# ATLANTA BALLET, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED JULY 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 JUNE 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.

### Form **8879-TE**

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

For calendar year 2023, or fiscal year beginning 08/01/2023 and ending 07/31/2024

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

JSA.

3X3008 3.000

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 58-1047778 ATLANTA BALLET, Name and title of officer or person subject to tax PAMELA WHITACRE, COO/CFO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . 1b 1a Form 990 check here Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . Form 990-PF check here 4a 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). . . . . . . Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 10a Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that | X | I am an officer of the above entity or | I am a person subject to tax with respect to (name of entity) 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 SMITH & HOWARD ADVISORY, to enter my PIN 11 | 7 | 2 | 2 | 8 | as my signature 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. 06/15/2025 Signature of officer or person subject to tax 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 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. Date ERO's signature 06/15/2025 **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.

Department of the Treasury Internal Revenue Service

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

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

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

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

OMB No. 1545-0047 Inspection

A F	or th	e 2023 calendar year, or tax year beginning $08/01/2023$ and endir	ng		07/31	/2024	
_		C Name of organization	D E	mployer ide	entificatio	n number	
B c	heck if ap	plicable: ATLANTA BALLET, INC.					
	Addre			58-	-10477	78	
	7 '	change Number and street (or P.O. box if mail is not delivered to street address) Room/suite	ΕT	elephone ni	umber		
	Initial	return 1695 MARIETTA BOULEVARD NW		(40	04)873	3-5811	
	Termi	City or town, state or province, country, and ZIP or foreign postal code		,	,		
	Amen		G	Gross receipt	ts \$ 1.	3,791,1	97.
	Applic	F Name and address of principal officer.	H(a)	Is this a grou	up return for		$\overline{}$
	pendi	1695 MARIETTA BOULEVARD NW, ATLANTA, GA 30318	H(b)	subordinates Are all subord		Yes	$\overline{}$
$\overline{}$	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 52				instructions)	
J		te: WWW.ATLANTABALLET.COM		Group exemp	otion numbe	er 🕨	
			f formation: 1				: GA
$\overline{}$	art I	Summary	r tormation		Ctato or re	gar dominone	, GA
	1	Briefly describe the organization's mission or most significant activities: ATLANTA BALL:	בר כנואסו	FC THE	DOMEE	νΩΤ2 · C	
ø	'	DANCE THROUGH A BALANCED, RICH & DIVERSE REPERTOIRE. IT				<u> </u>	
Governance							
ž	_	APPRECIATION, INSTRUCTION, AND EDUCATION THROUGHOUT THE					
Š	2	Check this box  if the organization discontinued its operations or disposed of more that			1 1		2.0
	3	Number of voting members of the governing body (Part VI, line 1a)			3		30
es	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		27
ctivities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5		199
Ę	6	Total number of volunteers (estimate if necessary)			6		130
⋖		Total unrelated business revenue from Part VIII, column (C), line 12			7a		
	b	Net unrelated business taxable income from Form 990-T, line 34			7b		NONE
			Pric	or Year		Current Y	'ear
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)	4,	097,51	.3.	3,451	L,819.
enr	9	Program service revenue (Part VIII, line 2g)  PUBLIC INSPECTION	5,	922,41	.6.	6,210	),525.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		122,99	0.	512	2,534.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		414,64	12.	1,942	2,448.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,	557,56	51.	12,117	7,326.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		133,79	95.	155	5,950.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NO	ONE		NONE
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,	472,74	4.	6,873,003	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		25,89	90.	3	3,150.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 889, 256.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,	983,80	2.	6,941	L,912.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	616,23		14,004	
	19	Revenue less expenses. Subtract line 18 from line 12		058,67		-1,886	
or			Beginning of			End of Ye	
ets	20	Total assets (Part X, line 16)	16.	736,72	23.	17,676	5.276.
Ass Ba	21	Total liabilities (Part X, line 26)		969,55			3,988.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20.		767,16			2,288.
	rt II	Signature Block		,		,,,,,,	-,2001
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and stater	nents, and to	the best of	my know	ledge and I	pelief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha					
				06/1	15/202	5	
Sig	n	Signature of officer		Date	13/202		
He		PAMELA WHITACRE COO/CFO					
		Type or print name and title					
		Print/Type or print name and title  Print/Type preparer's name  Print/Type preparer's signature  Date	Т	o	if PTIN		
Paid	i	$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $		Check	"	125000	
Pre	parer		7 2 3 2 3	self-employe	1 - 0 -	1372980	
Use	Only	Firm's name SMITH & HOWARD ADVISORY, LLC		s EIN 🕨		749631	
N 4	. 41 **	Firm's address > 271 17TH STREET, NW SUITE 2100 ATLANTA, GA 30363	Phon	ie no.		-874-62	
		RS discuss this return with the preparer shown above? (see instructions)				Yes - 00	No
For	Paper	work Reduction Act Notice, see the separate instructions.				Form <b>99</b>	0 (2023)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: SEE SCHEDULE O
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No 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?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$8,962,291. including grants of \$155,950. ) (Revenue \$4,118,330. )  SEE SCHEDULE O
	(Code:) (Expenses \$1,965,187. including grants of \$) (Revenue \$1,990,499)           SEE SCHEDULE O
	(Code:) (Expenses \$
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses JSA 3E1020 2.000

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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	
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	.		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X, as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	- · · u	- 21	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
	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			- 21
. •	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?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		X

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Part	Checklist of Required Schedules (continued)			
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule $M$	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	20		37
27	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		Х
38	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part		30	Λ	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	_		
	2		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   127			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?		Х	
JSA	DUDU IO INIODEOTION CODY		aan	(2022)

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				<u> </u>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 199			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	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?	17		
	If "Yes." complete Form 6069.			

58-1047778

Form 990 (2023) ATLANTA BALLET, INC. Part VI

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

<del></del>	Check it Schedule O contains a response of note to any line in this Part VI				• •	X
Sect	ion A. Governing Body and Management				Yes	No
		۱.			res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	1a	30			
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ations	ship with			
	any other officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	r appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) r	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	en during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	_	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			425	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests		•	12b	Х	
	rise to conflicts?			120		
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe on Schedule O how this was done	•	•	12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written whisteblower policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ingement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?	<del></del>		16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed GA,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap   X Own website Another's website X Upon request Other (explain on Sc	ply.		(sec	ion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's PAMELA WHITACRE 1695 MARIETTA BLVD NW ATLANTA, GA 30318	ooks	and record	S.		

404-873-5811

Form **990** (2023)

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe d a d	rson	e than o	an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) GENNADI NEDGIVIN	40.00									
ARTISTIC DIRECTOR	NONE			Х				250,414.	NONE	17,984.
(2) THOMAS WEST	40.00							23071111	1,01,1	17,7011
PRESIDENT & CEO	NONE			Х				257,487.	NONE	5,947.
(3) JULIANA HAN WITT	40.00									3,722
CHIEF ADVANCEMENT OFFICER	NONE			Х				159,886.	NONE	12,383.
(4) PAMELA WHITACRE	40.00							,		,
COO/CFO	NONE			Х				155,050.	NONE	11,689.
(5) SHARON STORY	40.00									
DEAN CENTRE DANCE EDUCATION	NONE			Х				153,756.	NONE	12,383.
(6) PATRICIA EKHOLM	40.00									
CHIEF MARKETING OFFICER	NONE			Х				108,215.	NONE	15,967.
(7) NANCY FIELD	3.00									
CHAIR	NONE	Х						NONE	NONE	NONE
(8) BARBARA JOINER	1.50									
VICE CHAIR	NONE	Х						NONE	NONE	NONE
(9) KRISTEN MANION TAYLOR	1.50									
VICE CHAIR	NONE	Х						NONE	NONE	NONE
(10) LINDA MORRIS	1.50									
TREASURER	NONE	Х						NONE	NONE	NONE
(11) JAN BEAVES	1.50									
SECRETARY	NONE	Х						NONE	NONE	NONE
(12) ELIZABETH ADAMS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(13) EMILY C BAKER	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(14) RON BREAKSTONE	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE

