# Robert W. Woodruff Arts Center

Public Inspection Copy For the Year Ended May 31, 2024

# **TAX RETURNS**



### ROBERT W. WOODRUFF ARTS CENTER, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED MAY 31, 2024

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

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

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 2100 ATLANTA GA 30363

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

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

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE APRIL 15, 2025. 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.

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# Payment/Deposit Information Report

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

OMB No 1545-0047 Form 8879-TE IRS E-file Signature Authorization for a Tax Exempt Entity For calendar year 2023, or fiscal year beginning 06/01/2023 and ending 05/31/20242023 Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633971 Name and title of officer or person subject to tax MODDELMOG, PRESIDENT & CEO HALA Type of Return and Return Information Part I 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. Х **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) **1 b** 131512265. 1a Form 990 check here 2a Form 990-EZ check here Form 1120-POL check here . . b Total tax (Form 1120-POL, line 22) 3a 3b **b** Tax based on investment income (Form 990-PF, Part V, line 5). Form 990-PF check here 4a 4b b Balance due (Form 8868, line 3c) Form 8868 check here 5b 5a 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here **b** Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). 8b Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize 1 7 2 3 6 as my signature SMITH & HOWARD ADVISORY, to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros on the tax year 2023 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 2023 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 04/15/2025 Date Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 5 8 7 2 5 3 9 2  $\cap$ Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 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. maha ERO's signature Date 04/15/2025 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So Form 8879-TE (2023) For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA <sup>10</sup>3370FZ 9242 03/21/2025 COLUMN PECTION COPY

3X3008 3.000

Form	990

## Return of Organization Exempt From Income Tax

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

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

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		ne 2023 calendar year, or tax year beginning 06/01/2023	and endi	<u> </u>	05/31/2024
	•••••	C Name of organization			entification number
<b>B</b> c	heck if ap				
	Addre	ess Daing Rusinges As			-0633971
	chang	e change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n	
	+	Ireturn 1280 PEACHTREE ST. NE	(4)	04)733-4200	
	-	City or town, state or province, country, and ZIP or foreign postal code		( 1,	547755 4200
	Amer			G Gross receip	ts \$ 253,054,347.
-	returr Applie	ication F Name and address of principal officer UATA MODET MOC		H(a) Is this a grou	up return for Yes X No
	pendi	1280 PEACHTREE ST. NE, ATLANTA, GA 30309		subordinates <b>H(b)</b> Are all subord	
<u> </u>	Tax-ex	xempt status: X 501(c)(3) 501(c) ( ) $\triangleleft$ (insert no.) 4947(a)	(1) or 52		ch a list. (see instructions)
		ite: ► WWW.WOODRUFFCENTER.ORG	02	H(c) Group exem	
ĸ		of organization: X Corporation Trust Association Other	L Year o	of formation: 1965 M	
	art I	Summary			
-		Briefly describe the organization's mission or most significant activities:	RTTARLE A	RTS ORCANIZAT	TON TO INSPIRE
e	·	CREATE, SUPPORT AND CELEBRATE RENOWNED ARTS AND			
anc		AUDIENCES THROUGH OUR UNIQUE MODEL OF PARTNERSH			
Governance	2	Check this box $\blacktriangleright$ if the organization discontinued its operations or disp			
Š					<b>3</b> 131
		Number of independent voting members of the governing body (Part VI, line 12)			4 130
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5 1,469
tivij		Total number of volunteers (estimate if necessary)			<b>6</b> 1,100
Act		Total unrelated business revenue from Part VIII, column (C), line 12			<b>7a</b> 2,008,574.
		Net unrelated business taxable income from Form 990-T, line 34			<b>7b</b> 1,912.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		67,799,81	19. 60,118,540.
Revenue	9	Brogram convice revenue (Bert )/III, line 2g)	OPY FOR	28,101,05	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-3,922,00	
R	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,838,98	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		99,817,85	i
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			ONE NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)			ONE NONE
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10			95. 55,614,892.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			28. 721,786.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) _ 9, 062, 27	7.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		59,028,91	L1. 63,579,311.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		108,387,13	34. 119,915,989.
	19	Revenue less expenses. Subtract line 18 from line 12		-8,569,28	32. 11,596,276.
Net Assets or Fund Balances				Beginning of Current	Year End of Year
sets alan	20	Total assets (Part X, line 16)		667,665,51	13. 731,518,435.
t As d B	21	Total liabilities (Part X, line 26)		194,721,67	<u>187,723,389.</u>
N N N	22	Net assets or fund balances. Subtract line 21 from line 20		472,943,84	13. 543,795,046.
Pa	irt II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying sch ect, and complete. Declaration of preparer (other than officer) is based on all information of			f my knowledge and belief, it is
	,		ninen proparer n		
Sig	n				15/2025
He		Signature of officer		Date	
110			IDENT & C	EO	
		Type or print name and title			DTU
Paie	ł	Print/Type preparer's name Preparer's signature	Date	Check	j if PTIN
	parer	SABRE J LINAHAN	04/15	5/2025 self-employ	1010/2000
	Only	Firm's name 🕨 SMITH & HOWARD ADVISORY, LLC		Firm's EIN 🕨	92-0749631
		Firm's address > 271 17TH STREET, NW SUITE 2100 ATLANTA, GA 30363		Phone no.	404-874-6244
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Pape	rwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2023)

Fo	rm 990 (2023) Page	e <b>2</b>
Ρ	art III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	ζ
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?	٥V
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	٥V
	If "Yes," describe these changes on Schedule O.	
4	5 1 5 1 5 7	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs,
	the total expenses, and revenue, if any, for each program service reported.	

4a	(Code:	) (Expenses \$	43,565,103. in	ncluding grants of \$	) (Revenue \$	25,684,149.)	
	ATLANTA	SYMPHONY ORCHES	TRA: THE AT	LANTA SYMPHONY	ORCHESTRA UNITES,		
	EDUCATES	S, AND ENRICHES	OUR COMMUNI	TY THROUGH THE	ENGAGING AND		
	TRANSFOR	RMATIVE POWER OF	ORCHESTRAL	MUSIC EXPERIEN	CES. MORE THAN		
	150 CON	CERTS ARE PERFOR	MED EACH YEA	AR INCLUDING TH	E DELTA CLASSICAL		
	SERIES,	MOVIES IN CONCE	RT, FAMILY (	CONCERT SERIES,	ATLANTA SYMPHONY		
	HALL LIV	VE AND THE COCA-	COLA HOLIDA	Y SERIES, AS WE	LL AS COMMUNITY		
	AND EDU	CATION CONCERTS.	WITH EXCEL	LENT LIVE PERFC	RMANCES,		
	IMPRESS	IVE GUEST ARTIST	S, A RENOWN	ED CHORUS, AND	ENGAGING		
	EDUCATIO	ON INITIATIVES,	THE GRAMMY®	AWARD WINNING	ATLANTA SYMPHONY		
	ORCHESTI	RA CONTINUES TO	BE A LEADER	IN ITS INDUSTR	У.		

4b (Code:	_) (Expenses \$	26,822,797. including grants of \$	) (Revenue \$	5,707,589.)
SEE SCHEDULE	0			

4c	(Code:	) (Expenses \$	18,510,140. includin	g grants of \$	) (Revenue \$	9,376,753. )
	SEE SCHEDULE	0				
4d	Other program ser	vices (Describe o	n Schedule O.)			
	(Expenses \$	includ	ing grants of \$	) (Revenue \$	)	
4e	Total program serv	/ice expenses	88,898,040			
JSA 3E10	)20 2.000 3370 F7 92/1	2 03/21/2025	UBLIC INS		COPY	Form <b>990</b> (2023)

Form 990 (2023)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	- Tu	21	
N N	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	115	Λ	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TTe		
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Λ	
12 d		120		v
Ŀ.	Schedule D, Parts XI and XII	12a		Х
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			í –
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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	90 (2023)		F	Page <b>4</b>
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	v	
24 2	employees? <i>If "Yes," complete Schedule J</i> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,	21		21
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		3.7	
Part	<ul> <li>19? Note: All Form 990 filers are required to complete Schedule O</li> <li>V Statements Regarding Other IRS Filings and Tax Compliance</li> </ul>	38	Х	
Pari	Check if Schedule O contains a response or note to any line in this Part V			
		<u> </u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 3E1030		Form	990	(2023)
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Form 990 (2023)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 1,469					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
	gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
	and services provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	0.0				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders					
	Gross income from members or shareholders	-				
D	against amounts due or received from them.)					
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
•	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand	1				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				

Form 9	N90 (2023) ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633	971	F	age <b>6</b>
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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
Tu	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 130			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
<b>b</b>	one or more members of the governing body?	14		
a		7b		Х
0	stockholders, or persons other than the governing body?			21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	9		Х
Secti	on <b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	-	)	21
			Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b		10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
b 120		12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		21	
U		12b	Х	
•	rise to conflicts?			
C	describe on Schedule O how this was done	12c	Х	
12	Did the organization have a written whistleblower policy?	13	X	
13 14	Did the organization have a written document retention and destruction policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		27	
160				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayable antity during the year?	16a		Х
h	with a taxable entity during the year?			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedSEESCHEDULEO			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-		ion E	01(0)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain on Schedule O</i> )	(560)	.1011 5	01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			-
20	State the name, address, and telephone number of the person who possesses the organization's books and record HALA MODDELMOG 1280 PEACHTREE ST. ATLANTA, GA 30309	s.		
	404-733-4200	Form	990	(2023)
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Page **7** 

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

. . .

See the instructions for the order in which to list the persons above.

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	`				e than c		Reportable	Reportable	Estimated amount
	hours per week	· ·				is both or/trust		compensation from the	compensation from related	of other compensation
	(list any							organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	related	dua	utior	er	ldm	est o byee	er	1099-NEC)	1099-NEC)	related organizations
	organizations below	or trus	nal ti		oyee	omp				
	dotted line)	stee	uste			ens				
			ě			ated				
(1) RAND SUFFOLK	40.00									
HIGH MUSEUM DIRECTOR	NONE	1			X			777,887.	NONE	83,670.
(2) HALA MODDELMOG	40.00									
PRESIDENT & CEO	NONE	Х		Х				528,400.	NONE	20,559.
(3) JENNIFER BARLAMENT	40.00									
EXECUTIVE DIRECTOR - ASO	NONE				Х			415,305.	NONE	60,378.
(4) MICHAEL SCHLEIFER	40.00									
INTERIM EXECUTIVE DIRECTOR	NONE				Х			386,767.	NONE	47,952.
(5) BRADY LUM	40.00									
DEPUTY DIRECTOR	NONE				Х			312,374.	NONE	46,895.
(6) KRISTIN HANSEN	40.00									
CHIEF DEVELOPMENT OFFICER	NONE				X			313,913.	NONE	18,186.
(7) SUSAN AMBO	40.00									
CFO - ASO	NONE				Х			318,361.	NONE	11,877.
(8) BRIAN WALLEY	40.00									
CFO - WOODRUFF	NONE			Х				247,700.	NONE	33,362.
(9) DAVID COUCHERON	40.00									
CONCERTMASTER	NONE					Х		269,876.	NONE	10,052.
(10) ELEANOR TARVIN	40.00									
CHIEF HR OFFICER	NONE				X			241,169.	NONE	12,817.
(11) BETH GIBBS	40.00	-								
GENERAL COUNSEL	NONE			Х				241,169.	NONE	9,275.
(12) NICOLE PANUNTI	40.00	-								
VP OF ATLANTA SYMPHONY HALL	NONE					Х		221,424.	NONE	13,286.
(13) CHRIS MOSES	40.00									
ARTISTIC DIR - AT BEG 06/2023	NONE				X			207,208.	NONE	26,964.
(14) ALLISON CHANCE	40.00									
DIR OF DEVELOP - HIGH MUSEUM	NONE					Х		197,210.	NONE	· · · · ·
										Form 990 (2023)

Form 990 (2023)

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(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	more rson	e than c is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) GRACE SIPUSIC	40.00									
VP OF DEVELOPMENT - ASO	NONE					Х		200,600.	NONE	14,423
16) HEIDI SPECKHART	40.00									
SR DIR, CORPORATE RELATIONS	NONE					Х		191,702.	NONE	20,550
17) TINASHE BOLDEN	40.00									
ARTISTIC DIR - AT BEG 06/2023	NONE				X			177,811.	NONE	18,879
18) BENNY VARZI	3.00_									
GOVERNING BOARD	NONE	Х						NONE	NONE	NOI
19) CLAIRE LEWIS ARNOLD	3.00_									
GOVERNING BOARD	NONE	Х						NONE	NONE	NOI
20) D. RICHARD WILLIAMS	3.00_									
GOVERNING BOARD	NONE	Х						NONE	NONE	NOI
21) DANIEL BALDWIN	3.00_									
GOVERNING BOARD	NONE	Х						NONE	NONE	NOI
22) DAVID SEWELL	1.00									
GOVERNING BOARD	NONE	Х						NONE	NONE	NOI
23) DERETTA RHODES	3.00_									
GOVERNING BOARD	NONE	Х						NONE	NONE	NOI
24) GALEN L. OELKERS	3.00									
GOVERNING BOARD	NONE	Х						NONE	NONE	NOI
25) GLENN W. MITCHELL	3.00									
GOVERNING BOARD	NONE	Х						NONE	NONE	NO
1b Sub-total								5,248,876.	NONE	485,16
c Total from continuation sheets to Part VII	, Section A							NONE	NONE	NO
d Total (add lines 1b and 1c)								5,248,876.	NONE	485,16

3	Did the organization list any <b>former</b> 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? If "Yes," complete Schedule J for such person
-	

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

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

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

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box,	not ch unles er and	s pers a dir	tion nore son is recto	than on s both a <u>r/truster</u> Highest o	in	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensatio relate organiza (W-2/1099	on from d tions	(F) Estima amoun othe compens from t organiza and rela	t of ation ne ation
	line)	, ,	al trustee		yee	Highest compensated employee					organiza	uons
26) JOCELYN HUNTER	3.00							NONE		NONE		
GOVERNING BOARD	NONE	Х					_	NONE		NONE		NO
27) JOHN C. YATES	<u>3.00</u> _											
GOVERNING BOARD	NONE	Х						NONE		NONE		NO
28) KATHY N. WALLER	<u>3.00</u>											
GOVERNING BOARD	NONE	Х						NONE		NONE		NO
29) KENNETH NEIGHBORS	<u>3.00</u>											
GOVERNING BOARD	NONE	Х					_	NONE		NONE		NC
30) MICHAEL EGAN III	<u>3.00</u> _											
GOVERNING BOARD	NONE	Х					_	NONE		NONE		NC
1) PATRICK VIGUERIE	<u>3.00</u> _											
GOVERNING BOARD	NONE	Х					_	NONE		NONE		NC
2) PRATAP MUKHARJI	3.00									NONE		
OVERNING BOARD	NONE	Х					_	NONE		NONE		NC
33) RAVI SALIGRAM	<u>3.00</u> _											
GOVERNING BOARD	NONE	X					_	NONE		NONE		NC
34) THOMAS C. CHUBB	3.00									NONE		
GOVERNING BOARD	NONE	Х					_	NONE		NONE		NC
5) ALDO LAFIANDRA	<u>1.00</u>							NONE		NONE		NO
OTING TRUSTEE	NONE	X		_	_		_	NONE		NONE		NC
6) ALFRED MCRAE	2.00									NONE		
OTING TRUSTEE	NONE	Х					_	NONE		NONE		NC
<ul> <li>b Sub-total</li> <li>c Total from continuation sheets to Part VI</li> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but reportable compensation from the organization from the organi</li></ul>	not limited to t			•••	•••	•••	► re	ceived more than	\$100,000 (	of		
Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete Sci</i>	hedule J for suc	ch ind	lividu	al .	• •	• • •	•			• • •	Ye 3	s N
For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,00	)0?	lf	"Yes,	" (	complete Schedu	le J for a		4	
Did any person listed on line 1a receive for services rendered to the organization? /											5	
Complete this table for your five highest compensation from the organization. Repo												
year.												
	addross							<b>(B)</b> Description of se		0	(C)	

