4912... d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members 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). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 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 and political expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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.

Blank lines for providing supplemental information as required by the instructions.

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

OMB No. 1545-0047

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.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

ROBERT W. WOODRUFF ARTS CENTER, INC.

58-0633971

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

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

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

Part II Conservation Easements.

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

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2021

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment 12.2700%, b Permanent endowment 76.0500%, c Term endowment 11.6800%

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a-1e for Land, Buildings, Leasehold improvements, Equipment, Other.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include HEDGE FUNDS, PRIVATE EQUITY FUNDS, DISTRESSED OPPORTUNITY FUNDS, EMERGING MARKETS, SENIOR DIRECT LOAN FUNDS, REAL ESTATE FUNDS, and a Total row.

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows are numbered (1) through (9) and a Total row.

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

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 XIII Supplemental Information (continued)

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

Part XIII Supplemental Information (continued)

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

Part XIII Supplemental Information (continued)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

Employer identification number

ROBERT W. WOODRUFF ARTS CENTER, INC.

58-0633971

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space 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.
(2) EUROPE			PROGRAM SERVICES	SCOUTING	40,844.
(3) SUB-SAHARAN AFRICA			PROGRAM SERVICES	SCOUTING	5,853.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SCOUTING	6,196.
(5) NORTH AMERICA			PROGRAM SERVICES	SCOUTING	1,593.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			253,162,891.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			253,162,891.

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

Schedule F (Form 990) 2021

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes 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 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 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)* 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)* 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)* Yes No

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

ROBERT W. WOODRUFF ARTS CENTER, INC.

58-0633971

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,
 KS, KY, LA, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, 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.

Table with 5 columns: Revenue, Direct Expenses, (a) Event #1 (WINE AUCTION), (b) Event #2 (DRISKELL DINNER), (c) Other events, (d) Total events. Rows include Gross receipts, Less: Contributions, Gross income, Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, and summary rows for Direct expense and Net income.

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

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

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:



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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ROBERT W. WOODRUFF ARTS CENTER, INC.

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

2021

**Open to Public
Inspection**

Employer identification number

58-0633971

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- 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.

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HALA MODELMOG PRESIDENT	(i)	399,721.	NONE	NONE	NONE	759.	400,480.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 PAT GUNNING CHIEF FINANCIAL OFFIC	(i)	224,510.	NONE	NONE	NONE	591.	225,101.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 BETH GIBBS GENERAL COUNSEL	(i)	216,875.	NONE	NONE	4,581.	591.	222,047.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 RAND SUFFOLK HIGH MUSEUM DIRECTOR	(i)	536,360.	53,819.	NONE	28,346.	30,177.	648,702.	11,788.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 ROBERT SPANO MUSIC DIRECTOR	(i)	453,021.	NONE	NONE	7,502.	19,425.	479,948.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 SUSAN BOOTH ARTISTIC DIRECTOR - A	(i)	453,198.	NONE	NONE	39,957.	29,152.	522,307.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 JENNIFER BARLAMENT EXECUTIVE DIRECTOR -	(i)	310,648.	61,200.	NONE	33,800.	22,903.	428,551.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 BRADY LUM DEPUTY DIRECTOR	(i)	253,926.	10,350.	NONE	8,690.	30,177.	303,143.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 MICHAEL SCHLEIFER MANAGING DIRECTOR - A	(i)	249,541.	NONE	NONE	8,703.	29,152.	287,396.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 SUSAN AMBO CFO ASO	(i)	225,304.	33,966.	NONE	8,616.	NONE	267,886.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 DAVID COUCHERON CONCERTMASTER	(i)	250,371.	1,800.	NONE	NONE	11,794.	263,965.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 ELEANOR TARVIN CHIEF HUMAN RESOURCES	(i)	219,085.	NONE	NONE	7,349.	19,425.	245,859.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 KRISTIN HANSEN CHIEF DEVELOPMENT OFF	(i)	217,537.	NONE	NONE	6,340.	1,025.	224,902.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 BRIAN SHIVELY DIRECTOR OF FINANCE &	(i)	191,477.	NONE	NONE	6,029.	NONE	197,506.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 GRACE SIPUSIC VP OF DEVELOPMENT ASO	(i)	159,117.	28,091.	NONE	6,142.	8,653.	202,003.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 ALLISON CHANCE DIRECTOR OF DEV. - HI	(i)	164,963.	10,350.	NONE	4,797.	30,177.	210,287.	NONE
	(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 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRIAN WALLEY VICE PRESIDENT FINANC	(i)	172,831.	NONE	NONE	5,775.	15,464.	194,070.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 KEVIN TUCKER CHIEF CURATOR	(i)	167,613.	350.	NONE	5,404.	8,432.	181,799.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 KEVIN HENLON FINANCE DIRECTOR	(i)	160,224.	NONE	NONE	5,217.	2,565.	168,006.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 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.