Form **990** (2023)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)	
(A)	(B)			(C	<b>;</b> )			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for	box,	unles	s per	more rson	e than o	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
15) GINNY BREWER	1.00										
TRUSTEE	NONE	X						NONE	NONE	NO	ONE
16) CHRIS CARLOS	1.00										
TRUSTEE	NONE	X						NONE	NONE	NO	)NE
17) MERIA CARSTARPHEN	1.00	4									
TRUSTEE	NONE	X						NONE	NONE	NO	ONE
18) LYNN COCHRAN	1.00							17017	110117	***	
TRUSTEE	NONE	X		$\dashv$				NONE	NONE	NO	ONE
19) LYNDA B COURTS TRUSTEE	1.00 NONE	X						NONE	NONE	NO	ONE
20) CYNTHIA CRAIN	1.00	Λ						NONE	IVONE	INO	)IN II
TRUSTEE	NONE	X						NONE	NONE	NO	ONE
21) VANESSA DELMER	1.00							110111	110112		
TRUSTEE	NONE	Х						NONE	NONE	NO	ONE
22) YELENA EPOVA	1.00										
TRUSTEE	NONE	Х						NONE	NONE	NO	ONE
23) NIGEL FERGUSON	1.00										
TRUSTEE	NONE	X						NONE	NONE	NO	ONE
24) JACQUELINE FLAKE	1.00										
TRUSTEE	NONE	X						NONE	NONE	NO	)NE
25) AMY GEROME	1.00										
TRUSTEE	NONE	X						NONE		NO RC 35	
1b Sub-total								1,084,808.	NONE	76,35	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)								NONE 1,084,808.	NONE NONE	NO 76,35	
2 Total number of individuals (including but not							re			70,33	· .
reportable compensation from the organization		11000		u u.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6	, 10	oolved more than	Ψ100,000 01		
· · · · · · · · · · · · · · · · · · ·										Yes N	lo
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	
4 For any individual listed on line 1a, is the organization and related organizations grindividual	sum of repeater than	oortab	le c	omp 00?	pen <i>If</i>	satior "Yes	n aı	nd other compens	sation from the le J for such	4	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	
Section B. Independent Contractors											
Complete this table for your five highest com- compensation from the organization. Report of year.											

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

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 ▶

Form 990 (2023)

Part VII

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	(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timated tount of other	f
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		fro orga and	pensation the anization trelated inization	n d
( _	26) LINDSAY HILL TRUSTEE	1.00 NONE	X						NONE		NONE			NONE
, -	27) JOYCE HOUSER	1.00							NONE		IVOIVE			INOINE
١ -	TRUSTEE	NONE	X						NONE		NONE			NONE
(	28) THARON JOHNSON	1.00	21						NONE		IVOIVE			IVOIVI
١ -	TRUSTEE	NONE	X						NONE		NONE			NONE
(	29) KATHLEEN KNOUS	1.00	- 21						IVOIVE		IVOIVE			110111
` -	TRUSTEE	NONE	Х						NONE		NONE			NONE
(	30) ARAYA MESFIN	1.00							1.01.2		110111			
` -	TRUSTEE	NONE	Х						NONE		NONE			NONE
(	31) TAYLOR MEYER	1.00												
` -	TRUSTEE	NONE	Х						NONE		NONE			NONE
(	32) ALLEN NELSON	1.00							-		_			
` -	TRUSTEE	NONE	Х						NONE		NONE			NONE
(	33) KATHERINE SCOTT	1.00												
` -	TRUSTEE	NONE	X						NONE		NONE			NONE
(	34) PAM WAKEFIELD	1.00												
` -	TRUSTEE	NONE	Х						NONE		NONE			NONE
(	35) MATTHEW HARTNETT	1.00												
` -	TRUSTEE	NONE	Х						NONE		NONE			NONE
(	36) JUAN CARLOS URDANETA	1.00												
	TRUSTEE	NONE	Х						NONE		NONE			NONE
-	1b Sub-total	•						<b></b>						
	c Total from continuation sheets to Part VII, S	ection A						<b>•</b>						
	d Total (add lines 1b and 1c)							$\blacktriangleright$						
-	2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 d	of		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	3 Did the organization list any <b>former</b> office employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>											3	Yes	X
	4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	) It	"Yes	5,"	complete Schedu	le J for s	such	4	Х	
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indivi	dual	5	11	X
	Section B. Independent Contractors													
	<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) Description of se	rvices	C	(C) Compens	ation	
								1						
-														

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

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

#### Part VIII Statement of Revenue

Pal	rt VII	Check if Schedule O contains a re	esponse	or note to an	v line in this Part V	/III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) 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	· •	1b					
وَق	С	Fundraising events	1c	183,350.				
fts ar A	d	Related organizations	1d					
שַׁיַּ	е	Government grants (contributions)	1e	14,400.				
Sir	f	All other contributions, gifts, grants,						
e Ei		and similar amounts not included above .	1f	3,254,069.				
들	g	Noncash contributions included in						
g		lines 1a-1f	1g \$	426,004.				
ਲ ਨ	h	Total. Add lines 1a-1f	<u> </u>		3,451,819.			
				Business Code				
Program Service Revenue	2a	TICKET SALES		711120	3,902,174.	3,902,174.		
e c	b	CENTRE FOR DANCE EDUCATION AND OUTRE	EACH .	711120	1,998,321.	1,998,321.		
n S	С	SCHOLARSHIP REVENUE		711120	155,950.	155,950.		
rar ev	d	TICKET HANDLING		711120	154,080.	154,080.		
o F	е							
₫	f	All other program service revenue	L					
	g	Total. Add lines 2a-2f			6,210,525.			
	3	Investment income (including divider	nds, in	terest, and				
		other similar amounts)			88,396.			88,396.
	4	Income from investment of tax-exempt			NONE			
	5	Royalties			NONE			
		(i) Real		(ii) Personal				
	6a		,230.					
	b		,878.					
	С	(111)	,352.	NONE				
	d d	Net rental income or (loss)			68,352.			68,352.
	7a	Gross amount from (i) Securiti	ies	(ii) Other				
		sales of assets						
_	١.	other than inventory 7a 1,566	,949.					
Jue	b	Less: cost or other basis	011					
evenue		and sales expenses 7b 1,142	,138.					
	C	Can or (1888)			424,138.			424,138.
Other R	d	Net gain or (loss)	<del></del>		424,130.			424,130.
₹	8a							
		events (not including $\phi$						
		of contributions reported on line		703,267.				
	١.	1c). See Part IV, line 18	8a	380,178.				
	b	Less: direct expenses  Net income or (loss) from fundraising ev	-		323,089.			323,089.
			/ents .		32370031			323,0031
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE				
	L		9b	NONE				
	b	Less: direct expenses  Net income or (loss) from gaming activ	-		NONE			
	10a	Gross sales of inventory, less	1					
	IVa	returns and allowances	10a	396,704.				
	b		10b	149,004.				
	C	Net income or (loss) from sales of inventor			247,700.			247,700.
s				Business Code				
Miscellaneous Revenue	11a	TAX CREDIT			1,303,307.	1,303,307.		
ane	b							
eve	C							
is R	d	All other revenue						
≥	е	Total. Add lines 11a-11d			1,303,307.			
	12	Total revenue. See instructions			12,117,326.	7,513,832.		1,151,675.
JSA		חוח		INIODI				Form <b>QQ0</b> (2023)