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 ► JSA 3E1055 1.000

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	(A) Name and title	Average hours per week (list any hours for	box,	unles	s pe d a d	more rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation f related organizations		<b>(F)</b> Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		from the organization and related organizations
37)_ALI.	AZADI	1.00										
/OTING T	RUSTEE	NONE	Х						NONE	N	ONE	NO
38) ANDY	BERG	1.00_	-									
/OTING T		NONE	Х						NONE	NO	ONE	NO
	LA SPIVEY	1.00										
OTING T		NONE	X						NONE	N	ONE	NO
<u>iu) ann</u> /oting t	A. ADAMS	2.00 NONE	X						NONE	NT	ONE	NO
	W. CRAMER	2.00							INCINE	INC		NO
OTING T		NONE	x						NONE	N	ONE	NO
	A FABREGA	1.00							NONE			
OTING T		NONE	X						NONE	N	ONE	NO
3) ASHI	SH MISTRY	2.00										
OTING T	'RUSTEE	NONE	Х						NONE	N	ONE	NO
4) BARF	NY MCCARTHY	2.00										
OTING T	RUSTEE	NONE	Х						NONE	N	ONE	NO
5) BERI		2.00_										
OTING T	RUSTEE	NONE	Х						NONE	NO	ONE	NO
6) BHAR	ATH PARTHASARATHY	1.00_	-									
VOTING T		NONE	X						NONE	NO	ONE	NO
17) BJ G		<u>1.00</u>	X						NONE	N		NC
OTING T			1						NONE	110	ONE	NO
c Total fro	al om continuation sheets to Part VI dd lines 1b and 1c)	, Section A										
. Total nu	mber of individuals (including but r ble compensation from the organiza	not limited to th						o re	ceived more than	\$100,000 of		
	e organization list any <b>former</b> o ee on line 1a? <i>If "Yes," complete Sch</i>											Yes N
For any organiza	individual listed on line 1a, is th ation and related organizations	e sum of rep greater than	oortab \$15	ole c 50,0	om 00?	pen If	satior <i>"Yes</i>	n ar ; <i>" (</i>	nd other compens	ation from th	e	
	al										•	4
	person listed on line 1a receive ices rendered to the organization? <i>l</i> i											5
	Independent Contractors	res, complet	ie SCI	ieuu	Je J	101	SUCIT	pers			•	5
Comple	te this table for your five highest o sation from the organization. Repo											s tax
-	(A) Name and business	address							<b>(B)</b> Description of se	rvices	Cor	(C) mpensation

(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	s pe d a d	ition more rson irect	e than c is both or/trust	an ee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) BRENDAN DOHERTY	2.00	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
49) BRETT PULLEY	1.00_	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
50) BRIAN MAHONY	1.00_	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
51) CANDACE STEELE FLIPPIN	2.00_	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
52) CARLI HUBAND	2.00_	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
53) CARRIE BROWN	2.00_	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
54) CHAITRA BRYANT	1.00_	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
55) CHANEL FRAZIER	1.00_	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
56) CHARLES F. PALMER	1.00_	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
57)_CHRISTINE_WHITAKER	1.00	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
58) CHRISTOPHER CUMMISKEY	1.00_	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part VII,</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but no</li> </ul>	Section A	· · ·	::						\$100.000 of	

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

### Section B. Independent Contractors

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

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

3

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(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Posi neck ss pe	more erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	) from the organization and related organizations
9) COLIN CONNOLLY	1.00									
OTING TRUSTEE	NONE	Х						NONE	NON	E NO
0) DAVID DASE	1.00_									
OTING TRUSTEE	NONE	Х						NONE	NON	E NO
1) DAVID LEITER	2.00_									
OTING TRUSTEE	NONE	X						NONE	NON	E NO
2)DAVID_PARK OTING_TRUSTEE	<u>2.00</u>	X						NONE	NON	e no
3) DAVID W. SCHEIBLE	1.00							NONE	NON	
OTING TRUSTEE		x						NONE	NON	E NO
4) DENNIS LOCKHART	2.00							NONE		
OTING TRUSTEE	NONE	X						NONE	NON	E NO
5) DOUGLAS J. HERTZ	2.00									
OTING TRUSTEE	NONE	Х						NONE	NON	E NO
6) EDWARD H. BASTIAN	1.00									
OTING TRUSTEE	NONE	Х						NONE	NON	E NO
7) ELIZABETH HOLDER	1.00_	-								
OTING TRUSTEE	NONE	Х						NONE	NON	E NO
8) ERICA QUALLS-BATTEY	<u>1.00</u> _	-								
OTING TRUSTEE	NONE	X						NONE	NON	E NO
9) <u>G. SCOTT UZZELL</u> OTING TRUSTEE	<u>1.00</u>	X						NONE	NON	e no
		1						NONE	NON	
b Sub-total c Total from continuation sheets to Part V	II, Section A	•••	•••		•••	•••				
d Total (add lines 1b and 1c) Total number of individuals (including but	not limited to t						► re	ceived more than	\$100,000 of	
reportable compensation from the organiz										Yes N
Did the organization list any former employee on line 1a? If "Yes," complete Sc										3
										5
For any individual listed on line 1a, is to organization and related organizations										
individual										4
Did any person listed on line 1a receive								related organizatio	on or individual	
for services rendered to the organization?	If "Yes," complet	te Sch	nedu	le J	l for	such	per	son		5
ection B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Rep year.										
(A) Name and busines	s address							<b>(B)</b> Description of se	rvices	<b>(C)</b> Compensation

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos heck ss pe d a d	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
)) GLEN JACKSON	1.00									
OTING TRUSTEE	NONE	X						NONE	NONE	NO
l) <u>Glenn Weiss</u>	2.00									
DTING TRUSTEE	NONE	Х						NONE	NONE	NO
2) GREGORY WORTHY	2.00									
DTING TRUSTEE	NONE	X						NONE	NONE	NO
3) HELENE G. LOLLIS	2.00							NONT	NONE	NO
OTING TRUSTEE	NONE 1 00	X						NONE	NONE	NO
4) HOWARD D. PALEFSKY	1.00	v						NONE	NONE	NO
DTING TRUSTEE	NONE	X	-	-	-			NONE	NONE	NO
5) J. VERONICA BIGGINS	1.00	x						NICATE	NI ( NI II	<b>NT</b>
OTING TRUSTEE	NONE 2.00	A	-	-	-			NONE	NONE	NC
6)JAMES_SIMPSON DTING_TRUSTEE	NONE	x						NONE	NONE	NC
7) JAMES W. BOSWELL	1.00		-	-	-			INCINE		110
DTING TRUSTEE	NONE	x						NONE	NONE	NC
B) JAMIE GREGORY	1.00	- 23							110111	110
DTING TRUSTEE	NONE	x						NONE	NONE	NC
) JAMILA HALL	2.00									110
DTING TRUSTEE	NONE	x						NONE	NONE	NC
)) JANET SIMPSON	1.00									
DTING TRUSTEE	NONE	X						NONE	NONE	NC
Sub-total										
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A	•••	•••	•••	•••			anived mere than (	t 100 000 of	
Total number of individuals (including but not reportable compensation from the organizatio Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Sched</i>	n ► er, directo	or, or	tru	uste	e,	key e	emp	loyee, or highest	compensated	Yes N
For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i>	eater than	\$15	50,0 • •	00?		"Yes	s," ( • •	complete Schedul	le J for such	4
for services rendered to the organization? <i>If "Y</i> action B. Independent Contractors										5
Complete this table for your five highest com compensation from the organization. Report of										
year.								<b>(B)</b> Description of se	rvices C	<b>(C)</b> ompensation
year. (A) Name and business add	dress									
(A)	dress							· · · · · · · · · · · · · · · · · · ·		

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VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe d a d	more erson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	(F) Estimated m amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	c) from the organization and related organizations
1) JANINE BROWN	1.00									
OTING TRUSTEE	NONE	Х						NONE	NON	JE N
2) JIMMY ETHEREDGE	1.00									
OTING TRUSTEE	NONE	X						NONE	NON	JE N
3) JOE W. ROGERS, JR										
OTING TRUSTEE	NONE	X			<u> </u>			NONE	NON	JE N
4) JOHN MURPHY DTING TRUSTEE	2.00_ NONE	X						NONE	NON	JE N
5) TOUNSON COOK	1 00							INONE	1001	
OTING TRUSTEE	NONE	X						NONE	NON	JE N
6) JOIA JOHNSON	1 00									
JUING TRUSTEE	NONE	X						NONE	NON	JE N
7)_JON_BRIDGES	1.00									
OTING TRUSTEE	NONE	X						NONE	NON	JE N
8) JOSEPH BLANCO	1.00									
OTING TRUSTEE	NONE	X						NONE	NON	JE N
9) JOSHUA M. KAMIN	1.00									
OTING TRUSTEE	NONE	Х						NONE	NON	JE N
0) JULIA A. HOUSTON	<u>1.00</u> _									
OTING TRUSTEE	NONE 1 00	X						NONE	NON	JE N
1) JULIA ANN CROMMETT DTING TRUSTEE	<u>1.00</u> NONE	X						NONE	NON	JE N
o Sub-total								NONE		
c Total from continuation sheets to Part	VII, Section A									
d Total (add lines 1b and 1c)										
Total number of individuals (including bu		hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organ	ization 🕨									
										Yes
Did the organization list any former employee on line 1a? If "Yes," complete S										3
										3
For any individual listed on line 1a, is organization and related organization										
individual										4
Did any person listed on line 1a receiv								related organizatio	on or individual	
for services rendered to the organization?										5
ection B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Re year.										
(A) Name and busine	ss address							( <b>B)</b> Description of se	rvices	<b>(C)</b> Compensation
							T			

Form	000	(2023)	
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(A) Name and title	<b>(B)</b> Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	more rson	e than c is both or/trust	an ee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
92) KAPPY KELLETT DEBUTTS	2.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONI
93) KATE KIEFER LEE	1.00	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
94) KATHERINE SAEZ	1.00	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
95) KATHRYN PETRALIA	1.00	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
96) KEVIN GOOCH	1.00	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NONI
97) KIM GREENE	1.00	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
98) KIT HUES	1.00	-								
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
99) KURT P. KUEHN	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
100) LACEY JORDAN	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
101) LARRY MARK	2.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
102) LAURA LANE	1.00									
VOTING TRUSTEE	NONE	Х						NONE	NONE	NON
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				• •					

			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**

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

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

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Dere	Q
Pade	U.

(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/trus						<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
3) LEE ECHOLS	1.00									
OTING TRUSTEE	NONE	Х						NONE	NONE	NO
4) LINNEA GEISS	1.00	_								
DTING TRUSTEE	NONE	X						NONE	NONE	NC
5) LIZANNE THOMAS	2.00									
OTING TRUSTEE	NONE 1 00	X						NONE	NONE	NC NC
6) LOUISE SAMS	1.00	v						NONE	NONE	NC
DTING TRUSTEE 7) LOVETTE RUSSELL	NONE 1.00	X						NONE	INONE	NC
TING TRUSTEE	NONE	X						NONE	NONE	NC
8) MARGARET C. REISER	2.00							none		
DTING TRUSTEE	NONE	X						NONE	NONE	NC
9) MARK PIGHINI	1.00									
OTING TRUSTEE	NONE	Х						NONE	NONE	NC
)) MARY L. CAHILL	1.00									
OTING TRUSTEE	NONE	Х						NONE	NONE	NC
1) MERIA CARSTARPHEN	1.00	_								
DTING TRUSTEE	NONE	X						NONE	NONE	NC
2) MICHAEL DOSS	1.00									
DTING TRUSTEE 3) MICHAEL E. HOLLINGSWORTH II	NONE 1.00	X						NONE	NONE	NC NC
DTING TRUSTEE	H	x						NONE	NONE	NC NC
o Sub-total	-	1				1		none		
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A			• •	• •					
Total number of individuals (including but not reportable compensation from the organizatio	limited to t						o re	ceived more than	\$100,000 of	
Did the organization list any former offic	er, directo	or, or	tru	uste	e,	key e	emp	loyee, or highest	compensated	Yes N
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividı	ual	• •		• •			3
For any individual listed on line 1a, is the	sum of rep	oortab	le c	com	pen	satior	n ar	nd other compens	sation from the	
organization and related organizations gr								complete Schedu	le J for such	
										4
Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5
ection B. Independent Contractors	- 2, 30,11010					23011	1001			
Complete this table for your five highest com compensation from the organization. Report or year.										
( <b>A)</b> Name and business add	dress							<b>(B)</b> Description of se	rvices (	<b>(C)</b> Compensation
							-			
							-			

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Page	ŏ

(A) Name and title	(B) Average hours per week (list any hours for	rrs per (list any sfor for the constraint of the						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	from	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		from the organization and related organizations
4) MICHAEL ROGERS	1.00										
OTING TRUSTEE	NONE	X						NONE	N	ONE	NO
5) MICHAEL S. DONNELLY	1.00_										
OTING TRUSTEE	NONE	X						NONE	N	ONE	NO
6) MICHELLE HYLTON	1.00_	-									
OTING TRUSTEE	NONE	X						NONE	N	ONE	NO
7) MIKE HAYFORD	<u>1.00</u> -							NONT			NO
OTING TRUSTEE	NONE 2.00	X						NONE	IN	ONE	NC
8) MILTON LITTLE OTING TRUSTEE	2:00- NONE	X						NONE	N	ONE	NC
9) PAMELA STAHL	1.00							NONE	11	UNE	INC.
OTING TRUSTEE	NONE	x						NONE	N	ONE	NC
0) PAT GUNNING	2.00									_	
OTING TRUSTEE	NONE	Х						NONE	N	ONE	NC
1) PAT MITCHELL	2.00										
OTING TRUSTEE	NONE	Х						NONE	N	ONE	NC
2) PAUL DONAHUE	1.00										
OTING TRUSTEE	NONE	Х						NONE	N	ONE	NC
3) PAUL E. VIERA	1.00_	-									
OTING TRUSTEE	NONE 1 00	X						NONE	N	ONE	NC
4) PENELOPE MCPHEE OTING TRUSTEE	<u>1.00</u> NONE	X						NONE	N	ONE	NC
	-						►	NONE	11	UNE	NO
b Sub-total c Total from continuation sheets to Pa	rt VII. Section A	•••	• • •	• •	• •	•••					
d Total (add lines 1b and 1c)											
Total number of individuals (including l	out not limited to t					e) who	o re	ceived more than	\$100,000 of	·	
reportable compensation from the orga	anization 🕨										
										ſ	Yes N
Did the organization list any form											2
employee on line 1a? If "Yes," complete											3
For any individual listed on line 1a, organization and related organization											
individual								complete Schedul			4
Did any person listed on line 1a rec								related organizatio	on or individu	al	· .
for services rendered to the organizatio											5
ection B. Independent Contractors											
Complete this table for your five higher compensation from the organization. F year.											s tax
(A) Name and busi								<b>(B)</b> Description of se	rvices	Cor	<b>(C)</b> npensation
						-					

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Page	8

(A) Name and title	(B) Average hours per week (list any hours for	age Position per (do not check more than c box, unless person is both						(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director				Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
5) PHILIP HARRISON OTING TRUSTEE	<u>1.00</u> NONE	X						NONE	NONE	NO
6) PHILIP S. JACOBS OTING TRUSTEE	2.00 NONE	X						NONE	NONE	NO
7) PRADEEP SINHA OTING TRUSTEE	<u>1.00</u> NONE	X						NONE	NONE	NO
8) RADINA RUSSELL OTING TRUSTEE	<u>1.00</u> NONE	X						NONE	NONE	NO
9) RAPHAEL BOSTIC OTING TRUSTEE	<u>1.00</u> NONE	X						NONE	NONE	NC
0) REGGIE WALKER OTING TRUSTEE	<u>1.00</u>	X						NONE	NONE	NC
1) ROBERT BUNCH OTING TRUSTEE	<u>1.00</u>	X						NONE	NONE	NC
2) RONA GOMEL ASHE	<u>1.00</u>	X						NONE	NONE	NC
3) RYAN WILSON OTING TRUSTEE	2.00	X						NONE	NONE	NC
4) RYANNE PENNINGTON OTING TRUSTEE	<u>1.00</u> <u>NONE</u> 1.00	X						NONE	NONE	NC
5) S. STEPHEN SELIG, III OTING TRUSTEE	NONE	Х						NONE	NONE	NC
<ul> <li>b Sub-total</li> <li>c Total from continuation sheets to Part VII,</li> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but no reportable compensation from the organization</li> </ul>	Section A t limited to t	•••			•••		► re	ceived more than	\$100,000 of	
Did the organization list any <b>former</b> off employee on line 1a? <i>If "Yes," complete Sche</i> For any individual listed on line 1a, is the organization and related organizations g <i>individual</i>	icer, directo dule J for sud sum of rep reater than	ch ind portat \$15	lividu ble c 50,00	<i>ial</i> omp 00?	pen <i>If</i>	satior "Yes	ar "" (	nd other compens complete Schedu	sation from the le J for such	Yes N 3 4
Did any person listed on line 1a receive o for services rendered to the organization? <i>If</i> " ection B. Independent Contractors										5
Complete this table for your five highest con compensation from the organization. Report year.										
(A) Name and business address								(B) Description of se	rvices C	(C) compensation
Total number of independent contractors (	including bu	ut no	t lim	ited	l to	thos	e li	sted above) who	received	

	-
Dere	Q
Pade	U.

