ATLANTA BALLET, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990

S E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED JULY 31, 2023

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

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

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

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

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

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE JUNE 17, 2024. 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.

EOR 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 08/01/2022 and ending 07/31/2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of filer EIN or SSN 58-1047778 ATLANTA BALLET, INC 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 Form 8868 check here.... 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 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). 8b Form 5330 check here.... **b Tax due** (Form 5330, Part II, line 19) 9b Form 8038-CP check here b Amount of credit payment requested (Form 8038CP, 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 2022 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 1 1 7 2 2 8 as my signature X I authorize SMITH & HOWARD ADVISORY, to enter my PIN Enter five numbers, but **ERO firm name** do not enter all zeros on the tax year 2022 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 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 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. [6]7]8[8]2[7]9[2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns ERO's signature Date 06/15/2024 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

8902DI 9242 06 PUBLIC INSPECTION COPY

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

JSA 2X3008 2.000

990

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)

 \blacktriangleright 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

2022

Open to Public Inspection

A F	or th	e 2022 calendar year, or tax year beginning 08/01/2022 and	ending		07/31/	2023	
_		C Name of organization		D Employer ide	entification r	number	
B c	heck if ap	ATLANTA BALLET, INC.					
	Addre	Doing Rusiness As		58-	-104777	8	
	7 7	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite	E Telephone no	umber		
	Initial	return 1695 MARIETTA BOULEVARD NW		(40	04)873-	-5811	
	Term	City or town, state or province, country, and ZIP or foreign postal code		,			
	Amer			G Gross receipt	ts \$ 11,	631,3	53.
		F Name and address of principal officer.		H(a) Is this a grou	up return for	Yes	X No
	pendi	1695 MARIETTA BOULEVARD NW, ATLANTA, GA 30318		subordinates' H(b) Are all subord		Yes	No
$\overline{}$	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1	ch a list. (see in:	structions)	
J		te: NWW.ATLANTABALLET.COM	1	H(c) Group exemp	otion number	•	
			Year of format	tion: 1969 M			GA
	art l	Summary	Tour or rorma	1909	Ctate of loga	T domino.	
	1	Briefly describe the organization's mission or most significant activities: ATLANTA E	ATTET C	UNDEC THE	DOMED	VOT. 3	
ø	l '	DANCE THROUGH A BALANCED, RICH & DIVERSE REPERTOIRE.				<u>~ 001</u>	
Governance							
î.	_	APPRECIATION, INSTRUCTION, AND EDUCATION THROUGHOUT					
8	2	Check this box if the organization discontinued its operations or disposed of m			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		28
ctivities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5		199
cţi	6	Total number of volunteers (estimate if necessary)			6		150
۹		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
				Prior Year		urrent Ye	ear
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)	\neg $lacksquare$	5,152,21	.3.	4,097	<u>,513.</u>
enc	9	Program service revenue (Part VIII, line 2g) PUBLIC INSPEC	TION	5,528,16	54.	5 , 922	, 416.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).	IION	220,16	50.	122	, 990.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	📖	398,31	.1.	414	,642.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,298,84	8. 1	0,557	,561.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	📖	123,66	59.	133	,795.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	📖	NO	ONE		NONE
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,420,59	0.	6,472	,744.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NO	ONE	25	,890.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶864,557.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,752,79	8.	5,983	,802.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,297,05		2,616	
	19	Revenue less expenses. Subtract line 18 from line 12		-998,20		-2,058	
or		, , , , , , , , , , , , , , , , , , , ,	Begin	ning of Current Y		End of Yea	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		17,685,18	35. 1	6,736	.723.
Ass	21	Total liabilities (Part X, line 26)		3,818,81		4,969	
und	22	Net assets or fund balances. Subtract line 21 from line 20.	• • • • • • • • • • • • • • • • • • • •	13,866,36		1,767	
	rt II	Signature Block		13/000/30		17707	<u>/ 1 0 1 .</u>
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements.	and to the best of	mv knowled	dge and b	elief. it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which prep					
Sig	ın	Signature of officer		Date			
He							
		Type or print name and title					
_		Print/Type preparer's name Preparer's signature Dat			if PTIN		
Paid	t	X I I I make	ノ	Check	l "	.=	
	parer		5/15/202		1 1 0 1 0	372980	
	Only	Firm's name ► SMITH & HOWARD ADVISORY, LLC		Firm's EIN		49631	
		Firm's address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.		74-62	44
		RS discuss this return with the preparer shown above? (see instructions)		<u> </u>	Х Х	Yes	No
For	Pape	rwork Reduction Act Notice, see the separate instructions.				Form 99 (0 (2022)