58-1047778

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·			
Do	not include amounts reported on lines 6b, 7b,				
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	155,950.	155,950.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,	NONE			
3	trustees, and key employees	1,159,095.	557,160.	298,904.	303,031.
6	Compensation not included above to disqualified				·
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	4,538,785.	4,010,915.	282,960.	244,910.
	Pension plan accruals and contributions (include	77,827.	77,827.		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	518,313.	467,425.	32,355.	18,533.
10	Payroll taxes	578,983.	495,012.	52,613.	31,358.
11	Fees for services (nonemployees):				
а	Management	594,810.	449,519.	145,291.	
	Legal	14,518.	3,518.	11,000.	
c	Accounting	82,200.		82,200.	
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	33,150.			33,150.
f	Investment management fees	9,416.		9,416.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	51,127.		51,127.	
12	Advertising and promotion	1,021,665.	1,007,403.	11,737.	2,525.
13	Office expenses	128,501.	110,285.	18,216.	
14	Information technology	183,907.	104,685.	79,222.	
15	Royalties	60,610.	60,610.	010 221	
16	Occupancy	1,203,202.	984,871.	218,331.	
17	Travel	83,338.	73,074.	10,264.	
18	Payments of travel or entertainment expenses	MONTE			
40	for any federal, state, or local public officials	NONE NONE			
19	Conferences, conventions, and meetings	NONE			
20 21	Interest Payments to affiliates	198,372.		198,372.	
22	Depreciation, depletion, and amortization	705,830.	406,947.	298,883.	
23	Insurance	110,085.	5,000.	105,085.	
24	Other expenses. Itemize expenses not covered	,,,,,,,	2,000.		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PRODUCTION COST	1,693,658.	1,451,381.		242,277.
b	EQUIPMENT RENTAL AND EXP	387,211.	345,158.	42,053.	
c	EDUCATIONAL PROGRAMS	300,932.	300,932.		
d	DUES & SUBSCRIPTIONS	43,380.	6,705.	23,203.	13,472.
е	All other expenses	69,150.	59,734.	9,416.	
	Total functional expenses. Add lines 1 through 24e	14,004,015.	11,134,111.	1,980,648.	889,256.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				- 000 (sees)

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#### Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this F	Part X		X
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	463,819.	1	241,829.
	2	Savings and temporary cash investments	236,374.	2	1,363,782.
	3	Pledges and grants receivable, net	129,665.	3	99,501
	4	Accounts receivable, net	901,776.	4	2,208,346.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	296,143.	8	241,824.
Ä	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	459,776.	9	374,909.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 19,157,037			
	b	Less: accumulated depreciation		10c	11,584,105.
	11	Investments - publicly traded securities	1,313,814.	11	153,924.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	668,173.	14	1,210,370.
	15	Other assets. See Part IV, line 11	197,686.	15	197,686.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,736,723.	16	17,676,276.
	17	Accounts payable and accrued expenses	737,377.	17	1,471,165.
	18	Grants payable	NONE		NONE
	19	Deferred revenue SEE SCHEDULE Q	1,919,112.	19	1,871,327.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
G	22	Loans and other payables to any current or former officer, director,	IVOIVE	41	IVOIVE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ē		controlled entity or family member of any of these persons	1,650,000.	22	1,850,000.
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		1,868,000.
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	24	INOINE
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	663,070.	25	1,223,496.
	26	Total liabilities. Add lines 17 through 25	4,969,559.	26	8,283,988.
	20	Organizations that follow FASB ASC 958, check here	4,909,339.	20	0,203,900.
Ses		and complete lines 27, 28, 32, and 33.			
<b>Fund Balances</b>	27	Net assets without donor restrictions	0 640 502	27	6 547 012
Bal	28	Net assets with donor restrictions.		27 28	6,547,813.
þ	20		3,126,582.	20	2,844,475.
Ξ		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
its	30			30	
Assets		Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds			
t A	31	Total net assets or fund balances	11 868 164	31	0.200.000
Net	32		11,767,164.	32	9,392,288.
	33	Total liabilities and net assets/fund balances	16,736,723.	33	17,676,276. Form <b>990</b> (2023)

Form **990** (2023)

Form 990 (2023) Page **12** 

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	2,1	17,	<u> 326</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	4,0	04,	<u>015</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	- ]	1,8	86,	<u>689</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	1,7	67,	<u> 164</u>
5	Net unrealized gains (losses) on investments	5		-4	51,	<u> 299</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		_	36,	888
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		9,3	92,	288
<b>Part</b>						
	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	φlain ο	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					
	separate basis, consolidated basis, or both:					
	X Separate basis 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	ersiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	•		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e		- 1			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo					
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		

#### SCHEDULE A (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ATLANTA BALLET, INC.

Employer identification number
58-1047778

AI.	חשוו	IA BALLEI, INC.						047770
	rt I	Reason for Public Ch						IS.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).	
2		A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	ty owne	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		•	-	•	, ,	
6		A federal, state, or local go		rnmental unit describe	d in <b>sec</b> t	tion 170(	b)(1)(A)(v).	
7	X	·	•			•	,,,,,,,	om the general public
		described in section 170(b)	=	•		Ü		5 1
8		A community trust describe		•	e Part II.)	1		
9		An agricultural research or	-		-		I in conjunction with a	land-grant college
Ĭ		or university or a non-land-	=			-	=	
		university:	grant conogo or as	grioditalo (oco motrao			name, oxy, and oxate o	Tare conogo or
10		An organization that norma	Illy receives (1) mo	ore than 331/3 % of its	sunnort	from cou	ntributions membersh	in fees, and aross
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain e	xceptions	s; and (2) no more thar	n 331/3 % of its
		support from gross investmacquired by the organization	nent income and u	nrelated business tax	able inco	ome (les	s section 511 tax) from	businesses
11		An organization organized	·				,	
12		An organization organized a	•	•	-			ry out the nurnoses of
12		one or more publicly suppo	•	•				
		the box on lines 12a through	_			-		
_	Г	¬		• • • • • • • • • • • • • • • • • • • •			·	<u> </u>
а	L	Type I. A supporting organization	•				• , ,	
		the supported organization				ajonly of	the directors of truste	es or the
	Г	supporting organization.						and A. A. Isaa Isaa da a
b	L	<b>Type II.</b> A supporting org	•					` ' '
		control or management of	• • • •	=	the sam	ie persor	is that control or man	age the supported
		organization(s). <b>You must</b>	•	•				
С	L	Type III functionally integrated						ly integrated with,
		its supported organization		•				
d	L	Type III non-functionally			-			
		that is not functionally inte			-		•	d an attentiveness
	Г	requirement (see instruct	•	-				
е		Check this box if the orga					31 . 31	I, Type III
_		functionally integrated, or	• •			•		
f		iter the number of supported						
<u>g</u>		ovide the following information	1					
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

Schedule A (Form 990) 2023 Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 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.")	7,143,343.	6,877,852.	5,152,213.	4,097,513.	3,451,819.	26,722,740.
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	7,143,343.	6,877,852.	5,152,213.	4,097,513.	3,451,819.	26,722,740.
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)						5,870,586.
6	Public support. Subtract line 5 from line 4						20,852,154.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4	7,143,343. 96,941.	6,877,852.	5,152,213. 69,396.	4,097,513. 137,630.	3,451,819. 158,626.	26,722,740.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		3,735.	187,964.	222,004.	323,089.	736,792.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						27,953,611.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	28,085,400.
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	tion C. Computation of Public Sup						74.60.00
14	Public support percentage for 2023 (lin		-			14	74.60 %
15 10-	Public support percentage from 2022					15	88.48 %
16a	331/3% support test - 2023. If the org						
<b>b</b>	box and <b>stop here.</b> The organization qu						
D	331/3% support test - 2022. If the org this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	•		•			
1 / a	10% or more, and if the organization						
	Part VI how the organization meets			·		•	•
	organization			_			
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz	_					
	in Part VI how the organization meets						
	organization						
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions						<u> </u>