(A) Name and title	(B) Average hours per week (list any hours for	Average Position ours per ek (list any nours for Officer and a director/trust						(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
6) SANJAY PAREKH	2.00									
OTING TRUSTEE	NONE	Х						NONE	NON	E NC
7) STEPHANIE NADI OLSON	1.00_	-								
OTING TRUSTEE	NONE	Х						NONE	NON	e nc
3) STEVE COHEN	1.00_	-								
OTING TRUSTEE	NONE	X						NONE	NON	E NC
9) STEVE FISHER								NONT	NICAT	
OTING TRUSTEE	NONE 1 0.0	X						NONE	NON	E NC
)) THEODORE I. BLUM	$\frac{1.00}{NONE}$	v						NONE	NICAT	
OTING TRUSTEE	NONE 1 00	X						NONE	NON	E NC
l)TIFFANY_BURNS DTING_TRUSTEE	<u>1.00</u>	X						NONE	NON	
2) TIRRELL WHITTLEY	1.00							NONE	NON.	E NC
DTING TRUSTEE	NONE	x						NONE	NON	e nc
3) TYRONE JOHNSON	2.00	21						NONE		
OTING TRUSTEE	NONE	X						NONE	NON	e nc
4) VICKI ESCARRA	1.00									
DTING TRUSTEE	NONE	X						NONE	NON	e nc
5) WAB P. KADABA	2.00									
DTING TRUSTEE	NONE	X						NONE	NON	e nc
6) WILLIAM H. LINGINFELTER	1.00									
OTING TRUSTEE	NONE	Х						NONE	NON	E NC
o Sub-total c Total from continuation sheets to Part VI	Section A		•••	• •	• •					
d Total (add lines 1b and 1c)										
Total number of individuals (including but r	ot limited to t						o re	ceived more than	\$100,000 of	
reportable compensation from the organization	tion 🕨									
Did the enverine list and former	ffinan dinasta		<b>4</b>	4 .	- 1			lavaa an binbaat		Yes N
Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3
										<b>J</b>
For any individual listed on line 1a, is the organization and related organizations										
individual										4
Did any person listed on line 1a receive									on or individual	
for services rendered to the organization? In										5
ection B. Independent Contractors										
Complete this table for your five highest c compensation from the organization. Repo year.	rt compensati									
Complete this table for your five highest of compensation from the organization. Repo								<b>(B)</b> Description of se	rvices	( <b>C)</b> Compensation
Complete this table for your five highest of compensation from the organization. Repo year. (A)									rvices	
Complete this table for your five highest of compensation from the organization. Repo year. (A)									rvices	
Complete this table for your five highest of compensation from the organization. Repo year. (A)									rvices	

Form 990 (2023) Part VII Section A. Officers, Directors, Tr	ustoos Ka	v Fn	nlo	VO	26	and H	lia	hest Compensat				Page <b>8</b>
(A) Name and title	(B) Average hours per week (list any hours for	(do l box,	not ch unles	<b>(C</b> Pos neck ss pe	<b>C)</b> iition more erson	e than c is both or/trust	one an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organizatio and relate organizatio	on ed
47) WILLIAM PATE VOTING TRUSTEE	1.00 NONE	X						NONE		NONE		NON
		-										
		_										
		-										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)									¢100.000.			
2 Total number of individuals (including but not reportable compensation from the organization		nose	liste	d ai	0006	e) who	o re	eceived more than	\$100,000 0		Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	X
4 For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> .	eater than	\$15	50,00	00?	If	"Yes	s, "	complete Schedu			<b>4</b> X	
<ul> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors</li> </ul>											5	X
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>												
(A) SEE SCHEDULE O Name and business add	dress							<b>(B)</b> Description of se	rvices	Co	(C) ompensation	

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 ► 23

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### Form 990 (2023)

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

				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	3,898,585.				
ΩĔ	с	Fundraising events	1,206,249.				
fts,	d	Related organizations					
igi		Government grants (contributions) 1e	795,619.				
Sin's	f	All other contributions, gifts, grants,					
er (		and similar amounts not included above <b>1</b>	54,218,087.				
ţĥ	g	Noncash contributions included in					
	9	lines 1a-1f 1g	\$ 2,928,295.				
anco	h	Total. Add lines 1a-1f	,	60,118,540.			
			Business Code	00,110,010.			
ð		PERFORMANCE ARTS TICKETS	711190	21,016,645.	21,016,645.		
ž	2a	EDUC. PROGRAMS FEES	711190	5,011,540.	5,011,540.		
Sei	b	ENHCANCEMENT & CO-PRODUCTION	711190	4,886,302.	4,886,302.		
۲el ۲el	С	PARKING REVENUE	711190			3,190.	
gra Re	d			3,200,002.	3,196,812.	3,190.	
Program Service Revenue	е	FILM TAX CREDITS	711190	1,911,433.	1,911,433.		
ш	f	All other program service revenue	711190	1,362,929.	1,362,929.		
	g	Total. Add lines 2a-2f		37,388,851.			
	3	Investment income (including dividends,					
		other similar amounts).		5,620,426.		-166,911.	5,787,337.
	4	Income from investment of tax-exempt bond	· .	NONE			
	5	Royalties		114,985.			114,985.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 4,606,179.					
	b	Less: rental expenses <b>6b</b> 1,789,078.	NONE				
	С	Rental income or (loss) 6c 2,817,101.					
	d	Net rental income or (loss)	1	2,817,101.		2,063,481.	753,620.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 136,640,982.	195,023.				
ne	b	Less: cost or other basis					
er Revenue		and sales expenses 7b 116,586,256.	NONE				
Se	С	Gain or (loss) 7c 20,054,726.	195,023.				
er	d	Net gain or (loss)		20,249,749.			20,249,749.
Othe	8a	Gross income from fundraising					
0		events (not including \$1,206,249.					
		of contributions reported on line					
		1c). See Part IV, line 18	3,502,700.				
	b	Less: direct expenses	1,791,731.				
	с	Net income or (loss) from fundraising events		1,710,969.			1,710,969.
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	с	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances	4,866,661.				
	b	Less: cost of goods sold	1,375,017.				
	c	Net income or (loss) from sales of inventory.		3,491,644.	3,382,830.	108,814.	
S			Business Code				
e	11a						
an∉ ≱nu	b						
Miscellaneous Revenue	c						
nsc R	d	All other revenue					
Σ	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		131,512,265.	40,768,491.	2,008,574.	28,616,660.
JSA	1 2 000				CUDA		Form <b>990</b> (2023)
3E105	1 2.000 3 3	70FZ 9242 03/21/2025 0:24:					

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 4,714,793. 3,344,473. 911,102. 459,218. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 40,844,047. 28,973,027. 7,892,839. 3,978,181. 1,700,773. 328,663. 165,654. 1,206,456. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 497,402. Other employee benefits 5,106,831. 3,622,568. 986,861. 9 3,248,448. 2,304,311. 627,741. 316,396. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 237,412 237,412. b Legal 340,184. 340,184. c Accounting 25,000 25,000 d Lobbying 721,786 721,786. e Professional fundraising services. See Part IV, line 17. 619,909. 619,909. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 804,469. 3,092,238. 1,114,312. 1,173,457. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 4,090,387. 3,629,735. 46,706. 413,946. 418,244. 140,472. 155,987. 121,785. 13 Office expenses 14 Information technology 1,662,762. 1,112,428. 370,923. 179,411. 382,605. 382,605. 15 Royalties 3,634,845. 113,883. Occupancy 7,356,407. 3,607,679. 16 3,974,274. 2,862,337. 254,101. 857,836. 17 Travel 18 Payments of travel or entertainment expenses NONE for any federal, state, or local public officials 196,002. 141,164. 12,532. 42,306. Conferences, conventions, and meetings 19 8,784,333. 7,241,953. 1,542,327. 53. 20 NONE 21 Payments to affiliates 1,966,152. Depreciation, depletion, and amortization 10,558,244. 8,589,092. 3,000. 22 1,596,809. 355,927. 1,222,919. 17,963. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a SET DESIGN COSTS 13,959,000. 13,959,000. 6,285,501 6,285,501. EXHIBITIONS b С d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 119,915,989. 88,898,040. 21,955,672. 9,062,277. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and if

fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

ROBERT W. WOODRUFF ARTS CENTER, INC.

Page 11

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X ..... Х (A) (B) Beginning of year End of year Cash - non-interest-bearing ..... 16,760,642. 1 7,528,546. 1 2 NONE 2 Savings and temporary cash investments. NONE 3 Pledges and grants receivable, net 29,873,498. 3 49,473,234. 14,534,319. 18,513,585. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ...... NONE 5 NONE Loans and other receivables from other disqualified persons (as defined 6 NONE NONE under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net NONE NONE Assets 7 483,533. 597,049. 8 8 9 Prepaid expenses and deferred charges 7,094,480. 9 5,344,536. 10 a Land, buildings, and equipment: cost or other 369,870,228 basis. Complete Part VI of Schedule D ..... 10a b Less: accumulated depreciation **10b** 214,382,027 157,470,011. 10c 155,488,201. 11 Investments - publicly traded securities SEE SCHEDULE O 298,516,160. 11 340,397,828. 12 Investments - other securities. See Part IV, line 11 108,842,447. 12 126,239,079. 13 Investments - program-related. See Part IV, line 11 NONE 13 NONE 14 NONE 14 NONE 15 30,111,157. 31,915,643. Other assets. See Part IV, line 11 15 731,518,435. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 667,665,513. 16 25,755,156. 17 Accounts payable and accrued expenses 17 20,027,889. 18 NONE 18 NONE 10,183,546. 11,564,827. 19 19 Deferred revenue Tax-exempt bond liabilities 145,022,968. 90,020,000. 20 20 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, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . . . . . NONE 22 NONE 23 13,760,000. Secured mortgages and notes payable to unrelated third parties . . . . . 23 66,110,673. 24 Unsecured notes and loans payable to unrelated third parties 24 NONE 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 NONE 25 NONE 26 Total liabilities. Add lines 17 through 25..... 194,721,670. 187,723,389. 26 X Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 91,378,148. 27 137,200,387. Net assets with donor restrictions 28 28 381,565,695 406,594,659. Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Assets or 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Net . 32 472,943,843. 32 543,795,046. Total liabilities and net assets/fund balances 33 667,665,513 33 731,518,435.

Form **990** (2023)

JSA

ROBERT W.	WOODRUFF	ARTS	CENTER,	INC.

Form 99	00 (2023)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13	1,5	12,	<u>265</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	9,9	15,	<u>989</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	1	1,5	96,	276.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47	2,9	43,	843.
5	Net unrealized gains (losses) on investments	5	3	9,3	55,	819.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	1	2,6	46,	024.
9	Other changes in net assets or fund balances (explain on Schedule O).	9		7,2	53,	084.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	54	3,7	95,	046.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	۱a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .		3b		

SCHE	DU	LE	A
(Form	990	)	

## Public Charity Status and Public Support

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

OMB No. 1545-0047

		nue Service		Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Name of the organization Employer identi						Employer identif	ication number		
ROE	BERT			CENTER, INC.					633971
Pa					organizations must			,	าร.
The	<u> </u>		•		t is: (For lines 1 through			,	
1					tion of churches desc			70(b)(1)(A)(i).	
2					. (Attach Schedule E	-			
3		-	-		rganization described				
4			-	-	conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A	(iii). Enter the
-			ie, city, and st						
5		-	-		a college or universit	ly owned	a or ope	erated by a governme	ental unit described in
6				Complete Part II.)	rnmental unit describe	d in <b>east</b>	ion 170/	b)/4)/A)/y)	
6 7			-	-					om the general public
'		-		(1)(A)(vi). (Compl		ipport in	oni a yo		oni the general public
8					<b>o)(1)(A)(vi).</b> (Complete	Part II )			
9		-			ed in section 170(b)(1	-		l in conjunction with a	land-grant college
•		-			griculture (see instruct		-	-	
		niversity:		g.a cogo o. ag	J				i ile conoge of
10 11	All re	n organizatio eceipts from upport from ( cquired by th	activities rela gross investm e organizatio	ted to its exempt f ient income and u n after June 30, 1	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See <b>section 509</b> usively to test for publ	ertain ex able inco <b>(a)(2).</b> (0	ceptions ome (les: Complete	s; and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
12		0	0		, ,			( )( )	rry out the purposes of
	0	ne or more p	ublicly suppo	rted organizations	described in section !	509(a)(1	) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	th	ne box on line	es 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the
			-	-	te Part IV, Sections A				
b					ed or controlled in co				
			-		organization vested in	the sam	e persor	ns that control or mar	age the supported
		-		-	, Sections A and C.				
С					ng organization opera				lly integrated with,
ام			•		ns). You must comple				tod organization(a)
d				•	porting organization of	•			• • • • •
			•	•	nization generally mus complete Part IV, Sect			•	u an allenliveness
е					a written determinatio				II Type III
Ũ			-		ionally integrated sup				n, rypo m
f									
g	Provi	de the follow	ing informatio	on about the suppo	orted organization(s).				
	(i) Nam	e of supported of	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	,	,
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								
For I	Paperw	ork Reduction	n Act Notice, s	ee the Instructions	for Form 990 or 990-EZ.			S	chedule A (Form 990) 2023

Schedule A (Form 990) 2023

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.)

<u>Sec</u>	tion A. Public Support									
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,384,129.	44,967,189.	72,106,220.	82,799,819.	60,118,540.	291,375,897.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE			
4	Total. Add lines 1 through 3	31,384,129.	44,967,189.	72,106,220.	82,799,819.	60,118,540.	291,375,897.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)						37,235,847.			
6	Public support. Subtract line 5 from line 4						254,140,050.			
Sec	tion B. Total Support									
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,384,129.	44,967,189.	72,106,220.	82,799,819. 7,358,794.	60,118,540. 8,278,109.	291,375,897.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	974,344.	1,755,187.	2,796,362.	1,928,955.	1,725,531.	9,180,379.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE_SUPP_PAGE	2,811,687.	471,673.	NONE	NONE	NONE	3,283,360.			
11	Total support. Add lines 7 through 10						334,712,933.			
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	130,832,521.			
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)			
Sec	tion C. Computation of Public Supp									
14	Public support percentage for 2023 (lin					14	75.93 <b>%</b>			
15	Public support percentage from 2022 S	Schedule A, Pa	rt II, line 14 💶 💶			15	73.12 %			
16a	331/3% support test - 2023. If the org									
	box and <b>stop here.</b> The organization qu									
b	331/3% support test - 2022. If the org.									
	this box and <b>stop here</b> . The organizatio	-		-						
17a	10%-facts-and-circumstances test - 2	-								
		10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported								
	organization			-	-					
h	10%-facts-and-circumstances test - 2									
D	15 is 10% or more, and if the organiz									
	in Part VI how the organization meets					•	•			
	organization			-	-					
18	Private foundation. If the organization									
	instructions									
				-	-					

Schedule A (Form 990) 2023

Schedule A	Form	990	2023

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

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5	J					
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	J					
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
800	tion B. Total Support					<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6.	(0) 2010	(8) 2020	(0) 2021	(4) 2022	(0) 2020	
9 10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
5	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	r the organizati	on's first, secor	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and <b>stop here</b>	<u></u>				<u></u>	
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2023 (line 8	.,	•	.,,		15	%
16	Public support percentage from 2022 Sche	dule A, Part III, lir	ne 15	<u></u>		16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2023 (li					17	%
18	Investment income percentage from 2022					18	%
19 a	331/3% support tests - 2023. If the or	ganization did r	ot check the b	ox on line 14, a	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and <b>stop</b>	here. The orga	nization qualifies	as a publicly su	upported organiza	ation
b	331/3% support tests - 2022. If the org						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization	did not check a	a box on line	14, 19a, or 19b	, check this bo		
JSA 3E122	PUF	31 IC IN	ISPEC	τιον ς	COPY	Schedule	A (Form 990) 2023
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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

58-0633971

### Section A. All Supporting Organizations

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

Page 4

1

2

3a

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2023

Part IV	Supporting Organizations	(continued)

- 11
   Has the organization accepted a gift or contribution from any of the following persons?

   a
   A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

   11a
  - **b** A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

### Section D. All Type III Supporting Organizations

			Yes	No		
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?					
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? <i>If "No," explain in Part VI how</i>					
	the organization maintained a close and continuous working relationship with the supported organization(s).					
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? <i>If "Yes," describe in Part VI the role the organization's</i>					
	supported organizations played in this regard.					