Page 2 Form 990 (2022)

Pa				vice Accomplis		his Part III		x
1	Briefly de		ganization's mi					
	prior Form If "Yes," of Did the services?	m 990 or 990- describe these organization	EZ? new services cease condu	on Schedule O	gram services during e significant change	es in how it co	onducts, any pr	Yes X No
4	Describe expenses	the organiza s. Section 50	ation's progran 1(c)(3) and 50	n service acco 11(c)(4) organi		to report the a		services, as measured by and allocations to others
4a	(Code: _ SEE SC)(I	Expenses \$	7,997,281. ir	ncluding grants of \$ _	133,795.	_) (Revenue \$	3,760,833)
4b	(Code: _ SEE SC	HEDULE O	Expenses \$	1,864,592. ir	ncluding grants of \$ _		_) (Revenue \$	2,098,525)
4c	(Code: _ SEE SC)(I	Expenses \$	237,188. ir	ncluding grants of \$ _		_) (Revenue \$	63,058)
	(Expense			Schedule O.) g grants of \$		Revenue \$)	

4e Total program service JSA 2E1020 1.000

Form 990 (2022) Page **3**

Part	IV 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	Χ	
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		X
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			
40	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	40	3.7	
4.4	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	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114	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		X
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		X
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	Χ	
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	Χ	
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,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l l		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	.		
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		37
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
17		17	v	
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X	<u> </u>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Δ.	\vdash
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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

Page 4 Form 990 (2022)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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		X
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		Х
	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			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		3.7	
Dark	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 118		. 03	.45
	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?	10	Χ	
JSA	DUDLIO IN OPEOTION CODY	Form	aan	(2022)

2.000 8902DI 9242 06/07/2024 08:42:34 U225 PECTION COPY 2E1030 2.000

Form **990** (2022)

Form 990 (2022) Page **5**

1 011111	330 (2022)		'	age •
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	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:	•		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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			
С	Enter the amount of reserves on hand			
14 a	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		Х
	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		

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

Sect	ion A. Governing Body and Management		· · · · · · ·			21
	g Dody and management				Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	30			
ıa	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					
	committee, explain on Schedule O.	1b	28			
D	Enter the number of voting members included on line 1a, above, who are independent			-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel			2		v
_	any other officer, director, trustee, or key employee?					X
3	Did the organization delegate control over management duties customarily performed by or ur			,		37
	supervision of officers, directors, trustees, or key employees to a management company or other p			3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file			-		X
5	Did the organization become aware during the year of a significant diversion of the organization's a			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			_		
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval			l		
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n 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	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. on B. Policies (This Section B requests information about policies not required by the Internation			9	1	X
Secu	on B. Policies (This Section B requests information about policies not required by the line	mai	Revenue	Code	<i>.)</i> Yes	No
				400	103	
	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		-	40h		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•		10b 11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ing th	e form? .	па	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	V	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			124	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t		_	426	37	
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the per-	-		40-	3.7	
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review an		-			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			45.		
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	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 simila	r arra	ngement	160		37
	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?			16b		
Secti	ion C. Disclosure			100		
	~-					
17		000	and 000 7	[(000	tion F	01(0)
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 applicable is a contraction of the contraction of		anu 990-1	(sec	11011 5	iu i (c)
	X Own website Another's website X Upon request Other (explain on Sc.	-	e O)			
10			•	f into-	oct ~	oliov
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.	i c ills,	COMMICE O	ı ıııter	esi þ	oncy,
20	State the name, address, and telephone number of the person who possesses the organization's k	noke	and record	c		
20	PAMELA WHITACRE 1695 MARIETTA BLVD NW ATLANTA, GA 30318	,JONS	ana record	J		

404-873-5811

Form **990** (2022)