Schedule A (Form 990) 2023 Page **3** 

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

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

				· •	•	,	
	tion A. Public Support	(a) 2010	(h) 2020	(2) 2024	(4) 2022	(-) 2022	(f) Total
_	endar year (or fiscal year beginning in)	(a) 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						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
1.	received from disqualified persons						
D	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 0040	4-> 0000	(-) 0004	(4) 0000	(-) 0000	(6) T-4-1
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10 a	Amounts from line 6						
h	Unrelated business taxable income (less						
-	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 loss from the sale of capital assets						
13	(Explain in Part VI.)  Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax v	ar as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	· ·			•		` ^ ` /
Sec	tion C. Computation of Public Supp						
<u> 15</u>	Public support percentage for 2023 (line 8,			mn (f))		15	%
16	Public support percentage from 2022 Sche		-			16	%
	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2023 (lir			13 column (f))		17	%
18	Investment income percentage for 2023 (iii					18	
	331/3% support tests - 2023. If the org						
ıJd	17 is not more than 331/3 %, check this	-					
b	331/3% support tests - 2022. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	anot check	a box on line '	14, 19a, or 19b	, cneck this bo	ox and see instro	uctions

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
erning ed by	1		
status p <i>orted</i>	1		
oortoa	2		
nswer	3a		
6) and w the			
(2)(P)	3b		
(2)(B)	3с		
n")? <i>If</i>	4a		
oreign cretion			
nation	4b		
used (2)(B)			
	4c		
"Yes," nd EIN action; action			
	5a		
lready	5b		
	5с		
es) to efited ort or			
	6		
ibutor entity			
n line	7		
	8		
more ations			
ا عنامید	9a		
which	9b		
enefit	9с		
ection			
grated	10a		
20, to	10b		
Schedul	e A (Fo	orm 990	0) 2023

Page 5 Schedule A (Form 990) 2023

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	4.		
	11c below, the governing body of a supported organization?	11a	-	<u> </u>
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations	116		
	5.1.2.1.)po i cappo i iligi di galii alicilo		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sooti.		1		
section	on 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?	1	103	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		•	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	∍e instr	ruction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <b>Part VI</b> .	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 Page **6** 

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	t <b>ions</b> (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - p	5			
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) (ii) Underdistribution Pre-2023		ıs	(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 - explain in Part VI). 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				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				

Schedule A (Form 990) 2023

5

6

**b** Applied to 2023 distributable amount

Part VI. See instructions.

Breakdown of line 7:

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

Excess from 2023 . . .

and 4c.

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2023. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2024. Add lines 3j

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization			Employer identification number
ATLANTA BALLET, INC	C.		58-1047778
Organization type (check o			
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	a private foundat	ion
	501(c)(3) taxable private foundation		
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the Gene	eral Rule and a S	Special Rule. See
General Rule			
_	on filing Form 990, 990-EZ, or 990-PF that received, during the y or property) from any one contributor. Complete Parts I and II contributions.	=	_
Special Rules			
regulations under 16b, and that rec	on described in section 501(c)(3) filing Form 990 or 990-EZ that sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedu eived from any one contributor, during the year, total contribution on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	lle A (Form 990) ions of the grea	, Part II, line 13, 16a, or ter of <b>(1)</b> \$5,000; or
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or g the year, total contributions of more than \$1,000 exclusively tional purposes, or for the prevention of cruelty to children or a b) instead of the contributor name and address), II, and III.	for religious, ch	aritable, scientific,
contributor, during contributions tota during the year fo <b>General Rule</b> app	on described in section 501(c)(7), (8), or (10) filing Form 990 or gethe year, contributions <i>exclusively</i> for religious, charitable, etcled more than \$1,000. If this box is checked, enter here the total are an <i>exclusively</i> religious, charitable, etc., purpose. Don't composes to this organization because it received <i>nonexclusively</i> religions remore during the year	c., purposes, bu tal contributions plete any of the p gious, charitable	t no such that were received parts unless the , etc., contributions
_	at isn't covered by the General Rule and/or the Special Rules of IV. line 2, of its Form 990; or check the box on line H of its Form		

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

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

Schedule B (Form 990) (2023)

Name of organization ATLANTA BALLET, INC.

Employer identification number 58-1047778

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$352,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$310,853.	Person X Payroll X Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$257,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	N/A		Person X
		\$261,617.	Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$	Noncash (Complete Part II for
		(c)	Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	(c) Total contributions	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization ATLANTA BALLET, INC.

Employer identification number 58-1047778

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

(-)	/		(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$ \$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number
ATLANTA BALLET, INC. 58-1047778

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

(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
780 SHARES OF VARIOUS STOCK		
	\$ 300,853.	08/10/2023
(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
	     ¢	
	780 SHARES OF VARIOUS STOCK  (b)  Description of noncash property given  (b)  (b)  Description of noncash property given	780 SHARES OF VARIOUS STOCK  (b)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (b)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (d)  Poscription of noncash property given  (b)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (d)  FMV (or estimate) (See instructions.)  (e)  FMV (or estimate) (See instructions.)

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** ATLANTA BALLET, INC. 58-1047778 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

#### Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number 58-1047778 ATLANTA BALLET, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2c Number of conservation easements on a certified historic structure included on line 2a . . Number of conservation easements included on line 2c acquired after July 25, 2006, and 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X......\$\_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X......

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

Schedule D (Form 990) 2023

Scrie		ANTA BALLET, .				58-104//		Page Z
	rt    Organizations Maintaini							
3	Using the organization's acquisitio		other records, ch	eck any of th	e following that m	nake significant	use o	of its
	collection items (check all that apply	y).						
а	Public exhibition		d Loa	an or exchang	e program			
b	Scholarly research		e Oth	ier				
С	Preservation for future gener	ations						
4	Provide a description of the organ	ization's collections	and explain ho	w they furthe	r the organization's	s exempt purp	ose in	Part
	XIII.							
5	During the year, did the organizatio						_	_
	assets to be sold to raise funds rath		ained as part of th	ne organizatio	n's collection?	Ye	s	No
Pa	rt IV Escrow and Custodial A	•						
	Complete if the organiza	tion answered "Ye	es" on Form 990	), Part IV, line	e 9, or reported a	n amount on F	orm	
	990, Part X, line 21.							
1 a	Is the organization an agent, trust							_
	included on Form 990, Part X?					Ye	s	No
b	If "Yes," explain the arrangement in	Part XIII and comp	plete the following	table.				
						Amount		
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							_
	Did the organization include an am							_ No
	If "Yes," explain the arrangement in	Part XIII. Check h	ere if the explana	tion has been p	provided in Part XIII.	<u> </u>	<u> </u>	
Pa	rt V Endowment Funds	tian anauranad IIV	" F 00(	Dowt IV line	- 10			
	Complete if the organiza							
	-	(a) Current year	(b) Prior year	(c) Two yea	, , ,		ur years	
1 a	Beginning of year balance	3,126,582.	3,189,490				4,695,1	
b	Contributions	326,769.	536,449	. 511,	585. 39	90,754.	110,6	506.
С	Net investment earnings, gains,							
	and losses	51,819.	81,186	. 51,	.083. 20	)5,487.	179,9	971.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	660,695.	680,543				1,629,4	
g	End of year balanceL	2,844,475.	3,126,582	_		30,770.	3,356,2	278.
2	Provide the estimated percentage			1g, column (a)	) held as:			
a	Board designated or quasi-endowm		%					
	Permanent endowment 53.360 Term endowment 46.6400 %	70						
C	The percentages on lines 2a, 2b, a	nd Oo abauld agual :	1000/					
2.	Are there endowment funds not in t	•		at are hold a	ad administered for	tho		
Ja	organization by:	ile possession of the	ie organization ti	iat are neiu ai	iu auministereu ioi	uie	Yes	No
	(i) Unrelated organizations?					3a(i)	_	Х
	(ii) Related organizations?						_	X
h	If "Yes" on line 3a(ii), are the relate							Λ
ь 4	Describe in Part XIII the intended u	•	•			, <u></u>		
	rt VI Land, Buildings, and Equ		tion's endowment	Turius.				
т а	Complete if the organiza	tion answered "Y	es" on Form 99	0, Part IV, lin		990, Part X, I	ne 10	)
	Description of property		other basis (b) Cotment)	ost or other basis (other)	(c) Accumulated depreciation	(d) Book	value	
12	Land	,		,360,603.	чертестаноп	1 7	60,6	<b>03</b>
h	Buildings			,450,516.	3,348,852.		.01,6	
2	Leasehold improvements			439,789.	3,340,632.		58,1	
	Equipment			1,059,076.	1,731,002.		38,1	
	Other			,847,053.	2,111,402.		35,6	
•	··· · · · · · · · · · · · · · · · ·							~ ·