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

ROBERT W. WOODRUFF ARTS CENTER, INC.

Employer identification number

58-0633971

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DEVELOPMENT AUTHORITIES OF FULTON AND DEKALB	58-1639487		09/24/2009	196,035,351.	REFUND 2/1/02, 4/28/04, 1/16/08		X		X		X
B DEVELOPMENT AUTHORITIES OF FULTON CO.	58-1639487		12/30/2015	43,710,329.	REFUND 9/24/2009		X		X		X
C DEVELOPMENT AUTHORITIES OF FULTON CO.	58-1639487		01/10/2019	55,334,175.	REFUND A PORTION OF 9/24/2009		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	146,455,351.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	196,035,351.		43,710,329.		55,334,175.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	2,040,700.		519,194.		539,612.			
8 Credit enhancement from proceeds	271,651.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	188,631,750.		43,191,135.		54,794,563.			
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 refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Schedule K (Form 990) 2021

Part III Private Business Use

ROBERT W. WOODRUFF ARTS CENTER

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of 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 entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a 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 %		2.0300 %		
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 issued?	X		X		X			
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		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X	X		X			
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X		X		

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 #: 359900ZQ3
 (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

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
359900ZQ3, 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**

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

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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	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 person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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	(e) Sharing of organization's revenues?	
				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

2021

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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.

Name of the organization

Employer identification number

ROBERT W. WOODRUFF ARTS CENTER, INC.

58-0633971

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	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	X	96	5,483,694.	STOCK QUOTE
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 ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 16

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

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

Schedule M (Form 990) 2021

JSA

1E1298 1.000

3370FZ 9242 04/06/2023 07:48:12 V21-7.8F 81506

PUBLIC INSPECTION COPY

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

SCH M, LINE 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.

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
MUSICAL INSTRUM	X	1	38,000.	FMV
TOTALS		1.	38,000.	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ROBERT W. WOODRUFF ARTS CENTER, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

58-0633971

PT VI, LINE 2

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification 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
THE RETURN.

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

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.

Name of the organization

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

ROBERT W. WOODRUFF ARTS CENTER, INC.

58-0633971

FORM 990, PART III - PROGRAM SERVICE
=====

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

ROBERT W. WOODRUFF ARTS CENTER, INC.**58-0633971**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

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

Employer identification number

ROBERT W. WOODRUFF ARTS CENTER, INC.