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	re than one is both an tor/trustee)		(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				242,412.	NONE	18,839.
(2) THOMAS WEST	40.00							212,112.	110111	10,000.
EXECUTIVE DIRECTOR	NONE			Χ				250,395.	NONE	6,177.
(3) PAMELA WHITACRE	40.00							200,000	110112	3,277
COO/CFO	NONE			Х				151,095.	NONE	14,678.
(4) SHARON STORY	40.00							,	-	,
DEAN CENTRE DANCE EDUCATION	NONE			Χ				149,493.	NONE	12,971.
(5) PATRICIA EKHOLM	40.00									
CHIEF MARKETING OFFICER	NONE			Χ				104,425.	NONE	20,293.
(6) JULIANA HAN WITT	40.00									
CHIEF ADVANCEMENT OFFICER	NONE			Χ				82,355.	NONE	5,283.
(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) JUAN CARLOS URDANETA	1.50									
TREAS	NONE	Х						NONE	NONE	NONE
(11) JAN BEAVES	1.50									
SEC	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** (2022)

Page 8 Form 990 (2022)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per			Pos heck		e than c		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)					is tor/trul Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15) GINNY BREWER	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(16) CHRIS CARLOS	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(17) MERIA CARSTARPHEN	1.00_	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(18) LYNN COCHRAN	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(19) LYNDA B COURTS	1.00	.,						NONE	NONE	NONE
TRUSTEE	NONE	X						NONE	NONE	NONE
(20) CYNTHIA CRAIN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(21) LAVONA CURRIE	1.00	Λ						NONE	NONE	NONE
TRUSTEE THRU JAN 23'	NONE	X						NONE	NONE	NONE
(22) VANESSA DELMER	1.00	21						110111	IVOIVE	IVOIVE
TRUSTEE	NONE	X						NONE	NONE	NONE
(23) YELENA EPOVA	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(24) NIGEL FERGUSON	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(25) JACQUELINE FLAKE	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total								980,175.	NONE	78,241.
c Total from continuation sheets to Part VII,	-							NONE	NONE	NONE
d Total (add lines 1b and 1c)								980,175.	NONE	78,241.
2 Total number of individuals (including but no		hose	liste	d al	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organizati	on >					5				
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										Yes No
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than	\$15	50,0	00?	· If	"Yes	5, "	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive of for services rendered to the organization? If '	or accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5
Section B. Independent Contractors										
1 Complete this table for your five highest co compensation from the organization. Report										

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 (2022)

Page 8

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	yee	es, a	and F	lig	hest Compensat	ed Employ	/ees (c	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s per a di	ition more	than o is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensation relate organization	on from d	Est am	(F) imated ount of other pensatio	f
	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-		orga and	m the inization related nization	ł
(26) AMY GEROME	1.00												
TRUSTEE	NONE	X		_				NONE		NONE]	NONE
(27) LINDSAY HILL TRUSTEE	1.00 NONE	X						NONE		NONE		1	NONE
(28) JOYCE HOUSER	1.00												
TRUSTEE	NONE	X						NONE		NONE]	NONE
(29) THARON JOHNSON	1.00	.,						NONE		NIONIE		,	NIONIE
TRUSTEE (30) KATHLEEN KNOUS	1.00	X						NONE		NONE			NONE
TRUSTEE	NONE	X						NONE		NONE		1	NONE
(31) ARAYA MESFIN	1.00	21						110111		NONL			NOIVE
TRUSTEE	NONE	X						NONE		NONE]	NONE
(32) TAYLOR MEYER	1.00							1,01,2		110112			
TRUSTEE	NONE	Х						NONE		NONE]	NONE
(33) LINDA MORRIS	1.00												
TRUSTEE	NONE	Х						NONE		NONE]	NONE
(34) ALLEN NELSON	1.00												
TRUSTEE	NONE	Х						NONE		NONE]	NONE
(35) KATHERINE SCOTT	1.00												
TRUSTEE	NONE	X						NONE		NONE]	NONE
(36) PAM WAKEFIELD	1.00												
TRUSTEE	NONE	X						NONE		NONE]	NONE
1b Sub-total c Total from continuation sheets to Part VII, S	Section A						>						
d Total (add lines 1b and 1c)	=												
2 Total number of individuals (including but not reportable compensation from the organization		hose	listed	d ab	oove	e) who	o re	eceived more than	\$100,000	of			
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,00	00?	lf	"Yes	,"	complete Schedu	le J for :	such	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person													
Section B. Independent Contractors	,												
	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A) (B) (C) Name and business address Description of services Compensation													

Name and business address

Description of services

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 (2022)