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>						
с	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)						
•	A stratter Test. Annual lines On and Ob to low		Yes	No			
2	Activities Test. Answer lines 2a and 2b below.						
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of						
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> <b>those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined						
	that these activities constituted substantially all of its activities.	2a					

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2b

3a

3b

Yes No

Yes No

11b

11c

1

2

58-	0	63	3	9	7	1
-----	---	----	---	---	---	---

### 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>b</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			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amound	ınt,		
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 Charle have if the surrent upper in the experimetical first as a pain func-	tionally into a	ated Type III supportin	a organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

-	le A (Form 990) 2023				Page <b>7</b>
Part		Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - <i>explain in <b>Part VI</b>)</i> . See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6					
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
1	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
-					

Schedule A (Form 990) 2023

Schedule A (Form 990 or 990-EZ) 2023

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, SECTION A, LINE 1

DURING FISCAL YEAR 2024, IT WAS DISCOVERED THAT THE ARTS CENTER DID NOT RECORD A PLEDGE RECEIVABLE FOR \$15,000,000 THAT EXISTED AT MAY 31, 2023. CORRECTIVE AND PREVENTATIVE ACTIONS HAVE BEEN MADE TO ENSURE COMPLETENESS OF PLEDGE RECEIVABLES GOING FORWARD. THE "2022" COLUMN OF SCHEDULE A, PART II, LINE 1 HAS BEEN UPDATED TO INCLUDE THIS AMOUNT AS GIFTS, GRANTS, CONTRIBUTIONS AND MEMBERSHIP FEES RECEIVED FOR THE TAX YEAR ENDED MAY 31, 2023. THE ORIGINALLY FILED SCHEDULE A, PART II FOR THE MAY 31, 2023 TAX YEAR REPORTED \$67,799,819 ON LINE 1. 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 IN	ICOME					
DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS INCOME	2,811,687.	471,673.	NONE	NONE	NONE	3,283,360.
TOTALS	2,811,687.	·	NONE	NONE	NONE	3,283,360.

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

ROBERT W. WOODRUFF ART	58-0633971			
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion		
	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).

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

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### ROBERT W. WOODRUFF ARTS CENTER, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 1 N/A Person Payroll \$ 5,000,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 N/A Х Person Payroll 5,000,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Х N/A Person Payroll 4,135,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х N/A Person Payroll 2,752,500. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (C) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 5 N/A Х Person Payroll 2,572,612. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Х 6 N/A Person Payroll \$ 2,365,843. Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

Name of organization

Employer identification number

58-0633971

### ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633971 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Х N/A Person Payroll \$ 1,510,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 N/A Х Person Payroll 1,450,375. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Х N/A Person Payroll 1,279,820. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Х N/A Person Payroll 1,302,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023) Name of organization

Employer identification number

(Form 990) (2023)		Page <b>3</b>
-		entification number
	· · · · · ·	0633971
Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is ne	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	     \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	ganization ROBERT W. WOODRUFF ARTS CENTER, INC. Noncash Property (see instructions). Use duplicate copies of (b) Description of noncash property given (c) Description of noncash property given	genization     Employer id       ROBERT W. WOODRUFF ARTS CENTER, INC.     58-       Noncash Property (see instructions). Use duplicate copies of Part II if additional space is ne     (c)       Pescription of noncash property given     (c)       (b)     (c)       Description of noncash property given     (c)       (b)     (c)       (c)     FMV (or estimate)       (c)     FMV (or estimate)       (c)     FMV (or estimate)       (see instructions.)     (c)       (c)     FMV (or estimate)       (see instructions.)     (c)       (c)     FMV (or estimate)       (see instructions.)     (c)       (b)     FMV (or estimate)       (see instructions.)     (see instructions.)       (b)     Description of noncash property given       (c)     FMV (or estimate)       (See instructions.)     (see instructions.)       (b)     FMV (or estimate)       (see instructions.)     (see instructions.)       (see instructions.)     (see instructions.)       (b)     FMV (or estimate)       (see instructions.)     (see instructions.)       (b)     FMV (or estimate)       (see instructions.)     (see instructions.)       (see instructions.)     (see instructions.)

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Schedule B (Form 990) (2023)

Page 3

	3 (Form 990) (2023)			Page <b>4</b>
Name of o	organization			Employer identification number
	ROBERT W. WOODRUFF AR			58-0633971
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	<b>the year from any c</b> ons completing Part e year. (Enter this inf	one contributor. ( III, enter the total ormation once. So	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.
(a) No. from	(b) Purpose of gift	(c) Use o	of aift	(d) Description of how gift is held
Part I				
	Transferee's name, address, a	(e) Transfe	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	-			
	Transferee's name, address, a	(e) Transfe and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	-			
	Transferee's name, address, a	(e) Transfe and ZIP + 4	-	ship of transferor to transferee
				•
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe and ZIP + 4	-	hip of transferor to transferee
				Schodulo B (Form 990) (2022)

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Schedule B (Form 990) (2023)

	e of organization	ganizations: Complete Part III.		Employer ide	entification number
POI	BERT W. WOODRUFF ARI	CENTER INC			633971
Pa	rt I-A Complete if the	organization is exempt unde	r section 501(c) or		
1		the organization's direct and inc			
-	definition of "political camp				
2		expenditures. See instructions		\$	
3		l campaign activities. See instruct			
Pa	rt I-B Complete if the	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organizat	on under section 49	55\$	
2	Enter the amount of any ex	cise tax incurred by organization i	managers under sec	tion 4955\$	
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.	organization is exempt unde	r addition $E01(a)$	$x_{0}$	2)
	•	•		• • • • • •	<i>o</i> ).
1		expended by the filing organization			
2		ing organization's funds contribute			
2		ties			
3		penditures. Add lines 1 and 2. E			
	Total exempt function exp			, init i 120 i OL,	
4	line 17b Did the filing organization f	ile Form 1120-POL for this year?		\$	Yes No
4 5	Did the filing organization f Enter the names, addresse organization made paymer the amount of political cor	ile <b>Form 1120-POL</b> for this year? is and employer identification num nts. For each organization listed, e ntributions received that were pro and or a political action committee	ber (EIN) of all secti nter the amount pa mptly and directly d	on 527 political organiz d from the filing organiz elivered to a separate po	Yes No ations to which the filing zation's funds. Also enter olitical organization, such
-	Did the filing organization f Enter the names, addresse organization made paymer the amount of political cor	ile <b>Form 1120-POL</b> for this year? s and employer identification num nts. For each organization listed, e ntributions received that were pro	ber (EIN) of all secti nter the amount pa mptly and directly d	on 527 political organiz d from the filing organiz elivered to a separate po	Yes No ations to which the filing zation's funds. Also enter olitical organization, such
5	Did the filing organization f Enter the names, addresse organization made paymer the amount of political cor as a separate segregated fu	ile Form 1120-POL for this year? as and employer identification num nts. For each organization listed, entributions received that were pro und or a political action committee	ber (EIN) of all section ther the amount pair mptly and directly do (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	Yes No ations to which the filing zation's funds. Also enter olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
(1)	Did the filing organization f Enter the names, addresse organization made paymer the amount of political cor as a separate segregated fu	ile Form 1120-POL for this year? as and employer identification num nts. For each organization listed, entributions received that were pro und or a political action committee	ber (EIN) of all section ther the amount pair mptly and directly do (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	Yes No ations to which the filing zation's funds. Also enter olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
-	Did the filing organization f Enter the names, addresse organization made paymer the amount of political cor as a separate segregated fu	ile Form 1120-POL for this year? as and employer identification num nts. For each organization listed, entributions received that were pro und or a political action committee	ber (EIN) of all section ther the amount pair mptly and directly do (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	Yes No ations to which the filing zation's funds. Also enter olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5	Did the filing organization f Enter the names, addresse organization made paymer the amount of political cor as a separate segregated fu	ile Form 1120-POL for this year? as and employer identification num nts. For each organization listed, entributions received that were pro und or a political action committee	ber (EIN) of all section ther the amount pair mptly and directly do (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	Yes No ations to which the filing zation's funds. Also enter olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
(1) (2) (3)	Did the filing organization f Enter the names, addresse organization made paymer the amount of political cor as a separate segregated fu	ile Form 1120-POL for this year? as and employer identification num nts. For each organization listed, entributions received that were pro und or a political action committee	ber (EIN) of all section ther the amount pair mptly and directly do (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	Yes No ations to which the filing zation's funds. Also enter olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5 (1) (2) (3) (4)	Did the filing organization f Enter the names, addresse organization made paymer the amount of political cor as a separate segregated fu	ile Form 1120-POL for this year? as and employer identification num nts. For each organization listed, entributions received that were pro und or a political action committee	ber (EIN) of all section ther the amount pair mptly and directly do (PAC). If additional s	on 527 political organiz d from the filing organiz elivered to a separate po pace is needed, provide (d) Amount paid from filing organization's	Yes No ations to which the filing zation's funds. Also enter olitical organization, such information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

## **Political Campaign and Lobbying Activities**

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.

• 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.

SCHEDULE C

(Form 990)

... 1.5 annanination a newarad "Vac" 000 0 ties), then:

Do not complete Part II-B.

II-B. Do not complete Part II-A.

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Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 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:

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activit
<ul> <li>Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. E</li> </ul>
• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part I
If the organization answered "Ves" on Form 990 Part IV line 5 (Provy Tay) (see senarate instructions) or Fo

ഹ 3 12 **Open to Public** Inspection

OMB No. 1545-0047

Sch	nedule C (For	m 990) 2023 ROBERT	W. WOODRUFF ARTS CENT	ER, INC.	58-	-0633971	Page <b>2</b>
Pa	art II-A	Complete if the organizat section 501(h)).	ion is exempt under section	501(c)(3) an	d filed Form 5768 (eleo	ction under	,
Α	Check		elongs to an affiliated group (and e of excess lobbying expenditures)		each affiliated group mem	ber's name, a	address,
В	Check	if the filing organization ch	ecked box A and "limited contro	l" provisions a	pply.		
			oying Expenditures eans amounts paid or incurred.)	)	<b>(a)</b> Filing organization's totals	( <b>b)</b> Affilia group to	
1a	a Total lob	bying expenditures to influence	public opinion (grassroots lobb	ying)			
k	<b>b</b> Total lob	bying expenditures to influence	a legislative body (direct lobbying	וg)			
C	c Total lob	bying expenditures (add lines ?	a and 1b)				
C	d Other ex	empt purpose expenditures					
e	e Total ex	empt purpose expenditures (ad	d lines 1c and 1d)				
f	f Lobbying	g nontaxable amount. Enter th	ne amount from the following	table in both			
	columns						
	If the am	ount on line 1e, column (a) or (b) is	: The lobbying nontaxable amount i	s:			
	not over \$	\$500,000,	20% of the amount on line 1e.				
	over \$50	0,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess	over \$500,000.			
	over \$1,0	00,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess	over \$1,000,000.			
	over \$1,5	00,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess o	ver \$1,500,000.			
	over \$17,	000,000,	\$1,000,000.				
ç	<b>g</b> Grassro	ots nontaxable amount (enter 2	5% of line 1f)				
ł	h Subtract	line 1g from line 1a. If zero or	ess, enter -0-				
i	i Subtract	line 1f from line 1c. If zero or le	ess, enter -0-				
j	j If there	is an amount other than zero	on either line 1h or line 1i, d	id the organiz	zation file Form 4720		
	reporting	g section 4911 tax for this year?	·			Yes	No
			4-Year Averaging Period Under				

### (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)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	<b>(d)</b> 2023	<b>(e)</b> Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
с	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990) 2023

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)).

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a) (b)		(b)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:	х		
a	Volunteers?	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X	
С	Media advertisements?	37	A	
d	Mailings to members, legislators, or the public?	X	5.7	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		25,000.
i	Other activities?		Х	
j	Total. Add lines 1c through 1i			25,000.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	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?			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection
	501(c)(6).	,	-	
				Yes No

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	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 expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

### Part IV Supplemental Information

JSA

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.

SCHEDU	JLE D
(Form 9	90)

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

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

Attach to Form 990.

Open to Public

2

OMB No. 1545-0047

23

Dep	artment of the Treasury		Attach to Form 990.				Open to Public
	rnal Revenue Service	Go to www.irs.gov/l	<i>Form990</i> for instructions a	nd the latest inform			Inspection
	e of the organization				Em	ployer identifica	
	BERT W. WOODRU	JFF ARTS CENTER, INC.				58-06339	971
Pa		tions Maintaining Donor Adv			r Acco	ounts	
	Complete	e if the organization answered					
			(a) Donor advised	d funds		(b) Funds and	other accounts
1		nd of year					
2		of contributions to (during year) .					
3	Aggregate value o	of grants from (during year)					
4	Aggregate value a	at end of year					
5	Did the organizat	ion inform all donors and donor	advisors in writing that	t the assets held	in do	nor advised	
	funds are the orga	nization's property, subject to the	e organization's exclusive	e legal control?			Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in wr	iting that grant f	unds d	can be used	
		e purposes and not for the bene			-		
		nissible private benefit?					Yes No
Pa		tion Easements					
		e if the organization answered					
1	Purpose(s) of con	servation easements held by the	e organization (check all th	at apply).			
	Preservatio	n of land for public use (for example	e, recreation or education)	Preservation	of a h	istorically imp	portant land area
	Protection of	of natural habitat		Preservation	of a c	ertified histor	ric structure
	Preservatio	n of open space					
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservat	ion contribution ir	n <u>the</u> fo	orm of a cons	servation
	easement on the	last day of the tax year.				Held at the	End of the Tax Year
а	Total number of c	onservation easements			2a		
b	Total acreage res	tricted by conservation easements	8		2b		
С	Number of conser	vation easements on a certified	historic structure include	d on line 2a 🚬	2c		
d	Number of conser	vation easements included on lir	ne 2c acquired after July	25, 2006, and			
	not on a historic s	tructure listed in the National Re	gister		2d		
3	Number of conse	rvation easements modified, tra	nsferred, released, extin	guished, or term	inated	I by the orga	anization during the
	tax year						
4	Number of states	where property subject to conse	rvation easement is locat	ed			
5	Does the organiz	ation have a written policy reg	garding the periodic mo	onitoring, inspect	tion, ł	nandling of	
	violations, and enf	orcement of the conservation ea	sements it holds?				Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violation	ons, and enforcing	conse	rvation easem	ents during the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violation	s, and enforcing c	onser	vation easem	ents during the year
8	Does each consei	rvation easement reported on lin	e 2d above satisfy the re	equirements of sec	ction 1	70(h)(4)(B)(i)	
	and section 170(h	)(4)(B)(ii)?					Yes No
9	In Part XIII, descri	be how the organization reports	conservation easements	s in its revenue an	id expe	ense statemer	nt and balance
	sheet, and include	e, if applicable, the text of the foc	tnote to the organizatior	n's financial stater	ments	that describes	s the
		ounting for conservation easeme					
Pa		tions Maintaining Collections			r Sim	ilar Assets	
	Complete	e if the organization answered	"Yes" on Form 990, P	art IV, line 8.			
1a	If the organizatior	n elected, as permitted under FA treasures, or other similar asse	ASB ASC 958, not to re	port in its revenu	ie stat	ement and b	alance sheet works
	of art, historical t	treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibits to its financial statement	bition, education,	or re	search in fu	rtherance of public
h	•	n elected, as permitted under F.					nce chect works of
b	art historical trea	sures, or other similar assets he	Id for public exhibition	education or res	earch	in furtherand	the of public service
		ing amounts relating to these iter			501011	iai ilorant	
	•	ded on Form 990, Part VIII, line 1				\$	
		ed in Form 990, Part X					
2		n received or held works of a					
-	-	s required to be reported under F					
а	Revenue included	on Form 990, Part VIII, line 1.				.\$	
ĥ		Form 990 Part X				Ψ. ¢	