11,584,105. Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

58-1047778

Part VII	Investments - Other Securities Complete if the organization answered	l "Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion:
(1) Financi	al derivatives			
	held equity interests			
	,			
(A) –				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related	L !!\/!! <b>F</b> 000	D IV/ II 44 C F 000	Dt V II 40
	Complete if the organization answered			
	(a) Description of investment	<b>(b)</b> Book value	<b>(c)</b> Method of valua Cost or end-of-year marl	
			Cost of Chu-of-year main	NCI Value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	uman (h) musat agusal Farma 000 Part V line 45	and (D))		
	umn (b) must equal Form 990, Part X, line 15, on Other Liabilities	COI. (B))		
Part X	Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	rm 990, Part X,
1.		otion of liability		(b) Book value
(1) Feder	ral income taxes	,		
(2)LEASE	LIABILITY			1,223,496.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, line 25, col. (B))			1,223,496.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	11,502,539.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d	2e	-449,421.		
3	Subtract line 2e from line 1	3	11,951,960.		
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 9,416.				
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	4c	165,366.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,117,326.		
Part		irn	, , , ,		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		12 055 415		
1	Total expenses and losses per audited financial statements	1	13,877,415.		
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	38,766.		
3	Subtract line 2e from line 1	3	13,838,649.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	_			
	Add lines 4a and 4b	4c	165,366.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	14,004,015.		
	XIII Supplemental Information the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Ort \/	line 4: Dort V line		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform				
SEE	SUPPLEMENTAL PAGE				

#### Part XIII Supplemental Information (continued)

SCH D, PART V, LINE 4

TO ENSURE THE FINANCIAL STABILITY OF THE ORGANIZATION FOR FUTURE YEARS, A SPENDING POLICY WAS ADOPTED AND IMPLEMENTED IN FY 2011 ALLOWING FOR A DRAW TO SUPPORT OPERATING ACTIVITIES.

SCH D, PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE, AS AMENDED, AND IS CLASSIFIED BY THE INTERNAL
REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO
PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES HAS BEEN
RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION
ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS
PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE
ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER
THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS
CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS
SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN
GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR
TAX YEARS ENDING BEFORE JULY 31,2021.

#### Part XIII Supplemental Information (continued)

SCH D, PART XI, LINE 2D

\$ 1,878 RENTAL EXPENSES

SCH D, PART XI, LINE 4B

\$ 155,950 SCHOLARSHIP REVENUE

SCH D, PART XII, LINE 2D

\$ 1,878 RENTAL EXPENSES

SCH D, PART XII, LINE 4B

\$ 155,950 SCHOLARSHIP REVENUE

#### SCHEDULE G (Form 990)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection Name of the organization Employer identification number ATLANTA BALLET, Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations X Solicitation of non-government grants а Χ Internet and email solicitations Solicitation of government grants Χ X Special fundraising events Phone solicitations C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) SEE SUPPLEMENT INFORMATION Yes No 2 3 6 7 8 9 10 Total 553,400. 33,150. 520,250. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G	(Form 990) 2023 ATLANT	TA BALLET, INC.		5	8-1047778 Page <b>2</b>
Fundraising Events. Complete than \$15,000 of fundraising every gross receipts greater than \$5,00		vent contributions and g			
		(a) Event #1  BALLET BALL (event type)	(b) Event #2 CORPS DE BALLET (event type)	(c) Other events  NONE (total number)	(d) Total events (add col. (a) through col. (c))
υ					

a)			BALLET BALL (event type)	CORPS DE BALLET (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	464,139.	422,478.		886,617.
∝	2	Less: Contributions Gross income (line 1	112,179.	71,171.		183,350
		minus line 2)	351,960.	351,307.		703,267.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages	154,312.	68,698.		223,010
Direc	8	Entertainment	8,500.			8,500
	9	Other direct expenses	117,770.	30,898.		148,668
	10 11	Direct expense summary. Add lin Net income summary. Subtract l	nes 4 through 9 in col	umn (d) lumn (d)		380,178. 323,089.
Pa	rt II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ş ∳	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
_	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes%	Yes% No	
	7	Direct expense summary. Add lin	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 a k	ı l	Enter the state(s) in which the org is the organization licensed to con if "No," explain:	duct gaming activities	ming activities: in each of these state		Yes No
l O a		Were any of the organization's gamino f "Yes," explain:		pended, or terminated du		Yes No

Sched	ule G (Form 990 or 990-EZ) 2023 ATLANTA BALLET, INC. 5	8-1047778	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility13b	1	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address		
15 a	Does the organization have a contract with a third party from whom the organization receives gamin		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and t	ne	
	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:		
	Mana b		
	Name		
	Caming manager companyation • \$		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceed	s to	
_	retain the state gaming license?		No
b			
	or spent in the organization's own exempt activities during the tax year > \$		
Par		nd (v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in		
	(see instructions).		

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

RICHARD BOHRER

ADDRESS:

7 BOLTON COURT

WILMINGTON, DE 19810

ACTIVITY :

GRANT WRITING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY: 553,400.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 33,150.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 520,250.

## SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization						Employer identification	on number
ATLANTA BALLET, INC.						58-1047778	
Part I General Information on Grants and	d Assistanc	e					
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	æ?					X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can l	be duplicated if a	additional space is r	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations list</li></ul>	-	•					

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

Schedule I (Form 990) (2023) ATLANTA BALLET, INC. Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 COMMUNITY OUTREACH GIVEN FOR FREE	48		62,163.	EST RATES	TUITION
2PRE PRO SCHOLARSHIP	5		14,935.	EST RATES	TUITION
3 FINANCIAL AID	12		29,400.	EST RATES	TUITION
4TUITION SCHOLARSHIP, DECADE 2 DANCE	11		49,452.	EST RATES	TUITION
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

METHOD OF AWARDING SCHOLARSHIPS

STUDENTS AT A CERTAIN LEVEL OF CLASS (BI) AND WHO HAVE BEEN ENROLLED AT THE ATLANTA BALLET CENTRE FOR DANCE EDUCATION FOR A MINIMUM OF ONE YEAR ARE ELIGIBLE TO APPLY FOR A SCHOLARSHIP. THE APPLICATION MAY BE PICKED UP IN THE REGISTRAR'S OFFICE OR DOWNLOADED FROM THE WEBSITE. ALL APPLICATIONS ARE REVIEWED BY THE SCHOLARSHIP COMMITTEE, AND RANKED IN ORDER OF HIGHEST LEVEL OF STUDENT/FINANCIAL NEED. THE AMOUNT OF ROOM AVAILABLE IN THE SCHEDULED CLASSES DETERMINES THE AMOUNTS OF GRANTS TO BE GIVEN YEAR BY YEAR. EMPLOYEE TUITION DISCOUNTS ARE GIVEN UPON REQUEST.