Form 990														age 8
Part VI	Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	oye	es,	and I	lig	hest Compensat	ed Employ	yees (c	ontinue	d)	
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not o		ition	e than o		Reportable	Reporta	I		timated	
		hours per week (list any					is both		compensation from	compensati relate	I		ount of	
		hours for	office	er an	dad	lirect	or/trust	ee)	the	organiza			oensatio	nc
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099	-MISC)		om the	-
		organizations below dotted	dividual director	tutic	er	emp	lest	ner	(W-2/1099-MISC)			_	anization I related	
		line)	ior tr	mal		oloye	e com						nization	
			ıste	trus		ď	pen							
			(0)	tee			sate							
		1 00					ے							
	ON S WRIGHT	1.00	3.7						NONE		NONE			NIONIE
TRUST	SE	NONE	X						NONE		NONE		I	NONE
			-											
			-											
			-											
			-											
			-											
			-											
			-											
		ļ	-											
		ļ	-											
			-											
								<u> </u>						
1b Sub	-total													
	al from continuation sheets to Part VII, S	-												
	al (add lines 1b and 1c)							_		* 400.000				
	al number of individuals (including but not ortable compensation from the organization		nose	liste	ed a	DOV	e) wno	o re	eceived more than	\$100,000	ΟT			
Терс	ortable compensation from the organization												V	NI-
										_			Yes	No
	the organization list any former office											2		37
	loyee on line 1a? If "Yes," complete Sched											3		X
	any individual listed on line 1a, is the													
	anization and related organizations gr									le J for	such			
	vidual											4	Х	
	any person listed on line 1a receive or											_		
	services rendered to the organization? If "Yo	es," compie	te Sci	neau	ile J	tor	sucn	per	son			5		X
	B. Independent Contractors			1	4			4	Unit and a second and and	th 0.4.00	2.000			
	pplete this table for your five highest compensation from the organization. Report of													
year		ompensati	JII 10	uie	, ua	ICI IC	aai ye	ai t	ZHANIY WILL OF WILL	iii iiie oiya	ar ii∠atiUl	ιοιαλ		
ycai														
	(A) ■ SCHEDITE ○ Name and business add	droce							(B) Description of se	an dioces	_	(C)	otion	
SE	E SCHEDULE O Name and business add	ui ess						+	Description of se	i vices	C	ompens	alion	
								+						
								+						

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

Part VIII Statement of Revenue

		Check if Schedule O	contains a re	espor	nse or note to an	y 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	Membership dues	[1b					
פֿ פֿ	С	Fundraising events		1c	132,788.				
fts,	d	Related organizations		1d					
ອ່≘	е	Government grants (contrib		1e	393,914.				
Sin's	f	All other contributions, gifts	´ [
e ë		and similar amounts not includ	-	1f	3,570,811.				
ᅙᇎ	g	Noncash contributions incl							
뒽	9	lines 1a-1f		1g	§ 663,072.				
ခ် င	h	Total. Add lines 1a-1f	_			4,097,513.			
					Business Code				
හු	2a	TICKET SALES			711120	3,367,335.	3,367,335.		
اہِ ≧َ	_	CENTRE FOR DANCE EDUCATI	ON AND OUTR	EACH	711120	2,339,004.	2,339,004.		
Se II	b	SCHOLARSHIP REVENUE			711120	133,795.	133,795.		
K all	C	TICKET HANDLING			711120	82,282.	82,282.		
200	d					,	,		
Program Service Revenue	e	All other presents	Non!:						
_	f g	All other program service re Total. Add lines 2a-2f				5,922,416.			
	3	Investment income (inclu				, , ,			
		other similar amounts).	-			94,065.			94,065
	4	Income from investment of				NONE			·
	5	Royalties			proceeds .	NONE			
		,	(i) Rea		(ii) Personal	-			
	6a	Gross rents 6a	43	,565.					
	b	Less: rental expenses 6b		54.					
	c	Rental income or (loss) 6c		,511.	NONE				
	d	Net rental income or (loss)				43,511.			43,511
	7a	Gross amount from	(i) Securi		(ii) Other				
		sales of assets							
		other than inventory 7a	656	,441.					
a	b	Less: cost or other basis							
n	~	and sales expenses 7b	627	,516.					
Revenue	С	Gain or (loss) 7c		,925.					
	d	Net gain or (loss)				28,925.			28,925
Other	8a		fundraising						
ō	ou	events (not including \$	132,788.						
		of contributions reported							
		1c). See Part IV, line 18		8a	525,129.				
	b	Less: direct expenses		8b	303,125.				
	C	Net income or (loss) from f				222,004.			222,004.
	9a	Gross income from	gaming						
		activities. See Part IV, line 1	0 0	9a	NONE				
	b	Less: direct expenses			NONE				
	C	Net income or (loss) from				NONE			
	10a	Gross sales of inven			-				
	104	returns and allowances	•	10a	292,224.				
	b	Less: cost of goods sold			143,097.				
	C	Net income or (loss) from s				149,127.			149,127.
S		. ,			Business Code				
Miscellaneous Revenue	11a								
ane	b								
	c								
<u> </u>	d	All other revenue							
2	е	Total. Add lines 11a-11d	<u> </u>			NONE			
	12	Total revenue. See instruct				10,557,561.	5,922,416.		537,632.