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Schee	dule D (Form 990) 2023 ROBE	ERT W. WOODRUI	FF ARTS CENTER	, INC.		58-0633971	Page <b>2</b>			
Ра	rt III Organizations Maintainir				Other Similar As		)			
3	Using the organization's acquisition collection items (check all that apply	n, accession, and o					·			
а	X Public exhibition	,	d 🛛 Loan d	or exchange	program					
b	X Scholarly research		e Other	• •						
С	X Preservation for future generation	ations								
4	Provide a description of the organ XIII.		and explain how t	they further	the organization's	exempt purpose	in Part			
5	During the year, did the organization	n solicit or receive o	Ionations of art hist	orical treasur	es or other similar	r				
5	assets to be sold to raise funds rathe						X No			
Da	rt IV Escrow and Custodial Ar		anieu as part or the t	Siganizations		163				
ra	Complete if the organizat		es" on Form 990, F	Part IV, line 9	9, or reported an	amount on Forr	n			
	990, Part X, line 21.									
1a	Is the organization an agent, trust									
	included on Form 990, Part X?					Yes	No			
b	If "Yes," explain the arrangement in	Part XIII and comp	plete the following tak	ole.						
					ŀ	Amount				
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year			1e						
f	Ending balance									
2a	0					-	No			
b	If "Yes," explain the arrangement in	Part XIII. Check h	ere if the explanation	has been pro	ovided in Part XIII.	<u></u>				
Pa	rt V Endowment Funds Complete if the organization	tion answered "Ye	es" on Form 990, F	Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three yea	ars back (e) Four ye	ars back			
1a	1a Beginning of year balance         315,176,691.         315,888,139.         368,587,906.         338,497,595.									
-	b Contributions									
c Net investment earnings, gains, and losses         45,364,699         1,025,885         -45,312,746         86,476,265										
d	Grants or scholarships						5,437,073.			
	Other expenditures for facilities									
Ũ	and programs	37,510,743.	14,021,602.	16,292,73	34. 58,181	,534. 29,02	29,025,974.			
f	Administrative expenses									
g	End of year balance.	330,202,876.	315,176,691.	315,888,13	39. 368,587	,906. 338,49	7,595.			
2	Provide the estimated percentage of	of the current year	end halance (line 1g	column (a)) h	held as:	I				
a	Board designated or quasi-endowm									
b	Permanent endowment 12.980									
с	Term endowment 74.1500 %									
	The percentages on lines 2a, 2b, and	nd 2c should equal	100%.							
3a	Are there endowment funds not in t			are held and	administered for th	he				
	organization by:		0			Ye	s No			
	(i) Unrelated organizations?					3a(i)	X			
	(ii) Related organizations?					3a(ii)	X			
b	If "Yes" on line 3a(ii), are the relate						X			
4	Describe in Part XIII the intended us	•								
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ipment			11a. See Form §	990, Part X, line	10.			
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accumulated	(d) Book value				
4 -	Land	(inves	/	ther)	depreciation	10 500	1.0.0			
1a ⊾	Land			26,166.		10,526				
b	Buildings		NONE 272,4	11,240.1	35,904,567.	136,566	, 6/3.			
C	Leasehold improvements			04 140	77 114 100		011			
d	Equipment				77,114,138.	8,310				
e	Other	(a) manufactor 15		48,673.	1,363,322.		<u>,351.</u>			
Tota	I. Add lines 1a through 1e. (Column	(a) must equal Forr	n 990, Part X, line 10	ю, column (B)	<i></i>	155,488	,201.			

Schedule D (Form 990) 2023

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### ROBERT W. WOODRUFF ARTS CENTER, Schedule D (Form 990) 2023 TNC Part VII **Investments - Other Securities** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) HEDGE FUNDS 69,146,303 FMV (B) PRIVATE EQUITY FUNDS 49,275,243 FMV (C) DISTRESSED OPPORTUNITY FUNDS 1,654,466 FMV (D) SENIOR DIRECT LOAN FUNDS FMV NONF (E) REAL ESTATE FUNDS 6,163,067 FMV (F) (G) (H) 126,239,079 Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) **Investments - Program Related** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X **Other Liabilities** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1)Federal income taxes (2) (3) (4)(5) (6)(7)(8) (9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedu	le D (Form 990) 2023 ROBERT W. WOODRUFF ARTS CENTER, INC.	58-0633971	Page <b>4</b>							
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1								
1	Total revenue, gains, and other support per audited financial statements	1								
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а	Net unrealized gains (losses) on investments 2a									
b	Donated services and use of facilities									
с	Recoveries of prior year grants									
d	Other (Describe in Part XIII.)									
е	Add lines 2a through 2d	2e								
3	Subtract line 2e from line 1	3								
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a									
b	Other (Describe in Part XIII.)									
с	Add lines 4a and 4b	4c								
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5								
Part	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.									
1	Total expenses and losses per audited financial statements	1								
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donated services and use of facilities									
b	Prior year adjustments									
с	Other losses									
d	Other (Describe in Part XIII.)									
е	Add lines 2a through 2d	2e								
3	Subtract line 2e from line 1	3								
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a									
b	Other (Describe in Part XIII.) 4b									
c	Add lines 4a and 4b	4c								
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5								
Dart	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

SCHEDULE D, PART III, LINE 1A

THE HIGH MUSEUM OF ART'S COLLECTIONS COMPRISE MORE THAN 19,600 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. THERE WERE NO PROCEEDS FROM DEACCESSIONS OF ART FOR THE YEARS ENDED MAY 31, 2024 AND MAY 31, 2023. SCHEDULE D, PART III, LINE 4

THE HIGH MUSEUM OF ART HAS MORE THAN 19,600 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.

SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART X, LINE 2

JSA

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

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MEASURED USING THE ENACTED RATES AND LAWS THAT WILL BE IN EFFECT WHEN THE DIFFERENCES ARE EXPECTED TO REVERSE. THE ARTS CENTER PROVIDES A VALUATION ALLOWANCE, IF NECESSARY, TO REDUCE DEFERRED TAX ASSETS TO THEIR ESTIMATED REALIZABLE VALUE.

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

ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ESTABLISHES THE CRITERION THAT AN INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN THE ARTS CENTER'S CONSOLIDATED FINANCIAL STATEMENTS. UNDER ASC 740, THE ARTS CENTER IS REQUIRED TO DETERMINE THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN ITS TAX POSITION FOLLOWING AN IRS AUDIT. TAX YEARS OPEN TO EXAMINATION BY TAX AUTHORITIES UNDER THE STATUTE OF LIMITATIONS INCLUDE FISCAL 2021 THROUGH 2024. 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, 2024 AND 2023, FOR UNCERTAIN TAX POSITIONS.

DEFERRED INCOME TAXES ARE PROVIDED FOR DIFFERENCES IN TIMING OF INCOME AND EXPENSES FOR FINANCIAL REPORTING AND INCOME TAX REPORTING PURPOSES. DURING THE YEARS ENDED MAY 31, 2024 AND 2023, THE ARTS CENTER RECORDED A DEFERRED INCOME TAX ASSET RELATING TO TRANSFERABLE GEORGIA FILM PRODUCTION TAX CREDITS IN THE AMOUNT OF \$3,450,756 AND \$3,198,128, RESPECTIVELY, OF WHICH, \$1,911,433 AND \$1,541,860 WAS ALSO RECORDED AS A CREDIT FOR DEFERRED INCOME TAXES DURING THE YEARS ENDED MAY 31, 2024 AND 2023, RESPECTIVELY.

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 2024 AND 2023. THE ARTS CENTER CALCULATED GEORGIA TAX CREDITS IN THE AMOUNT OF \$2,123,814 AND \$1,713,178 RESPECTIVELY FOR FISCAL YEARS 2024 AND 2023. 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

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Part XIII Supplemental Information (continued)

TAX CREDITS IN THE AMOUNT OF \$212,381 As of MAY 31, 2024, AND \$171,318 As

OF MAY 31, 2023.

SCHEDULE F (Form 990)	Statement of Activities Outside the United Statement of Activities Outside the United State Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		OMB No. 1545-0047				
Name of the organization	ntification number						
ROBERT W. WOODRU	33971						
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 14b.							
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to					

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		222,067,833.
	HONE	HONE	INVEDITENTO		22270077000.
(2) EUROPE	NONE	NONE	PROGRAM SERVICES	PRODUCTION COSTS	1,312,383.
(3) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	ART ACQUISITION	293,869.
(4) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	ART ACQUISITION	17,312.
(5) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	PRODUCTION COSTS	2,010.
(6) EUROPE	NONE	NONE	PROGRAM SERVICES	SCOUTING	59,994.
(7) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	SCOUTING	22,198.
(8) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	SCOUTING	5,286.
(9) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	SCOUTING	2,232.
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(</u> 13)					
<u>(</u> 14)					
<u>(</u> 15)					
<u>(</u> 16)					
<u>(17)</u>					
3a Subtotal	NONE	NONE			223,783,117.
b Total from continuation sheets to Part I					
<b>c</b> Totals (add lines 3a and 3b)	NONE	NONE			223,783,117.
For Paperwork Reduction Act Notice, see				Schedule	e F (Form 990) 2023

Schedule F (F Part II	-	(1)	(2)	(3)	(4)	(5)	(6)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
Schedule F (Form 990) 2023 ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633971 Second and the organization answered "Yes" on Form 990, 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 dunlicated if additional snace is needed	(a) Name of organization																	
ROBERT W. WOODRUFF stance to Organizations or recipient who received mon	(if applicable)																	
DRUFF ARTS CENTER, ions or Entities Outsid ed more than \$5 000 P;	(c) Region																	
R, INC. side the United Part II can be d	(d) Purpose of grant																	
5 d States. Comple	(e) Amount of cash grant																	
58-0633971 lete if the orge itional space is	(f) Manner of cash disbursement																	
anization answe needed	(g) Amount of noncash assistance																	
red "Yes" on	(h) Description of noncash assistance																	
<sup>Page</sup> 2 Form 990,	(i) Method of valuation (book, FMV, appraisal, other)																	

Schedule F	Schedule F (Form 990) 2023 ROBERT W	W. WOODRUFF ARTS CH	ENTER, INC.		58-0633	3971		Page 3
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.	to Individuals Outside ditional space is needed.	the United S	tates. Complete	if the organiz	ation answered "Yes	s" on Form 990	, Part IV, line 16.
	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> 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)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
							Sche	Schedule F (Form 990) 2023

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Schedule F (Form 990) 2023	ROBERT	W.	WOODRUFF	ARTS	CENTER,	INC.
Part IV Foreign Fo	orms					

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

Schedule F (Form 990) 2023

SCH	EDULE G		Information Re			-	-	OMB No. 1545-0047	
(Forn	n <b>990</b> )		he organization answer organization entered n				9, or if the	2023	
	ment of the Treasury				or Form 990			Open to Public	
0	Revenue Service	Go	to www.irs.gov/Form9	90 for instru	ctions and t	he latest information.	Employer identificat	Inspection	
	Ū.	UFF ARTS CENTE	DINC				58-06339		
Part		g Activities. Comp		zation ar	swered "	Yes" on Form 99			
		EZ filers are not re	•						
1	Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.		
а	Mail solicita	tions	е	Solic	itation of	non-government g	rants		
b	Internet and	email solicitations	f			government grants	6		
С	Phone solici		g	Spec	cial fundra	ising events			
	<ul> <li>d In-person solicitations</li> <li>2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,</li></ul>								
2 a		tion have a written o es listed in Form 990						Yes No	
b		10 highest paid indi							
		least \$5,000 by the		(					
	<b>(i)</b> Name and addr or entity (fu		(ii) Activity	custody c	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization	
				Yes	No				
1									
2									
3									
Ŭ									
4									
5									
6									
7									
•									
8									
9									
10									
Total									
3		which the organiza	tion is registered o	r licensed	l to solicit	contributions or	has been notified	l it is exempt from	
	registration or lic		5						

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,

KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH,

OK, OR, PA, RI, SC, TN, VA, WA, WV, WI,

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

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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.

			(a) Event #1 WINE AUCTION (event type)	(b) Event #2 ADO GALA (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē				(event type)		
Kevenue	1	Gross receipts	3,188,658.	854,912.	665,379.	4,708,949
r		Less: Contributions	530,500.	178,895.	496,854.	1,206,249
	3	Gross income (line 1 minus line 2)	2,658,158.	676,017.	168,525.	3,502,700
	4	Cash prizes			·	
	5	Noncash prizes				
sus	6	Rent/facility costs	48,112.	1,260.	21,818.	71,190
JIrect Expenses	7	Food and beverages	303,265.	1,086,090.	177,451.	1,566,806
nireci	8	Entertainment	34,732.	10,065.	6,736.	51,533
	9	Other direct expenses	65,667.	21,084.	15,451.	102,202
	10 11	Direct expense summary. Add lir Net income summary. Subtract l	nes 4 through 9 in colu ine 10 from line 3, col	umn (d)		<u>1,791,731.</u> 1,710,969
Par	't III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more tha
Kevenue			<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
2 E K E K E	1	Gross revenue				
ses	2	Cash prizes				
Liadx	3	Noncash prizes				
Ulrect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	9 Yes%	Yes%	

6 Volunteer labor
7 Direct expense summary. Add lines 2 through 5 in column (d)
8 Net gaming income summary. Subtract line 7 from line 1, column (d)

- **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:

Sched	lule G (Form 990 or 990-EZ) 2023 ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633971 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 2	Does the organization have a contract with a third party from whom the organization receives gaming
15 a	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ► \$
с	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	ls 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 🕨 \$
Par	t 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).