Schedule I (Form 990) (2023)

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

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ATLANTA BALLET

INC

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

Employer identification number 58-1047778

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	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.			
	Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 58-1047778 Page 2 ATLANTA BALLET, INC.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GENNADI NEDGIVIN	(i)	250,414.	NONE	NONE	NONE	18,642.	269,056.	NONE
1 ARTISTIC DIRECTOR	(ii)							
THOMAS WEST	(i)	257,487.	NONE	NONE	NONE	6,578.	264,065.	NONE
2 PRESIDENT & CEO	(ii)							
PAMELA WHITACRE	(i)	155,050.	NONE	NONE	NONE	12,179.	167,229.	NONE
<b>3</b> COO/CFO	(ii)							
SHARON STORY	(i)	153,756.	NONE	NONE	NONE	12,836.	166,592.	NONE
4 DEAN CENTRE DANCE EDUCATION	(ii)							
JULIANA HAN WITT	(i)	159,886.	NONE	NONE	NONE	12,889.	172,775.	NONE
5 CHIEF ADVANCEMENT OFFICER	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2023

3E1291 1.000

## **SCHEDULE L** (Form 990)

Department of the Treasury

## Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization ATLANTA BALLET, 58-1047778 INC Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. 1 (b) Relationship between disqualified person and (c) Description of transaction (a) Name of disqualified person (d) Corrected? organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (i) Written (b) Relationship (f) Balance due (g) In default? (h) Approved (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? SEE SUPPLEMENTAL PAGE From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6)(7)(8)(9)(10)Total 1,850,000. Part III **Grants or Assistance Benefiting Interested Persons** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1)(2) (3)(4)(5)(6)(7)

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

Schedule L (Form 990) 2023

(8) (9)(10)

## Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V **Supplemental Information**

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

SCHEDULE L, PART II, LINE 1H

ATLANTA BALLET DID NOT SEEK APPROVAL FROM THE BOARD OF DIRECTORS REGARDING THE LOAN FROM A BOARD MEMBER IN THE AMOUNT OF \$150,000 BECAUSE THE LOAN WAS ORIGINALLY INTENDED TO BE ANONYMOUS.

SCH L PART II

THE BOARD MEMBERS LOANING FUNDS TO THE ORGANIZATION HAVE REQUESTED TO REMAIN ANONYMOUS. INFORMATION WILL BE MADE AVAILABLE TO THE IRS UPON ITS REQUEST.

Schedule L (Form 990 or 990-EZ) 2023 Page 2

## Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1)					
_(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V **Supplemental Information**

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

SCHEDULE	т.	PART	ΤТ
SCHEDOLE	ш,	PALI	$\perp$ $\perp$

(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D) LOAN TO FROM	(E) ORIGINAL	(F) BALANCE DUE (G	) IN DEFAULT? (F	H) APPROVED YES NO	(I) WRITTEN YES NO
ANONYMOUS		х	1,500,000.	1,500,000.	Х	Х	х
TRUSTEE	OPERATIONS						
ANONYMOUS		X	650,000.	150,000.	Х	X	X
TRUSTEE	CONSTRUCTIO	N					
ANONYMOUS		X	200,000.	200,000.	X	X	X
TRUSTEE	OPERATIONS						
	TOTAL			1,850,000.			

==========

JSA 3E1507 1.000

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# SCHEDULE M (Form 990)

## **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

ATLANTA BALLET, 58-1047778 INC Types of Property (c) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 6 Cars and other vehicles Boats and planes 7 Intellectual property Securities - Publicly traded 10 426,004. STOCK OUOTE 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts Other (\_ 25 26 Other ( Other (\_ 27 Other ( 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . . . . . . No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Χ b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

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

SCH M, PART I, LINE 32B

ANY NON-CASH CONTRIBUTIONS IN THE FORM OF STOCKS ARE IMMEDIATELY SENT TO

SCHWAB FOR LIQUIDATION, SO THE STOCKS CAN BE CONVERTED TO CASH.

CONTRIBUTIONS DETERMINATION

NUMBER OF CONTRIBUTIONS IS DETERMINED BY THE NUMBER OF CONTRIBUTIONS

RECEIVED NOT THE NUMBER OF ITEMS.

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ATLANTA BALLET,

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

58-1047778

### PART VI, QUESTION 11A

INC

FORM 990 REVIEW PROCESS AFTER THE EXECUTIVE DIRECTOR, CHIEF ADVANCEMENT OFFICER AND COO/CFO REVIEW THE FORM 990, IT IS PASSED ON TO THE TREASURER OF THE BALLET, WHO WILL REVIEW AND SIGN OFF ON BEHALF OF THE BOARD OF TRUSTEES' FINANCE COMMITTEE AND EXECUTIVE COMMITTEE. FORM 990 IS POSTED TO THE BOARD PORTAL ON THE ORGANIZATION'S WEBSITE FOR REVIEW PRIOR TO FILING. AFTER FILING, THE 990 FORM IS DISTRIBUTED TO ALL TRUSTEES.

#### PART VI, QUESTION 12C

PROCESS TO MONITOR & ENFORCE COMPLIANCE WITH CONFLICT OF INTEREST POLICY
THE ORGANIZATION REVIEWS FOR COMPLIANCE ANNUALLY AT THE TIME OF THE AUDIT
AND DISCLOSES ANY ISSUES TO THE BOARD AND THE AUDITORS. ALL STAFF MUST
SIGN AN ACKNOWLEDGMENT FORM FOR RECEIVING THE EMPLOYEE HANDBOOK, WHICH
INCLUDES THE POLICY. THERE IS A BOARD CONFLICT OF INTEREST POLICY WHICH
REQUIRES DOCUMENTATION OF ANY ISSUES AND IS REVIEWED WITH EACH TRUSTEE ON
AN ANNUAL BASIS.

#### PART VI, QUESTION 15

PROCESS FOR DETERMINING COMP OF EXECUTIVE DIRECTOR & OTHER KEY EMPLOYEES

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND ARTISTIC DIRECTOR IS

DETERMINED BY CONTRACT. THE EXECUTIVE DIRECTOR'S COMPENSATION WAS

REVIEWED IN JULY 2021 AND A FIVE YEAR CONTRACT GIVEN BEGINNING AUGUST 1,

2021. THE ARTISTIC DIRECTOR'S COMPENSATION WAS ALSO REVIEWED IN 2021 AND

A CONTRACT GIVEN FOR FIVE YEARS BEGINNING AUGUST 1, 2021.

OTHER KEY EMPLOYEES ARE REVIEWED FOR MERIT AND EQUITY BY THE EXECUTIVE DIRECTOR AND RAISES ARE GIVEN ACCORDINGLY.

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

58-1047778

ATLANTA BALLET, INC.

COST OF LIVING RAISES THAT ARE GIVEN ANNUALLY (OR NOT AT ALL) ARE DETERMINED THROUGH THE BUDGET PROCESS AND ALL FULLTIME STAFF RECEIVE THEM, OTHER THAN THOSE COVERED BY CONTRACT.

#### PART VI, QUESTION 19

PUBLICATION OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,& F/S THE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC; HOWEVER, WHEN REQUESTED, COPIES ARE SENT AS APPROPRIATE AND REQUIRED TO THE REQUESTING PARTY. THE AUDITED FINANCIAL REPORT IS AVAILABLE TO THE PUBLIC AND IS POSTED ON THE ORGANIZATION'S WEBSITE.

Name of the organization

ATLANTA BALLET, INC.

Employer identification number

58-1047778

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

WE ENRICH AND INSPIRE OUR AUDIENCES WITH PERFORMANCES OF THE HIGHEST LEVEL OF EXCELLENCE; WE EMPOWER OUR STUDENTS THROUGH SUPERIOR DANCE EDUCATION; AND WE SERVE OUR COMMUNITY THROUGH ACTIVE ENGAGEMENT. IT IS OUR MISSION AND OUR RESPONSIBILITY TO SHARE THE POWER OF JOY AND DANCE.

Name of the organization

ATLANTA BALLET, INC.