58-0633971

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST 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

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

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

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

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

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

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) E P MCBURNEY TRUST 303 PEACHTREE STREET ATLANTA, GA 30308 58-6029235	TRUST-INVESTI	GA	TRUIST	TRUST	972,599.	8,702,072.			X
(2) E P MCBURNEY TRUST 303 PEACHTREE STREET ATLANTA, GA 30308 58-6029260	TRUST-INVESTI	GA	TRUIST	TRUST	159,007.	1,428,710.			X
(3) LUCY CLAIR HARRIS TRUST ONE WEST 4TH STREET WINSTON-SALEM, NC 27101 58-6163824	TRUST-INVESTI	GA	WELLS FARGO	TRUST	4,414.	174,722.			X
(4) CHARITABLE REMAINDER TRUST (4) N/A 99-9999999	TRUST INVESTI	GA	VARIOUS	TRUST					X
(5)									
(6)									
(7)									

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

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

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

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

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

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

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

RENT AND ROYALTY INCOME

Taxpayer's Name ROBERT W. WOODRUFF ARTS CENTER, INC.	Identifying Number 58-0633971
--	---

DESCRIPTION OF PROPERTY
 PROPERTY

Yes	No	Did you actively participate in the operation of the activity 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 (LOSS)		

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 DEPRECIATION 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									

RENT AND ROYALTY INCOME

Taxpayer's Name ROBERT W. WOODRUFF ARTS CENTER, INC.	Identifying Number 58-0633971
--	---

DESCRIPTION OF PROPERTY
 PARKING LOTS AND GARAGES

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

TYPE OF PROPERTY:

--	--	--

OTHER INCOME:

--	--	--

TOTAL GROSS INCOME

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)	7,085.	
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		7,085.
TOTAL RENT OR ROYALTY INCOME (LOSS)		-7,085.

Less Amount to

Rent or Royalty	_____
Depreciation	_____
Depletion	_____
Investment Interest Expense	_____
Other Expenses	_____
Net Income (Loss) to Others	_____

Net Rent or Royalty Income (Loss) -7,085.

Deductible Rental Loss (if Applicable)

SCHEDULE FOR DEPRECIATION 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
SEE STATEMENT									
Totals									7,085.

RENT AND ROYALTY INCOME

Taxpayer's Name ROBERT W. WOODRUFF ARTS CENTER, INC.	Identifying Number 58-0633971
--	---

DESCRIPTION OF PROPERTY
 GIFT SHOP

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

TYPE OF PROPERTY:

--	--	--

OTHER INCOME:

--	--	--

TOTAL GROSS INCOME

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)	20,129.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			20,129.
TOTAL RENT OR ROYALTY INCOME (LOSS)			-20,129.

Less Amount to

Rent or Royalty		
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 DEPRECIATION 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
SEE STATEMENT									
Totals									20,129.

RENT AND ROYALTY INCOME

Taxpayer's Name ROBERT W. WOODRUFF ARTS CENTER, INC.	Identifying Number 58-0633971
--	---

DESCRIPTION OF PROPERTY
 LESSOR OF NONRESIDENTIAL BUILDING

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

TYPE OF PROPERTY:

--	--	--

OTHER INCOME:

--	--	--

TOTAL GROSS INCOME

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)	26,243.	
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		26,243.
TOTAL RENT OR ROYALTY INCOME (LOSS)		-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 DEPRECIATION 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
SEE STATEMENT									
Totals									26,243.

RENT AND ROYALTY INCOME

Taxpayer's Name ROBERT W. WOODRUFF ARTS CENTER, INC.	Identifying Number 58-0633971
--	---

DESCRIPTION OF PROPERTY
 CATERING

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

TYPE OF PROPERTY:

--	--	--

OTHER INCOME:

--	--	--

TOTAL GROSS INCOME

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)	123,885.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			123,885.
TOTAL RENT OR ROYALTY INCOME (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 DEPRECIATION 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
SEE STATEMENT									
Totals									123,885.

RENT AND ROYALTY INCOME

Taxpayer's Name ROBERT W. WOODRUFF ARTS CENTER, INC.	Identifying Number 58-0633971
--	---

DESCRIPTION OF PROPERTY

Yes	No	Did you actively participate in the operation of the activity 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 (LOSS)		

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 DEPRECIATION 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									

RENT AND ROYALTY SUMMARY
 =====

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