(Form 990)       For cartain Officers. Directors, Trustess, Key Employees, and Highest Compession Compession answered "Yes" on Form 990, Part V, Ine 23. Market Brugbyees Graphele if the organization answered "Yes" on Form 990, Part V, Ine 23. Market Brugbyees Graphele instructions and the latest information.       Implice Y dendification unswered 'Yes' on Form 990, Part V, Ine 23. Market Brugbyees Graphele (Strugbee)         ROBRET M.: MCODRUPP ARTS CENTER, TNC.       Spelde3 (Strugbee)       Spelde3 (Strugbee)       Spelde3 (Strugbee)       Spelde3 (Strugbee)         Part Questions Regarding Compensation       Implexer identification number       Spelde3 (Strugbee)       Spelde3 (Strugbee)       Spelde3 (Strugbee)         2 A Check the appropriate box(es) if the organization provided any of the following to or for a parson listed on Form 990, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         2 A Travel for companions       X ravel for companions       X Health or social to bud uses or initiation fees spelant.       1b       X         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustess, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a <sup>2</sup> .       1b       X         3 Indicate which, if any, of the following the organization used to establish the compensation committee       X Written employment contract.       2       X         4 During the year, idia my person listed on Form 990, Part VII. Section A, line 1a, with respect t	SCHI	EDULE J	Compen	sation Information	01	MB No.	1545-0	047
Complete If the organization answerd "Yes" on Form 990, Part V, line 23. <u>Acte to Form 990, Part V, line 23. <u>Complete Jeans</u> <u>Botower, Bances</u> <u>Botower, Bances</u> <u>Botootobem</u> <u>Botoorganization</u> <u>B</u></u>	(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬៣	92	)
Department and the treating intermeter and the stress of the segmentation and the stress information.         Departmeter and the stress of the segmentation number           Name of the segmentation         Constructions Regarding Compensation         Endpoint diministration number           OPERATE M., WOORNEFF ARMS CENTER, INC.         Endpoint diministration number           OPERATE M., WOORNEFF ARMS CENTER, INC.         Statch to Form 390.         Statch to Form 390.           Part Class or charter travel         Housing allowance or residence for personal issed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Image of the boxes on line 1a are chacked, did the organization follow a written policy regarding payments or provision of all of the expenses described above? If "No." complete Part III to route the above? If "No." complete Part III to route the above? If "No." complete Part III to route the above? If "No." complete Part III to route the above? If "No." complete Part III to route the above? If "No." complete Part III to route the above? If "No." complete Part III to route the above? If "No." complete Part III to route the above? If "No." complete Part III to route the above? II To regarding payments in the above? III above? To regarding the tems checked on line 1a?           10         J.         J.         J.         J.         J.         J.           2         Discretions regarding above?         Payments of above? III above?         J.         J.         J.           2         Discretions of constructive Director. Check all that applie thems					3.	ZU	23	)
Name of the organization         Employer identification number 38-0633971           PARI         Ouestions Regarding Compensation         58-0633971           1a         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these thems.         Image of the organization and gross-up payments         Image of the organization requires the organization provide any relevant information regarding these thems.           Image of the organization and gross-up payments         Image of the organization for the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No" complete Part III.         1b         X           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 <sup>2</sup> .         1b         X           2         No the organization to extabilish compensation of the organization or satistic stabilish compensation of the organization or satistic stabilish compensation or the CO/Executive Director, the payment in Part III.         1b         2         X           4a         X         Approval by the board or compensation committee         1b         X           1         Morital employment contract         X         Approval by the board or compensation committee         4a         X			4	Attach to Form 990.	C	-		
ROBERT W. NUODRUFF ARTS CENTER, INC.       58-0633971         Part1       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any relevant information regarding these items.         900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         X       First-class or charter travel         X       Trave informification and gross-up payments         X       Indemnification and gross-up payments         X       Health or social club dues or initiation fees         Discretionary spending account       X         Discretionary spending account       Yes notification fees         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         1a       Compensation committe         X       Compensation committe         X       Compensation committe         X       Compensation committe         X       Form 990 of other organization.         A buring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?         A proval by the board or compensation committee       X         X       Form 990 of other organization?         A parcival by			Go to www.irs.gov/Formas	so for instructions and the latest mornation.	Employer identification	_		n
Part1       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 940, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Image: Tark information and gross-up payments         Image: Tark information and gross-up payment information information information infore calcingregross in a far information infore calcine payment info			ORUFF ARTS CENTER, INC					
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. Compete Part III to provide any relevant information regarding these items.        Yes       No         1a       Check the appropriate box(es) if the organization provided any relevant information regarding these items.        Yes       No         2       First-class or charter travel       Housing allowance or residence for personal teseince bases of personal residence or relevance information fees       Payments for business use of personal residence for vegarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain nequire 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. Bit explain in Part III.       Yes         X       Independent compensation committee       X       Yes         A       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fill or granization?       Yes         A       Participate in or receive payment from a supplemental nonquilified retimemer plan?       4a       X         4b       X       Yes       No         A payretable organization?       For persons listed on Form 990, Part VII, Sect			•			±		
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         X       First-class or charter travel         X       First-class or charter travel         X       Payments for business use of personal residence         Discretionary spending account       Payments for business use of personal residence         Discretionary spending account       Yersonal services (such as maid, chauffeur, chef)         D 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 x         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III.         2       During the year, did any person isted or organization isted organizations         3       Indicate which, if any, of the following the organization used to establish the compensation committee         3       Indicate which any person isted or Check all that apply. Do not check any boxes for methods used by a related organizations         4       Writter melpyoment contract         X       Compensation committee         4       Writter melpyotent contract         X       Compensation committee         4       Writter melpyotent contract         1 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>							Yes	No
<ul> <li>First-class or charter travel</li> <li>Travel for companions</li> <li>Travel for companions</li> <li>Travel for companions</li> <li>Travel for companions</li> <li>Payments for business use of personal use</li> <li>Payments for business use of personal residence</li> <li>Health or social club dues or initiation fees</li> <li>Discretionary spending account</li> <li>If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment</li> <li>To a travel for companions</li> <li>Discretionary spending account</li> <li>If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or resimbursement or reimbursement or prevision of all of the expenses described above? If "No," complete Part III to x</li> <li>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?</li> <li>Indicate which, if any, of the following the organization used to establish the compensation of the organization or satablish compensation or unextlete</li> <li>Compensation survey or study</li> <li>Compensation committee</li> <li>Written employment contract</li> <li>Melependent companisation:</li> <li>Approval by the board or compensation committee</li> <li>Approval by the board or compensation committee</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>the organization?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>the organization?</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of:</li> <li>The organization?</li> <li>Any related organization or the earmings</li></ul>	1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form			
Image: Travel for companions       Payments for business use of prosmal residence         Tax indemnification and gross-up payments       Payments for business use of prosmal residence         Image: Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain a difference in provision of all of the expenses described above? If "No," complete Part III to explain a difference in the system and the organization require substantiation provide the explained described above? If "No," complete Part III to explain a difference in provide the organization is the cEO/Executive Director, regarding the items checked on line ta?         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.         X       Compensation committee         A       Written employment contract         X       Compensation committee         A       Written employment contract         A       Compensation control payment?         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation?         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation?		990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	j these items.			
□       Tax indemnification and gross-up payments       ∑       Health or social club dues or initiation fees         □       Discretionary spending account       ∑       Health or social club dues or initiation fees         □       Discretionary spending account       ∑       Health or social club dues or initiation fees         □       Did the boxes on line 1a are checked, idid the organization follow a written policy regarding payment or provision of all of the expenses described above?       Two," 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?       1b       ×         3       Indicate which, if any, of the following the organization used to establish compensation of the organization?       2       ×         4       Compensation committee       ∑       Written employment contract       2       ×         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       Approval by the board or compensation committee       4b       ×         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization?       4b       ×         6       Participate in or receive payment from an equip-based compensation arrengement?       5b       ×		X First-cla	ss or charter travel	Housing allowance or residence for	personal use			
Discretionary spending account       X       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to xplain		X Travel for	or companions	Payments for business use of person	nal residence			
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?       1b       x         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the OEO/Executive Director, but explain in Part III.       2       x         3       Indicate which, if any, of the following the organization used to establish the compensation of the OEO/Executive Director, but explain in Part III.       2       x         4       M       Compensation consultant       X       Compensation consultant       X       Compensation consultant       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       5a       X         b       Participate in or receive payment from an equity-based compensation arrangement?				X Health or social club dues or initiation	on fees			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Discretio	onary spending account	X Personal services (such as maid, cha	auffeur, chef)			
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?       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, bet kall 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 PAT III.       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in PAT III.       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         3       Indicate which, if any, of the following the organization:       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         3       Indicate which, if any, of the following the organization:       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: 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?       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee <t< th=""><th>b</th><th>or reimburse</th><th>ment or provision of all of the ex</th><th><pre>wpenses described above? If "No," com</pre></th><th>plete Part III to</th><th></th><th></th><th></th></t<>	b	or reimburse	ment or provision of all of the ex	<pre>wpenses described above? If "No," com</pre>	plete Part III to			
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       x         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       x       x         x       Compensation committee       x       Written employment contract       x         x       Independent compensation consultant       x       Compensation committee       x         y       Written employment contract       x       Compensation committee       x         y       Approval by the board or compensation committee       x       4a       x         4a       x       x       4b       x         4b       x       x       4b       x         4a       x       4b       x       4c       x       4b       <		explain				1b	X	
1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       X       X         X       Compensation committee       X       Written employment contract       X       Compensation committee       X       X       Viriten employment contract         X       Form 990 of other organizations       X       Approval by the board or compensation committee       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:       4a       X         B       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         d       T'es' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the ret earnings of:       5b       X         a       The organization?       5a       X	2	•						
<ul> <li>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 ary boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee <ul> <li>Imdependent compensation consultant</li> <li>Compensation companizations</li> <li>Written employment contract</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation corrective payment contract</li> <li>Compensation a related organizations</li> <li>Approval by the board or compensation committee</li> </ul> </li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>The organization?</li> <li>May related organization?</li> <li>May related on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>May related on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>May related on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation reported on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, lin</li></ul>					checked on line	2	v	
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.						2	Λ	
related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee         X       Compensation committee       X         X       Independent compensation consultant       X         X       Form 990 of other organizations       X         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:       4a       X         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:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation confugent on the revenues of:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         5       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:       5a       X         6       Any related organization?       5a       X         5       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:       5a       X	3							
X       Compensation committee       X       Written employment contract         X       Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.       4a       X         b       Participate in or receive payment or change-of-control payment?       4a       X         c       Participate in or receive payment from a supplemental nonqualified relirement plan?       4c       X         c       Participate in or receive payment from a nequity-based compensation pay or accrue any compensation contingent on the revenues of:       5       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:       5a       X         a       The organization?       5a       X         if "Yes" on line 6a or 5b, describe in Part III.       6a       X         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:       5a       X         a       The organization?       5a       X         6       X       6b       X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
X       Independent compensation consultant       X       Compensation survey or study         Approval by the board or compensation committee       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         B       Participate in or receive payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         db       X       C       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         db       X       C       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         db       X       C       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         db       X       C       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         order payment from an equity-based compensation arrangement?       Compensation fort 900, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5b       X         fl "Yes" on line 6a or 6b, describe			•					
X       Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         d       If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         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:       5a       X         a       The organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation?       6a       X         if "Yes" on lin		·						
<ul> <li>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:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from an equity-based compensation arrangement?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>d d x</li> <li>d d</li></ul>			-		tion committee			
organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         d C       X       5c       X         d F <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>			-					
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         dc       X       5c       5c       5c         for parsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation?       6a       X         dc       X       6b <td>4</td> <td>organization c</td> <td>or a related organization:</td> <td>Part VII, Section A, line Ta, with respect to</td> <td>o the ming</td> <td></td> <td></td> <td></td>	4	organization c	or a related organization:	Part VII, Section A, line Ta, with respect to	o the ming			
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       x         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       x         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       x         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:       5a       x         a       The organization?       5a       x         b       Any related organization?       5b       x         if "Yes" on line 5a or 5b, describe in Part III.       6a       x         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:       5b       x         a       The organization?       6a       x         b       Any related organization?       6a       x         b       Any related organization?       6a       x         f" "Yes" on line 6a or 6b, describe in Part III.       7       x         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lin	а			ayment?		4a		Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Construct the persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         5 For persons listed organization?       5a       X         5 Any related organization?       5a       X         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:       5a       X         6 The organization?       6a       X         6 Any related organization?       6a       X         6 May related organization?       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a	b					4b	Х	
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:       5a       X         5       Any related organization?       5b       X         5       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:       5b       X         6       Any related organization?       6a       X         6       May related organization?       6b       X         6       The organization?       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         7       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       7       X         9 <td>С</td> <td>Participate in</td> <td>or receive payment from an equity-bas</td> <td>sed compensation arrangement?</td> <td></td> <td>4c</td> <td></td> <td>Х</td>	С	Participate in	or receive payment from an equity-bas	sed compensation arrangement?		4c		Х
<ul> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c Bit and the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c Bit and the organization?</li> <li>d Bit and the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>d Bit and the organization?</li> <li>d Bit and the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>d Bit and the organization?</li> <li>d Bit and the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>d Bit and the organization?</li> <li>d Bit and the organization?</li> <li>d Bit and the organization pay or accrue any compensities on the net earnings of:</li> <li>a The organization?</li> <li>d Bit and the organization?</li> <li>d Bit and the organization?</li> <li>d Bit and the organization provide any nonfixed payments not describe on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described 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</li> <li>g If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in R</li></ul>		If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
<ul> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c Bit and the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c Bit and the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>d Bit and the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>d Bit and the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>d Bit and the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>d Bit and the organization?</li> <li>d Bit and the organization pay or accrue any compensation provide any nonfixed payments not describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>		Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.				
compensation contingent on the revenues of:       a       Id       Jd         a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       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:       b       A         a The organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6b       X         b Any related organization?       6b       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	5	-			y or accrue any			
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		compensation	contingent on the revenues of:					
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)?	а	The organizati	on?			5a		Х
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)?						5b		Х
compensation contingent on the net earnings of:       Image: compensation contingent on the net earnings of:         a The organization?       6a         b Any related organization?       6b         If "Yes" on line 6a or 6b, describe in Part III.         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7         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       7         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       8       X		If "Yes" on line	e 5a or 5b, describe in Part III.					
a The organization?       6a       X         b Any related organization?       6b       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	6			ion A, line 1a, did the organization pa	y or accrue any			
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       7       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       4       1			<b>.</b>					
If "Yes" on line 6a or 6b, describe in Part III.       Image: constraint of the second consecond consecond consecond constraint of the second constraint of								Х
<ul> <li>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</li> <li>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</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>	b					6b		Х
payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9								
<ul> <li>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</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 g</li> </ul>	7					_		
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	-					7	X	
in Part III	8							
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9						_		
Regulations section 53.4958-6(c)?         9	0		inc 0 did the organization also fol	low the reputtable presumption areas		ð		X
	э					0		
	For P					-	orm 00/	) 2022

Schedule J (Form 990) 2023		ROBERT W	V. WOODRUFF ARTS	RUFF ARTS CENTER, INC. 58-0633971	1 no dundino 1	58-0633971		Page 2
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.	sation ny inc	in must be reported o lividuals that aren't lis	n Schedule J, repoi	t compensation from art VII.	the organization o	n row (i) and from	related organization	is, described in the
Note: The sum of columns (B)(1)-(III) for each listed individual must equal the total [16] (B) (1)-(10) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ach lis	ted individual must equa		amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	on A, line 1a, applicabl	e column (D) and (E) a	amounts for that individ	ual.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
HALA MODDELMOG	Ξ	428,400.	100,000.	NONE	19,800.	1,973.	550,173.	NONE
1 PRESIDENT & CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRIAN WALLEY	Ξ	227,700.	20,000.	NONE	14,862.	19,635.	282,197.	NONE
<b>2</b> CFO - WOODRUFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JENNIFER BARLAMENT	Ξ	364,564.	50,741.	NONE	38,200.	23,443.	476,948.	NONE
<b>3</b> EXECUTIVE DIRECTOR - ASO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRIS MOSES	Ξ	199,708.	7,500.	NONE	12,433.	15,456.	235,097.	NONE
<b>4</b> ARTISTIC DIR - AT BEG 06/2023	(II)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TINASHE BOLDEN	Ξ	170,211.	7,600.	NONE	10,571.	9,050.	197,432.	NONE
<b>5</b> ARTISTIC DIR - AT BEG 06/2023	(II)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL SCHLEIFER	Ξ	366,667.	20,100.	NONE	19,800.	29,402.	435,969.	NONE
6 INTERIM EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RAND SUFFOLK	(i)	694,716.	83,171.	NONE	55,774.	29,160.	862,821.	NONE
7 HIGH MUSEUM DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN AMBO	Ξ	283,361.	35,000.	NONE	11,877.	1,243.	331,481.	NONE
8 CFO - ASO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRADY LUM	E	287,374.	25,000.	NONE	18,743.	29,396.	360,513.	NONE
9 DEPUTY DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KRISTIN HANSEN	E	283,913.	30,000.	NONE	18,186.	1,243.	333,342.	NONE
10 CHIEF DEVELOPMENT OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID COUCHERON	Ξ	266,726.	3,150.	NONE	NONE	10,402.	280,278.	NONE
11 CONCERTMASTER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELEANOR TARVIN	E	221,169.	20,000.	NONE	4,664.	9,300.	255,133.	NONE
12 CHIEF HR OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BETH GIBBS	Ξ	221,169.	20,000.	NONE	9,275.	1,107.	251,551.	NONE
13 GENERAL COUNSEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NICOLE PANUNTI	Ξ	206,424.	15,000.	NONE	13,286.	1,033.	235,743.	NONE
14 VP OF ATLANTA SYMPHONY HALL	Ē	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GRACE SIPUSIC	Ξ	188,000.	12,600.	NONE	11,895.	3,482.	215,977.	NONE
15 VP OF DEVELOPMENT - ASO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALLISON CHANCE	Ξ	189,710.	7,500.	NONE	7,889.	29,124.	234,223.	NONE
16 DIR OF DEVELOP - HIGH MUSEUM	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
							Sche	Schedule J (Form 990) 2023

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Schedule J (Form 990) 2023 ROBERT W. WOODRUFF ARTS CENTER, INC. 58–0633971 Dart II Officere. Directore: Trustees: Kev Employees: and Hichest Commensated Employees. I se duplicate consiss if additional space is needed	ictee	ROBERT W.	W. WOODRUFF ARTS	RTS CENTER, INC.		58-0633971	l al snace is needer	Page 2
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. <b>Note:</b> The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990. Part VII.	satior by inc	n must be reported c lividuals that aren't li ted individual must equi	in Schedule J, repo sted on Form 990, F al the total amount of F	ule J, report compensation from the organization on row (i) and from related organizations, orm 990, Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual.	n the organization c	in row (i) and from	related organization	is, described in the ual.
		(B) Breakdown of W-2 a		1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (b) reported as deferred on prior Form 990
HEIDI SPECKHART	Ξ	177,102.	14,600.	NONE	11,502.	9,968.	213,172.	NONE
1 SR DIR, CORPORATE RELATIONS	(II)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ							
2	<b>(</b>							
	Ξ							
3	(ii)							
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1	(ii)							
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12	(ii)							
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13	(ii)							
	Ξ							
14	(ii)							
	Ξ							
15	(ii)							
	Ξ							
16	(ii)							
							Sche	Schedule J (Form 990) 2023