Employer identification number

58-1047778

FORM 990, PART III - PROGRAM SERVICE

## LINE 4A, PROGRAM SERVICE

\_\_\_\_\_\_

ATLANTA BALLET INTRODUCES NEARLY 60,000 PEOPLE ANNUALLY TO A WIDE SPECTRUM OF DANCE STYLES INCLUDING CLASSICAL AND CONTEMPORARY BALLETS, WITH EXCLUSIVE SIGNATURE COMMISSIONS BY TODAY'S TOP CHOREOGRAPHERS. EACH YEAR, ATLANTA BALLET PRESENTS A FULL ARTISTIC SEASON OF ONE FULL-EVENING BALLET, A FAMILY ONE-HOUR BALLET, THREE MIXED REPERTOIRE BALLETS, AND THE HOLIDAY CLASSIC, THE NUTCRACKER FOR A TOTAL OF 41 PERFORMANCES. BRINGING EACH OF THESE OUTSTANDING PRODUCTIONS TO THE STAGE IS BY THE BALLET'S 38-MEMBER PROFESSIONAL DANCE COMPANY, 17 ATLANTA BALLET 2 DANCERS, AND AN IN-HOUSE PRODUCTION CREW AND COSTUME SHOP. IN ADDITION TO THESE PERFORMANCES, THE BALLET OFFERS WEEKDAY STUDENT MATINEES, WHICH ENABLE NEARLY 12,000 SCHOOL CHILDREN TO EXPERIENCE THE ENCHANTMENT OF DANCE, OFTEN FOR THE FIRST TIME.

## LINE 4B, PROGRAM SERVICE

NOW IN ITS 30TH YEAR, THE CENTRE FOR DANCE EDUCATION (CDE) IS THE SIXTH-LARGEST DANCE EDUCATION PROGRAM IN THE COUNTRY AND ONE OF THE STRONGEST ARTS EDUCATION PROGRAMS IN ATLANTA. FULLY ACCREDITED BY THE NATIONAL ASSOCIATION OF SCHOOLS OF DANCE, THE CDE IS ONE OF ONLY NINE PROFESSIONAL DANCE SCHOOLS ACCREDITED SCHOOLS IN THE COUNTRY AND THE ONLY DANCE ORGANIZATION IN GEORGIA WITH THIS DISTINCTION. ACROSS ITS THREE SATELLITE LOCATIONS, THE CDE'S WORLD-CLASS FACULTY TEACHES OVER 1200 STUDENTS RANGING FROM THREE-YEAR-OLDS TO ADULTS WITH A CHALLENGING AND COMPREHENSIVE CURRICULUM DESIGNED TO INSPIRE FUTURE DANCERS. STUDENTS ALSO RECEIVE THE SPECIAL BENEFIT OF BEING ABLE TO REHEARSE WITH AND OBSERVE THE INS AND OUTS OF BEING A PROFESSIONAL DANCER. ATLANTA BALLET'S SECOND COMPANY, ATLANTA BALLET 2 (AB2), PROVIDES STUDENTS AT THE TOP LEVEL OF THE CDE WITH OPPORTUNITIES TO DEVELOP TECHNICALLY THROUGH INTENSE TRAINING AS WELL AS ARTISTICALLY THROUGH EXTENSIVE PERFORMANCE EXPERIENCE. AB2 REPRESENTS ATLANTA BALLET'S CONTINUED COMMITMENT TO TRAINING DANCERS FOR PROFESSIONAL CAREERS AND SERVES AS A PATHWAY TO BECOMING AN ATLANTA BALLET COMPANY MEMBER. BY SERVING THE ATLANTA COMMUNITY WITH BALANCED, QUALITY PERFORMANCES AND NURTURING THE NEXT GENERATION OF YOUNG DANCERS, AB2 WILL SUPPORT THE GROWTH OF ATLANTA BALLET'S PROFESSIONAL COMPANY AND THE ORGANIZATION AT LARGE.

Name of the organization

ATLANTA BALLET, INC.

Employer identification number

58-1047778

FORM 990, PART III - PROGRAM SERVICE

## LINE 4C, PROGRAM SERVICE

\_\_\_\_\_

AT ATLANTA BALLET, WE RECOGNIZE THAT OFTEN COMMUNITIES WITH HIGH LEVELS OF POVERTY DONOT HAVE ACCESS TO DANCE TRAINING. THE CDE'S COMMUNITY ENGAGEMENT PROGRAMS ARE DESIGNED TO BRING QUALITY DANCE EDUCATION AND EXPERIENCES TO OVER 15,000 CHILDREN EACH YEAR, WHO MIGHT NOT OTHERWISE HAVE ACCESS TO THE ARTS. THROUGH THE COMMUNITY PROGRAMS, THE CDE INCORPORATES DANCE CLASSES INTO THE ACADEMIC CURRICULUM IN PUBLIC SCHOOLS AND COMMUNITY CENTERS ACROSS METRO-ATLANTA; PROVIDES OVER \$100,000 IN SCHOLARSHIPS TO PROMISING STUDENTS TO ATTEND CDE DANCE CLASSES; AND PRESENTS FREE AND REDUCED PRICE PERFORMANCES OF ATLANTA BALLET'S THE NUTCRACKER AND FAMILY BALLETS FOR PUBLIC, CHARTER, AND HOME SCHOOLS. THE CDE ACTS AS A CATALYST FOR ARTISTIC ENRICHMENT OF ALL PEOPLE AND ENCOURAGES ARTS DEVELOPMENT THROUGH ITS EDUCATION INITIATIVES, PROVIDING UNIQUE ARTISTIC PROGRAMS AND QUALITY DANCE EDUCATION TO DEVELOP ATLANTA'S HOME TALENT OF ARTISTS AND FUEL SUPPORT FOR THE ARTS.

Name of the organization Employer identification number ATLANTA BALLET, INC. 58-1047778

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
UTP		
774 SOUTH 500 WEST		
SALT LAKE CITY, UT 84101	STAGEHANDS	839,290.
4 WALL ENTERTAINMENT		
3165 W SUNSET RD		
LAS VEGAS, NV 89118	LIGHTING/VIDEO PROD	213,144.
CHASTAIN SQUARE		
PO BOX 740462		
ATLANTA, GA 30374	RENT	208,928.
HALPERN ENTERPRISES		
5200 ROSWELL ROAD NE		
SANDY SPRINGS, GA 30342	RENT	126,984.
TESSITURA NETWORK		
PO BOX 222234		
DALLAS, TX 75222	DATABASE	123,083.

Name of the organization		Employer identification number
ATLANTA BALLET, INC.		58-1047778
FORM 990, PART X - PREPAID EXPENSES AND	D DEFERRED CHARGS	
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
	459,776.	374,909.
TOTALS		
	459,776.	374,909.