<pre>de_information. en descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Al udditural information. ULE J, FART I, LINE 4B REE CENTER MAINTAINS A NONQUALIFIED FLAN FOR CERTAIN CURRENT AND REE CENTER MAINTAINS A NONQUALIFIED FLAN FOR CERTAIN CURRENT AND REAMAGEMENT FERSONNEL, THE TOTAL EXPENSE FOR CURRENT REPLOYEES IS 31. 01E J, FART I, LINE 7 BES AND OTHER MANAGEMENT FERSONNEL ARE ELIGIBLE TO PARTICIPATE IN ESS AND OTHER MANAGEMENT FERSONNEL ARE ELIGIBLE TO PARTICIPATE IN ESS.</pre>	Schedule J (Form 990) 2023 Part III Supplemental Information	ROBERT W. WOODRUFF ARTS CENTER, INC.	58-0633971 Page 3
J, PART I, LINE 4B CENTER MAINTAINS A NONQUALIFIED PLAN FOR CERTAIN CURRENT AND UNAGEMENT PERSONNEL. THE TOTAL EXPENSE FOR CURRENT EMPLOYEES IS J, PART I, LINE 7 AND OTHER MANAGEMENT PERSONNEL ARE ELICIBLE TO PARTICIPATE IN	Provide the information, explanation, or for any additional information.	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5	5b, 6a, 6b, 7, and 8, and for Part II. Also complete this p
CENTER MAINTAINS A NONQUALIFIED FLAN FOR CERTAIN CURRENT EMPLOYERS IS UNAGEMENT FERSONNEL. THE TOTAL EXPENSE FOR CURRENT EMPLOYERS IS 5. FART I. LINE 7 AND OTHER MANAGEMENT PERSONNEL ARE ELICIBLE TO FARTICIFATE IN	J, PART I, LINE		
NAGEMENT PERSONNEL. THE TOTAL EXPENSE FOR CURRENT EMPLOYEES IS J, PART I, LINE 7 AND OTHER MANAGEMENT PERSONNEL ARE ELICIELE TO PARTICIPATE IN		Гц	
J, FART I, LINE 7 AND OTHER MANAGEMENT PERSONNEL ARE ELIGIBLE TO PARTICIPATE IN		TOTAL EXPENSE FOR CURRENT EMPLOYEES	
J, FART I, LINE 7 AND OTHER MANAGEMENT PERSONNEL ARE ELICIELE TO PARTICIPATE IN	\$60,831.		
AND OTHER MANAGEMENT PERSONNEL ARE ELIGIBLE TO PARTICIPATE IN	J, PART I, LINE		
		ELIGIBLE TO PARTICIPATE	
	BONUSES.		
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Schedule J (Form 990) 21			
Schedule J (Form 990)20			
Schedule J (Form 990) 20			
Schedule J (Form 990) 20			
			Schedule J (Form 990) 2023

SCHEDULE K (Form 990) Department of the Treasury	S Complete if t	Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide d explanations, and any additional information in Part VI. Attach to Form 990. Go to <i>www irs cov/Form</i> 900 for instructions and the latest information	al Infor answered " tions, and a At	Emental Information on Tax-Exempt Bonds inzation answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990.	m 990, Pé n 990, Pé n 990.	-Exem	<b>ot Bond</b> 4a. Provide VI.	<b>S</b> descriptio	Js,		ō	VIB No. 1545-004 2023 Open to Public Inspection	OMB No. 1545-0047 20 <b>23</b> Open to Public Inspection	
Name of the organization ROBERT W. WOODRUFF	NUFF ARTS CENTER, INC.									Employ 58-	Employer identification number 58-0633971	ication nu 7	umber	
Part I Bond Issues	ues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	e price	(f) Descrip	(f) Description of purpose	se	(g) Defeased		(h) On behalf of	(i) Pooled financing	
										Yes N	× €	<b>N</b>	Yes No	
A DEVELOPMENT AUTHOR.	A DEVELOPMENT AUTHORITIES OF FULTON AND DEKALB	58-1639487		09/24/2009	196,035,351	5,351. REFUND	2/1/02,	4/28/04, 1,	1/16/08	×		×	×	I
B DEVELOPMENT AUTHORITIES OF FULTON CO	ITIES OF FULTON CO.	58-1639487		12/30/2015	43,73	710,329. REFUND	IND 9/24/2009			×		×	×	I
C DEVELOPMENT AUTHORITIES OF	ITIES OF FULTON CO.	58-1639487		01/10/2019	52,33	55,334,175. REFUND	ND A PORTION	I OF 9/24/2009	6003	×		×	×	1
۵														
Part II Proceeds						_								ı
					A		В		ပ			٥		
	ds retired		- - - -	- - - - -	146,45	455,351.								
2 Amount of bon	Amount of bonds legally defeased	· · ·												I
3 Total proceeds of issue		· · ·			196,03	5,351.	43,710,	,329.	55,334	1,175.				I
	Gross proceeds in reserve funds	•	•	• • •										I
	Capitalized interest from proceeds	•		• • •										I
6 Proceeds in re	Proceeds in refunding escrows	•		• • •										I
7 Issuance costs		• • • • • • •	· · ·	• • •	2,04	040,700.	519	,194.	53	9,612				I
	Credit enhancement from proceeds	· · · ·	•		5	71,651.								1
	Working capital expenditures from proceeds	•	-	-										I
	Capital expenditures from proceeds	· · · · · · · · · · · · · · · · · · ·												1
	oceeds	•	•		188,63	:1,750.	43,191	,135.	54,794	1,563.				1
	· · ·	· · · ·	· · ·	• • • •										I
13 Year of substa	Year of substantial completion	-	•	•		;		;	-	:	;			Т
11 Mara tha han	Mare the honde issued as nort of a refunding	icello of	tav evemnt honde	nde (or	Yes	No	Yes	oN	Yes	٥ ۷	Yes		No	ī
	Were use bound issued as part of a returning if issued prior to 2018, a current refunding issue)?				~		~		~					
15 Were the bor	Were the bonds issued as part of a refunding	issue of	taxable bonds (or,	s (or, if	4		4		4					I.
issued prior to	issued prior to 2018, an advance refunding issue)?		•			Х		Х		Х				I
16 Has the final al	Has the final allocation of proceeds been made?		•		X		Х		Х					
17 Does the organization ma final allocation of proceeds?	Does the organization maintain adequate books and records to final allocation of proceeds?	ooks and recor		support the	×		×		×					
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	. Form 990.								0	schedule	K (Form	Schedule K (Form 990) 2023	m

# PUBLIC INSPECTION COPY

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1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			L D L L L L L L L L L L L L L L L L L L	CENTER				
	A			В		c	D	
which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
		×		X		×		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		×		X		Х		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		×		Х		×		
<b>b</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?		×		×		×		
<b>d</b> 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?								
<b>4</b> 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		%		%		%		%
<b>5</b> 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 provernment	~	00E0	~	% UUEU	~	% UUEU		8
6 Total of lines 4 and 5	• •				1 0			%
		×		Х		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental personother than a 501(c)(3) organization since the bonds were issued?	X		×		×			
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	7.	8644 %		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	×			×		×		
<b>9</b> 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?	×		×		×			
Part IV Arbitrage								
	<b>▼</b>  -	:		- <b>8</b>		: _	•  -	:
1 Has the issuer filed Form 8038-1, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	<b>°</b> ×	Yes	or ×	Yes	on ×	Yes	No
a Rebate not due yet?		×		Х		X		
b Exception to rebate?		×	×		×			
		$\times$		×		$\times$		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
a variable rate issue?	×			×		×		

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Schedule K (Form 990) 2023 Date IV Arhitrade (Continued)	TITEL MOODILLE	С Ц Ц Ц Ц	С Б Е И С С С				Page <b>3</b>
		CTVIC					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified <b>Ye</b>	Yes No	Yes .	No	Yes	No	Yes	No
ue?	×		Х		×		
b Name of provider							
c Term of hedge.	-			-		-	
d Was the hedge superintegrated?							
e Was the hedge terminated?							
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	×		×		×		
b Name of provider							
c Term of GIC							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
6 Were any gross proceeds invested beyond an available temporary period?	×		×		×		
7 Has the organization established written procedures to monitor the							
8?	~	×		X			
rtake Corrective Action		-		-			
	A		B	0			
	Vec No	Yes	Q	Yes	QN	Yes	UN N
of fodoral tox requirements or timely identified and corrected the triangle the		60-		60-		60-	
program if self-remediation							
Js?	×		×		×		
15	stions on Sch	edule K. Se	e instructic	ons.			
DUBLIC INSPECTION COPY	ION CO	γq			Sc	Schedule K (Form 990) 2023	m 990) 2023

2023	
990) 2	
(Form	
chedule K	

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

SCHEDULE K, PART I, LINE A

NONE OF THE BONDS WAS APPLIED AS AN "ON BEHALF OF" ISSUER, AND NO PORTION PRINCIPAL \$5,235,000 OF DEVELOPMENT AUTHORITY OF DEKALB COUNTY BONDS, WOODRUFF ARTS CENTER, INC. UNDER TREASURY REGULATION SECTION 1.150-1(C), ON SEPTEMBER 24, 2009, THE DEVELOPMENT AUTHORITIES OF FULTON AND DEKALB COUNTIES ISSUED THREE SERIES OF BONDS FOR THE BENEFIT OF THE ROBERT W. THE THREE SERIES OF BONDS WERE CONSIDERED A SINGLE "ISSUE" FOR FEDERAL INCOME TAX PURPOSES AND ARE SHOWN COLLECTIVELY ON LINE A. THE RELEVANT 359900ZL4, HAS BEEN REDEEMED, BUT NO OTHER PORTION HAS BEEN DEFEASED A PORTION OF THE DEVELOPMENT AUTHORITY OF FULTON COUNTY BONDS, CUSIP INFORMATION REGARDING THE SEPARATE SERIES OF BONDS IS AS FOLLOWS: DESCRIPTION OF PURPOSE: REFUND 2/1/02, 4/28/04, 1/16/08 ISSUER NAME: DEVELOPMENT AUTHORITY OF DEKALB COUNTY ISSUER NAME: DEVELOPMENT AUTHORITY OF FULTON COUNTY ISSUER NAME: DEVELOPMENT AUTHORITY OF FULTON COUNTY ISSUER NAME: DEVELOPMENT AUTHORITY OF FULTON COUNTY DESCRIPTION OF PURPOSE: REFUND 9/24/09 DESCRIPTION OF PURPOSE: REFUND 2/1/02 DESCRIPTION OF PURPOSE: REFUND 2/1/02 CUSIP 240463JG5, WAS REPAID ON 3/15/2015. ISSUE PRICE: \$125,692,191 ISSUE PRICE: \$43,710,329 ISSUE PRICE: \$65,000,000 DATE ISSUED: 12/30/2015 ISSUE PRICE: \$5,343,160 ISSUER EIN: 58-1500666 ISSUER EIN: 58-1639487 ISSUER EIN: 58-1639487 ISSUER EIN: 58-1639487 DATE ISSUED: 9/24/09 DATE ISSUED: 9/24/09 DATE ISSUED: 9/24/09 CUSIP #: 240463JG5 CUSIP #: 3599002Q3 CUSIP #: 359900ZL4 CUSIP #: 3599007B7 THE (D) ( 또)  $(\Box)$ (Е Э (A)  $\widehat{B}$  $\widehat{\mathbb{O}}$ (н Ш (A) Ê ΰ  $\widehat{\Box}$ ΰ  $\widehat{\Box}$ Ê Ē A) я Ш  $\widehat{U}$ ы Ē A) Ê (н Е

OF THE BONDS WAS A "POOLED FINANCING."

SCHEDULE K, PART II, LINE 1

R P 359900ZQ3, IN THE AMOUNT OF \$57,600,000 WAS REDEEMED ON MARCH 15, 2016. 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 PORTION OF THE DEVELOPMENT AUTHORITY OF FULTON COUNTY BONDS, CUSIP

SCHEDULE K, PART IV, LINE 2

SEPTEMBER A REBATE COMPUTATION SHOWING NO AMOUNT DUE WAS PERFORMED AS OF 24, 2014. Schedule K (Form 990) 2023

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

23

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. Open to Public

2

Department of the Treasury Internal Revenue Service Name of the organization

## ROBERT W. WOODRUFF ARTS CENTER, INC.

Employer identification number 58-0633971

Par	t Types of Property			1	1		
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of dete noncash contributio		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
-	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		74	2,830,334.	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 )		11.	97,961.			
26	Other ()						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for			
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29		
						Yes	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least 3	•			· ·		
	used for exempt purposes for the e		period?		30a		Х
b	If "Yes," describe the arrangement i						
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard		
	contributions?					Х	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or s	sell noncash		
	contributions?				32a	X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a	) is checked,		
	describe in Part II.						
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Fe	orm 990	)) 2023

1.000 3370FZ 9242 03/21/2025 DELIC 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.

SCHEDULE M, PART I, LINE 1

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

SCHEDULE M, PART I, 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.

SCHEDULE M, PART I, COLUMN (B)

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS THE ORGANIZATION RECEIVED.

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

SCHEDULE M, PART I	- OTHER NON	CASH CONTRIBUTIONS	3	
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FOOD & BEVERAGE	X	8	73,411.	 FMV
GIFT CARD	Х	1	1,000.	FMV
JEWELRY	Х	1	4,200.	FMV
ROOM REFRESHER	Х	1	19,350.	FMV
TOTALS		11.	97,961.	
	===			

# Supplemental Information to Form 990 or 990-EZ

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



Department of the Internal Revenue		► Infor	mation about	Schedule O (Form 990 or 990-EZ) and its instructions is at www.ira	s.gov/form990.	Inspection
Name of the organ	ization				Employer identi	fication number
ROBERT W.	WOODRUFF	ARTS	CENTER,	INC.	58-063	3971

## FORM 990, PART VI, SECTION A, LINE 2

JAMES W. BOSWELL AND JOSHUA M. KAMIN - BUSINESS RELATIONSHIP JANINE BROWN AND ANGELA SPIVEY - BUSINESS RELATIONSHIP LARRY MARK AND JOHN MURPHY - BUSINESS RELATIONSHIP ALDO LAFIANDRA AND LIZANNE THOMAS - BUSINESS RELATIONSHIP KURT P. KUEHN AND LAURA LANE - BUSINESS RELATIONSHIP

## FORM 990, PART VI, SECTION B, 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.

## FORM 990, PART VI, SECTION B, 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.

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

## Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irr</li> </ul>	s.gov/form990. Inspection
Name of the organization		Employer identification number
ROBERT W. WOODRUFF	ARTS CENTER, INC.	58-0633971

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 CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE TRUSTEE,

Department of the Treasury

## 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.



Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.in	s.gov/form990. Inspection
Name of the organization		Employer identification number
ROBERT W. WOODRUE	'F ARTS CENTER, INC.	58-0633971

OFFICER, EMPLOYEE, OR OTHER REPRESENTATIVE HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

## FORM 990, PART VI, SECTION B, LINES 15A & 15B

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.

## FORM 990, PART VI, SECTION C, 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.

### FORM 990, PART XI, LINE 8

(806,493) WRITE OFF OF PRIOR YEAR PLEDGES

# 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.

2 3 **Open to Public** 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. Inspection Name of the organization Employer identification number ROBERT W. WOODRUFF ARTS CENTER, INC. 58-0633971

+ 13,452,517 RESTATEMENT OF AUDITED FINANCIAL STATEMENTS

\_\_\_\_\_

12,646,024

## FORM 990, PART XI, LINE 9

- CHANGE IN INTEREST RATE SWAP VALUE 2,222,271
- +2,426,273 CHANGE IN SPLIT INTEREST AGREEMENTS
- 2,604,540 CHANGE IN MINIMUM PENSION LIABILITY +

7,253,084

OMB No. 1545-0047

Schedule O (Form 990 or 990-EZ) 2023			Page 2
Name of the organization		Employer identification number	
ROBERT W. WOODRUFF ARTS CENTER, IN	NC.	58-0633971	

FORM 990, PART III - PROGRAM SERVICE \_\_\_\_\_\_

## LINE 4B, PROGRAM SERVICE \_\_\_\_\_

HIGH MUSEUM OF ART: LOCATED IN THE HEART OF ATLANTA, THE HIGH MUSEUM OF ART CONNECTS WITH AUDIENCES FROM ACROSS THE SOUTHEAST AND AROUND THE WORLD THROUGH ITS DISTINGUISHED COLLECTION, DYNAMIC SCHEDULE OF SPECIAL EXHIBITIONS AND ENGAGING COMMUNITY-FOCUSED PROGRAMS. HOUSED WITHIN FACILITIES DESIGNED BY PRITZKER PRIZE-WINNING ARCHITECTS RICHARD MEIER AND RENZO PIANO, THE HIGH FEATURES A COLLECTION OF MORE THAN 19,000 WORKS OF ART, INCLUDING AN EXTENSIVE ANTHOLOGY OF 19TH- AND 20TH-CENTURY AMERICAN FINE AND DECORATIVE ARTS; MAJOR HOLDINGS OF PHOTOGRAPHY AND FOLK AND SELF-TAUGHT WORK, ESPECIALLY THAT OF ARTISTS FROM THE AMERICAN SOUTH; BURGEONING COLLECTIONS OF MODERN AND CONTEMPORARY ART, INCLUDING PAINTINGS, SCULPTURE, NEW MEDIA AND DESIGN; A GROWING COLLECTION OF AFRICAN ART, WITH WORK DATING FROM PREHISTORY THROUGH THE PRESENT; AND SIGNIFICANT HOLDINGS OF EUROPEAN PAINTINGS AND WORKS ON PAPER. 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 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. 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.

Schedule O (Form 990 or 990-EZ) 2023		Page 2
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,

Schedule O (Form 990 or 990-EZ) 2023		Page 2
Name of the organization	Emplo	yer identification number
ROBERT W. WOODRUFF ARTS CENTER, INC.	58-	-0633971
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHES		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ALLIED UNIVERSAL SECURITY SERVICES PO BOX 828854 PHILADELPHIA, PA 19182	SECURITY	2,663,858.
BASESIX SYSTEMS, LLC 2053 FRANKLIN WAY SE MARIETTA, GA 30067	TECHNOLOGY	825 <b>,</b> 675.
AEG LIVE, LLC 425 WEST 11TH ST, STE 300 LOS ANGELES, CA 90015	CONTRACTED SERVICES	718,160.
PERKINS + WILL INC 410 MICHIGAN AVE, #1600 CHICAGO, IL 60605	ARCHITECTURE SERVICE	560,220.
NATHALIE STUTZMANN CHEMIN DES CRETS DE, CHAMPEL 38 GENEVA SWITZERLAND CH 1206	SYMPHONY DIRECTOR	696,391.

Schedule O (Form 990 or 990-EZ) 2023			Pa
Name of the organization		Employe	r identification number
ROBERT W. WOODRUFF ARTS CEN	TER, INC.	58-0	633971
FORM 990, PART X - INVESTMENTS - PUP	BLICLY TRADED SECURITIES		
	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV
CASH & EOUIVALENTS	31,476,912.	77,536,365.	
EQUITY SECURITIES- DOMESTIC	32,727,565.	61,054,241.	
COMMINGLED FUNDS	229,302,100.	196,772,009.	
REAL ASSET FUNDS	5,009,583.	5,035,213.	
TOTALS			
	298,516,160.	340,397,828.	

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	nizations an	d Unrelated	Partnershi	<b>ps</b> 6, or 37.	_	OMB No. 1545-0047
	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.	Attach to Form 990. 90 for instructions and the late	st information.			Open to Public Inspection
Name of the organization					Employer ider	Employer identification number
ROBERT W. WOODRUFF ARTS CENTER, INC.					58-0633971	971
Part I Identification of Disregarded Entities. Complete if the	the organization answered "Yes" on Form 990, Part IV, line 33.	wered "Yes" on Fe	orm 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, LLC85-1280 PEACHTREE ST NEATLANTA, GA 30309	-3846658	INVESTMENT	C C C	894,742.	NONE	WOODRUFF ART
EATRE PRODUCTIONS, LLC ST NE ATLANTA, GA 300	-4027099		GA	1,016,711.	NONE	
(3)						
(4)						
(5)						
(6)						
Part II one or more 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.	Complete if the or le tax year.	ganization answe	red "Yes" on Fo	orm 990, Part IV,	line 34, because	it had
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> 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 (Å) (3)	WAC	×
(2)						
(3)						
(4)						
(5)						
(6)						
(2)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	90.	_			Schedule R	Schedule R (Form 990) 2023

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Schedule R (Form 990) 2023	ROE	ROBERT W.	WOODRUFF ARTS	IS CENTER,	R, INC.		58-0	58-0633971			Page 2
Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organizations the tax year because it had one or more related organizations treated as a partnership during the tax year.	ated Organization or more related org	s Taxable anizations		<b>ip.</b> Comple artnership d	ete if the luring the	organizatio e tax year.	<b>Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ted as a partnership during the tax year.	s" on Form	1 990, Part IV,	line 34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	nant slated, slated, from fer 2 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(1)											
Part N Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	lated Organization	s Taxable lated orga	as a Corporati nizations treate	<mark>on or Trus</mark> t d as a corp	t. Compl	ete if the or or trust durir	<b>Corporation or Trust.</b> Complete if the organization answered "Yes" ons treated as a corporation or trust during the tax year.	ered "Yes"	on Form 990, Part IV,	Part IV,	
( Name, address, and El	(a) Name, address, and EIN of related organization		(b) Primary activity		aign	(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 sets ownership	ge Section 512(b)(13) entrity? Yes No
(1) E P MCBURNEY TRUST	58-6029235	35									
303 PEACHTREE ST ATLANTA, GA 30308			TRUST-INVESTING	TING GA	A TRUIST	IST	TRUST		8,891,654	654.	×
(2) E P MCBURNEY TRUST	58-6029260	60									
A, GA	30308		TRUST-INVESTING	TING GA	A TRUIST	IST	TRUST		1,444,212	212.	×
(3) LUCY CLAIR HARRIS TRUST	58-6163824	24							7		;
(4) CHARITABLE REMAINEDER TRUST (4)	T (4) 6999999	66	SNTTCHANT_TONT	SNIT T		OBJEJ CTTEM	TRUAT		000 000 1		<
			TRUST-INVESTING	TING		VARIOUS	TRUST				×
(5)											
(6)											
(2)											
			_	-					Sched	Schedule R (Form 990) 2023	990) 2023

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Schedule R (Form 990)	2023
chedule I	(066
chedule I	(Form

58-0633971

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

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes No	
	ated organizations liste	ed in Parts II-IV?			
a Receipt of (I) interest. (II) annuities. (III) rovalties. or (Iv) rent from a controlled entity.			1a	×	
			1b	×	1
			- <del>-</del>	>	1
				< >	1
d Loans or loan guarantees to or for related organization(s)			P	4	Т
e Loans or loan guarantees by related organization(s)				$\times$	1
f Dividends from related organization(s)	-	•	- - -	×	1
g Sale of assets to related organization(s).			19	×	
			1h	X	
i Exchange of assets with related organization(s)			1i	×	
i Lease of facilities equipment or other assets to related ornanization(s)			;	×	1
		•			
k I ease of facilities equipment or other assets from related organization(s)			1 k	×	
			= =		1
					1
				<b>4</b> 7	L
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			4 1 1	×	1
o Sharing of paid employees with related organization(s)			10	$\times$	1
<b>p</b> Reimbursement paid to related organization(s) for expenses.			1p	×	
	-	· · · · · · · · · · · · · · · · · · ·		×	
r Other transfer of cash or property to related organization(s).	•		1r	×	
			1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	line, including covere	ed relationships and transacti	ion threshold	s.	1
	(b) Transaction	(c) Amount involved	(d) Method of determining	rmining	1
	type (a - s)		amount involved	olved	
(1)					1
(2)					Т
(3)					
					1
(4)					1
					1
(6)					1
		Sched	Schedule R (Form 990) 2023	990) 2023	n
	UPY				

	al assets	(k) Percentage ownership																			
	l by tot		s No														 	_			
	asured		Yes														 	_			
line 37.	activities (mea	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)																			100
 ב	of its	(h) Disproportionate allocations?	°N																		
о, га	rcent	(h Disprope alloca	Yes																		
" on Form 99	e than five pe ships.	(g) Share of end-of-year assets																			
swered "Yes	onducted mor stment partner	(f) Share of total income																			
on an	tion c inves	(e) Are all partners section 501(c)(3) organizations?	Ŷ							+								$\uparrow$		1	
nizatıc	ganiza ertain	(e) Are all partners section 501(c)(3) organizations?	Yes																		
ete if the orga	Jh which the org g exclusion for c	(d) Predominant income (related, unrelated, excluded from tax under	sections 512 - 514)																		
ership. Comple	rtnership throug uctions regardin	(c) Legal domicile (state or foreign country)																			
xable as a Partn∉	ntity taxed as a pa inization. See instru	(b) Primary activity																			
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																			
Part V	<sup>o</sup> rovide or gross			(1)	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)		(15)	(16)	

# PUBLIC INSPECTION COPY

58-0633971

ROBERT W. WOODRUFF ARTS CENTER, INC.

Page 4

Part VIISupplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.

PART II: RELATED TAX-EXEMPT ORGANIZATION

ENCORE PARK FOR THE ARTS, INC. OPERATES ON A CALENDAR YEAR BASIS AND FILED ITS FORM 990 AS FINAL FOR CALENDAR YEAR 2023, COMPLETE WITH SCHEDULE N AND CERTIFICATE OF DISSOLUTION FROM THE STATE OF GEORGIA.

Taxpayer's Na ROBER'		FF ARTS CEN	JTER, T	NC					Identify	ing Number 3971
	OF PROPERTY	<u>11 11(10 011</u>	<u> </u>					0		0072
MISC	FINANCIAL I	NVESTMENT A	ACTIVIT	IES						
Yes		ctively participate in th	ne operation	of the ac	ctivity c	luring the tax year?				
TYPE OF PROP	PERTY:									
				_ · ·	• • •		• • • •			
OTHER INCOM	1E:									
OTHER EXPEN		<u></u>					<u></u>		••	
	020.									
						0.00				
	. ,						15.			
	•		• • • • • •	• • • •	• • •	• •				
AMORTIZATIC										
										9,305.
		E (LOSS)								-9,305.
Less Amount t	to									
Rent or R	oyalty									
-										
									•	-9,305.
		e)							•	9,303.
SCHEDULE	FOR DEPRECIAT									
		(b) Cost or	(c) Date	(d)	(e)	(f) Basis for	(g) Depreciation	(h)	(i) Life	(j) Depreciation
(a) De	scription of property	unadjusted basis	acquired	ACRS des.	Bus. %	depreciation	in prior years	Method	or rate	for this year
SEE STA	ATEMENT									
					1					
Totals										9,305.

# 3370FZ 9242 03/21/2025 T0 24:50 523-7:10 81506 PY

Taxpayer's Name ROBERT W. WO	OODRUFF ARTS C	ENTER, I	NC.					Identify	ing Number 3971
DESCRIPTION OF PROPER	RTY								
	AND GARAGES		- 6 41						
Yes No I TYPE OF PROPERTY:	Did you actively participate i	n the operation	or the ac		uning the tax year?				
TIPE OF PROPERTY.									
OTHER INCOME:			_ ••	• • •		••••			
TOTAL GROSS INCOME									
OTHER EXPENSES:									
					. 8,48				
•	BELOW)					·J.			
AMORTIZATION	tion			• • •	••				
	tion								
•									
	tion								
									8,485.
	Y INCOME (LOSS)								-8,485.
Less Amount to									
Rent or Royalty									
-									
	xpense								
-									
	Others							•	0 405
	e (Loss)						• • • •	•	-8,485.
SCHEDULE FOR DEP	Applicable)							•	
	(b) Cost or	(c) Date	(d)	(e)	(f) Basis for	(g) Depreciation	(h)	(i) Life	(j) Depreciation
(a) Description of pro	unadjusted basis	acquired	ACRS	Bus.	depreciation	in	Method	or	for this year
			des.	70		prior years		rate	
SEE STATEMEN	Г								
				-					
Totals			<u> </u>	L		1	1		8,485.

# 3370FZ 9242 03/21/2025 T0 24:50 523-7:10 81506 PY

Taxpayer's Name ROBERT W. WOODRU		Identifying Number 58-0633971							
DESCRIPTION OF PROPERTY GIFT STORE									
	ctively participate in th		of the ar	stivity c	luring the tax year?				
TYPE OF PROPERTY:					idning the tax year:				
OTHER INCOME:			_ ••	•••					
TOTAL GROSS INCOME									
OTHER EXPENSES:	<u> </u>				<u> </u>	<u> </u>		••	
						0			
DEPRECIATION (SHOWN BELOW)						8.			
LESS: Beneficiary's Portion				• • •	•••				
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									26,928.
TOTAL RENT OR ROYALTY INCOM									-26,928.
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense						-			
Other Expenses						-			
Net Income (Loss) to Others . Net Rent or Royalty Income (Loss)									-26,928.
Deductible Rental Loss (if Applicabl								:	201920.
SCHEDULE FOR DEPRECIAT									
(a) Description of property	(b) Cost or	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciation
	unadjusted basis	acquired	des.	%	depreciation	prior years	Method	rate	for this year
SEE STATEMENT									
		1							
Totals	<u> </u>	<u> </u> .	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	26,928.

# 3370FZ 9242 03/21/2025 00 124:50 ECTION COPY

Taxpayer's Name									ing Number				
ROBERT W. WOODRU	ROBERT W. WOODRUFF ARTS CENTER, INC. 58-06												
DESCRIPTION OF PROPERTY													
Yes No Did you ac	tively participate in the	e operation o	of the ac	tivity d	luring the tax year?								
TYPE OF PROPERTY:													
OTHER INCOME:													
TOTAL GROSS INCOME													
OTHER EXPENSES:													
DEPRECIATION (SHOWN BELOW)													
LESS: Beneficiary's Portion				• • •	••								
LESS: Beneficiary's Portion													
DEPLETION LESS: Beneficiary's Portion													
TOTAL EXPENSES													
TOTAL RENT OR ROYALTY INCOME													
Less Amount to	(=====)	<u></u>											
Rent or Royalty													
Depreciation													
Depletion													
Investment Interest Expense													
Other Expenses													
Net Income (Loss) to Others .								•					
Net Rent or Royalty Income (Loss)								•					
Deductible Rental Loss (if Applicable SCHEDULE FOR DEPRECIAT													
SCHEDULE FOR DEPRECIAT													
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year				
1		1	1	1		1	1	1	1				

# 3370FZ 9242 03 P21 2025 C0 124 50 F23-7 10 N 150 PY

Taxpayer's Name ROBERT W. WOOD	RUFF ARTS CEN	JTER. T	NC					Identify	ing Number 3971
DESCRIPTION OF PROPERTY									00,12
EVENTS AND CAT	ERING								
Yes No Did ye	ou actively participate in th	ne operation	of the ac	ctivity c	luring the tax year?				
TYPE OF PROPERTY:									
			· ·	• • •					
OTHER INCOME:									
TOTAL GROSS INCOME	<u></u>				<u></u>	<u></u>		••	
OTHER EXPENSES:									
DEPRECIATION (SHOWN BELC	DW)				53,80	)6.			
LESS: Beneficiary's Portion					••				
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									53,806.
TOTAL RENT OR ROYALTY INC	COME (LOSS)				<u></u>	<u></u>			-53,806.
Less Amount to Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expen									
Other Expenses									
Net Income (Loss) to Othe									
Net Rent or Royalty Income (Lo									-53,806.
Deductible Rental Loss (if Appli									
SCHEDULE FOR DEPREC	CIATION CLAIMED								
			(d)	(0)		(a) Depresiation		(i) Life	
(a) Description of property	(b) Cost or	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciation
	unadjusted basis	acquired	des.	%	depreciation	prior years	Method	rate	for this year
SEE STATEMENT									
Totals									53,806.

# 3370FZ 9242 03 P21 2025 C0 124 50 F2 -7 10 N 150 6 PY

Taxpayer's Name									ing Number				
ROBERT W. WOODRU	ROBERT W. WOODRUFF ARTS CENTER, INC. 58-06												
DESCRIPTION OF PROPERTY													
Yes No Did you ac	tively participate in the	e operation o	of the ac	tivity d	luring the tax year?								
TYPE OF PROPERTY:													
OTHER INCOME:													
TOTAL GROSS INCOME													
OTHER EXPENSES:													
DEPRECIATION (SHOWN BELOW)													
LESS: Beneficiary's Portion				• • •	••								
LESS: Beneficiary's Portion													
DEPLETION LESS: Beneficiary's Portion													
TOTAL EXPENSES													
TOTAL RENT OR ROYALTY INCOME													
Less Amount to	(=====)	<u></u>											
Rent or Royalty													
Depreciation													
Depletion													
Investment Interest Expense													
Other Expenses													
Net Income (Loss) to Others .								•					
Net Rent or Royalty Income (Loss)								•					
Deductible Rental Loss (if Applicable SCHEDULE FOR DEPRECIAT													
SCHEDULE FOR DEPRECIAT													
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year				
1		1	1	1		1	1	1	1				

# 3370FZ 9242 03 P21 2025 C0 124 50 F23-7 10 N 150 PY

# RENT AND ROYALTY SUMMARY

\_\_\_\_\_

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME 
MISC FINANCIAL INVES PARKING LOT AND GARA GIFT STORE EVENTS AND CATERING		9,305. 8,485. 26,928. 53,806.		-9,305. -8,485. -26,928. -53,806.
TOTALS		98,524.		-98,524. ========

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