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Name of the organization		Employer identification number
ATLANTA BALLET, INC.		58-1047778
FORM 990, PART X - DEFERRED REVENUE		
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
	1,919,112.	1,871,327.
TOTALS		
IOTALS	1,919,112.	1,871,327.
	=======================================	===========

### **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number ATLANTA BALLET, INC. 58-1047778

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ATLANTA BALLET PRODUCTIONS, LLC					
.695 MARIETTA BOULEVARD NW ATLANTA, GA 30318		GA			N/A
(2)					
(3)					
4)					
5)					
6)					
art II Identification of Related Tax-Exempt Organizations. Complete i one or more related tax-exempt organizations during the tax year.	 f the organization ans	swered "Yes" on Fo	rm 990, Part I\	│ /, line 34, becaus	⊥ e it had

(a) (b) (d) (e) **(g)** Section 512(b)(13) Name, address, and EIN of related organization Public charity status Direct controlling Primary activity Legal domicile (state Exempt Code section controlled (if section 501(c)(3)) or foreign country) entity entity? Yes No (1) (2) (3) (4) (5) (6) (7)

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 ATLANTA BALLET, INC. 58-1047778 Page **2** 

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1	a	
	Gift, grant, or capital contribution to related organization(s)		b	
С	Gift, grant, or capital contribution from related organization(s)	1	С	
	Loans or loan guarantees to or for related organization(s)		d	
	Loans or loan guarantees by related organization(s)		e	
f	Dividends from related organization(s)	1	f	
g	Sale of assets to related organization(s)	1	g	
	Purchase of assets from related organization(s)		h	
	Exchange of assets with related organization(s)		i	
	Lease of facilities, equipment, or other assets to related organization(s)		j	
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1	k	
	Performance of services or membership or fundraising solicitations for related organization(s)		I	
	n Performance of services or membership or fundraising solicitations by related organization(s)		m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		n	
	Sharing of paid employees with related organization(s)		0	
р	Reimbursement paid to related organization(s) for expenses	1	р	
	Reimbursement paid by related organization(s) for expenses		q	
•				
r	Other transfer of cash or property to related organization(s)	1	r	ı
s	Other transfer of cash or property from related organization(s)	1	s	
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	on thresho	olds.	
	(a) (b) (c)	(d	)	
	Name of related organization  Transaction  type (a - s)  Amount involved	Method of d		ıg
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 58-1047778 Page 4 ATLANTA BALLET, INC.

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

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

Part VII

## Supplemental Information

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

## Form **4562**

Department of the Treasury

Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. **179** 

vam	e(s) snown on return							identifying number
A	TLANTA BALLET, INC.							58-1047778
	ness or activity to which this form relates							
G	ENERAL DEPRECIATION	J						
	rt I Election To Expense C		Inder Sect	ion 179				
	Note: If you have any lis				you comp	olete Part I.		
1	Maximum amount (see instructions).		•				1	T
	Total cost of section 179 property pla						2	
3	Threshold cost of section 179 proper	,	,				3	
4	Reduction in limitation. Subtract line	3 from line 2. If zero o	r less. enter -0	)			4	
5	Dollar limitation for tax year. Subseparately, see instructions	tract line 4 from	line 1. If	zero or le	ss, enter	0 If married	filing 5	
6	(a) Description				siness use onl		ed cost	
	• • • • • • • • • • • • • • • • • • • •			.,				
7	Listed property. Enter the amount fro	m line 29			7			
8	Total elected cost of section 179 pro						8	
9	Tentative deduction. Enter the smalle		. , .				9	
10	Carryover of disallowed deduction from							
11	Business income limitation. Enter th	•						
	Section 179 expense deduction. Add		`		,			
	Carryover of disallowed deduction to							
	: Don't use Part II or Part III below fo					<u>'                                    </u>		
	rt   Special Depreciation A				n't include	listed propert	v See ins	structions )
	Special depreciation allowance f		•					7ti dottorio.)
4	during the tax year. See instructions		• •		,	•		
_	Property subject to section 168(f)(1)						14	
	Other depreciation (including ACRS)							2. 22.
	rt   MACRS Depreciation (E						16	21,031.
ı a	macro Depresidadon (E	Jon t include listed		tion A				
7	MACRS deductions for coasts place	d in convice in toy year					17	231,169.
	MACRS deductions for assets placed						• • • —	231,109.
8	If you are electing to group any asset accounts, check here	•	ū		•	٦	nerai	
	Section B - Assets						reciation	System
	Section B - Assets	(b) Month and year	(c) Basis for			Ceneral Dep	Clation	Jystem
	(a) Classification of property	placed in	(business/inv	estment use	period	(e) Convention	(f) Metho	d (g) Depreciation deduction
l 9a	3-year property	service	only - see in	structions)	'			
	5-year property							
	7-year property							
	10-year property							
	15-year property							
	20-year property							
	25-year property				25 yrs.		S/L	
_					-	MM	S/L	
h	Residential rental				27.5 yrs.			
	property				27.5 yrs.	MM	S/L	
i	Nonresidential real				39 yrs.	MM	S/L	
	property			T . )/		MM	S/L	. 0 . 11
	Section C - Assets P	viaced in Service D	uring 2023	ıax Year	Using the	Aiternative De		n System
	Class life				10		S/L	
	12-year				12 yrs.		S/L	
	30-year				30 yrs.	MM	S/L	
	40-year				40 yrs.	MM	S/L	
	rt IV Summary (See instructi							
21	Listed property. Enter amount from lin	ne 28					21	
22	Total. Add amounts from line 12,	lines 14 through 1	7, lines 19	and 20 in	column (g)	, and line 21.	Enter	

256,003.

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Form	n 4562 (2023)												58-	-1047	778	Paga
	rt V Listed Prop	perty (Include au ent, recreation, or	tomobiles, amuseme	certa	in othe	r ve	hicle	s, ce	rtain	aircraft,	and pro	perty	used fo	or		Page
		y vehicle for which s (a) through (c) o									lease e	xpense	, compl	ete <b>only</b>	ı 24a,	
	Section A -	Depreciation and	Other Infor	rmatio	n (Cauti	on:	See	he ins	structi	ions for li	mits for	passe	nger au	tomobile	es.)	
24a	Do you have evidenc	e to support the bus	iness/investm	ent use	e claimed	?	Yes		No	24b  f "\	es," is t	ne evide	nce writte	en?	Yes	N
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	e Cost	(d) or other b	asis	(busir	(e) for depre	stment	(f) Recovery period	Met Conv		Depre	h) ciation action	Elected	(i) section 1
25	Special depreciat		for qualifie						iono	service						
26	Property used mor												1			
	. ,		1	%												
				%												
				%												
27	Property used 50%	or less in a qualifi	ed business	use:											.1	
	1 7			%							S/L -					
			C	%							S/L -				-	
			C	%							S/L -					
28	Add amounts in co	lumn (h), lines 25	through 27.	Enter	here ar	nd o	n line	21, p	age 1			28				
	Add amounts in co													. 29		
31	<ul> <li>Total business/investment miles driven during the year (don't include commuting miles)</li> <li>Total commuting miles driven during the year</li> </ul>				(a) nicle 1		(b) Vehicl	e 2	Ve	(c) ehicle 3		d) cle 4		e) icle 5		(f) iicle 6
	Total other p miles driven Total miles drive															
	lines 30 through 32															
34	Was the vehicle			Yes	No	Υe	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty	hours?	[													
35	Was the vehicle	used primarily by	a more													
	than 5% owner or r	related person?														
36	ls another vehicle	available for pers	sonal use?													
	Se	ction C - Questic	ons for Em	ploye	rs Who	) Pr	ovid	e Vel	nicles	for Use	by Th	eir Em	ployee	es		
	swer these question re than 5% owners o				eption 1	o c	ompl	eting	Section	on B for	vehicles	s used	by emp	oloyees	who a	ren't
37	Do you maintain	a written policy s	tatement th	nat pr	ohibits	all p	perso	nal u	se of	vehicles	, includ	ling co	mmutin	g, by	Yes	No
	your employees?.															
38	Do you maintain	a written policy s	statement tl	hat pr	rohibits	per	sonal	use	of ve	hicles, e	xcept c	ommu	ting, by	your		
	employees? See th	e instructions for	vehicles use	d by c	orporat	e off	icers	, direc	tors,	or 1% or	more ov	vners				1
	Do you treat all use															1
40	Do you provide m		-													
	use of the vehicles,															1
41	Do you meet the re	•	• .													
	Note: If your answ	er to 37, 38, 39, 4	U, or 41 is "	'Yes,"	aon't co	mpl	ete S	ection	B for	the cove	ered veh	iicles.				

Part VI Amortization

	(a) Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e) Amortization period or percentage	Amortization for this year					
42	Amortization of costs that begins during your 2023 tax year (see instructions):										
43	3 Amortization of costs that began before your 2023 tax year										
44	Total. Add amounts in column (f). Se	ee the instructions	for where to report		44						

Form **4562** (2023)