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).

300	Check if Schedule O contains a response or note to any line in this Part IX						
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	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations		·		·		
	and domestic governments. See Part IV, line 21	NONE					
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	133,795.	133,795.				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and						
	foreign individuals. See Part IV, lines 15 and 16	NONE					
	Benefits paid to or for members	NONE					
5	Compensation of current officers, directors,	1 1 1 1 1 0 5	F 44 014		202 255		
	trustees, and key employees	1,141,485.	541,211.	297,307.	302,967.		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and	NONE					
-	persons described in section 4958(c)(3)(B)	NONE 4,207,299.	2 705 200	254,896.	157 004		
	Other salaries and wages	73,486.	3,795,309. 73,486.	234,090.	157,094.		
8	Pension plan accruals and contributions (include	13,400.	13,400.				
•	section 401(k) and 403(b) employer contributions)	524,422.	475,650.	31,470.	17,302.		
	Other employee benefits	526,052.	462,629.	28,509.	34,914.		
10	Payroll taxes	320,032.	402,023.	20,303.	<u>J4, J14.</u>		
	Fees for services (nonemployees):	706,934.	615,526.	91,408.			
	Management	7,704.	6,607.	1,097.			
	Accounting	56,250.	0,007.	56,250.			
	Lobbying	NONE		33,233			
	Professional fundraising services. See Part IV, line 17	25,890.			25,890.		
	Investment management fees	9,673.		9,673.	<u> </u>		
	Other. (If line 11g amount exceeds 10% of line 25, column						
	(A), amount, list line 11g expenses on Schedule O.)	36,400.	36,400.				
12	Advertising and promotion	705,655.	691,027.	9,226.	5,402.		
13	Office expenses	176,251.	150,224.	18,521.	7,506.		
14	Information technology	168,569.	80,625.	87,944.			
15	Royalties	84,900.	84,900.				
16	Occupancy	975,231.	780,735.	194,496.			
17	Travel	134,767.	131,074.	1,735.	1,958.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	NONE					
19	Conferences, conventions, and meetings	NONE		110 700			
20	Interest	110,799.		110,799.			
21	Payments to affiliates	NONE	222 010	200 (52			
22	Depreciation, depletion, and amortization	632,872.	333,219. 5,541.	299,653. 98,599.			
23	Insurance	104,140.	3,341.	90,399.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A), amount, list line 24e expenses on Schedule O.)						
а	PRODUCTION COST	1,662,819.	1,359,695.		303,124.		
	EDUCATIONAL PROGRAMS	231,361.	231,361.		000,1211		
	EQUIPMENT RENTAL AND EXP	95,402.	38,325.	57,077.			
	PAYMENTS TO HEALTHCARE PROFE	40,394.	40,394.	, -			
	All other expenses	43,681.	31,328.	3,953.	8,400.		
	Total functional expenses. Add lines 1 through 24e	12,616,231.	10,099,061.	1,652,613.	864,557.		
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)						
_	, , , , , , , , , , , , , , , , , , , ,				Form 991 (2022)		

Form **990** (2022)

Form 990 (2022) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in thi	s Part X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,785,411.	1	463,819.
	2	Savings and temporary cash investments	61,746.	2	236,374.
	3	Pledges and grants receivable, net	705,658.	3	129,665.
	4	Accounts receivable, net	448,531.	4	901,776.
	5	Loans and other receivables from any current or former officer, directo			
		trustee, key employee, creator or founder, substantial contributor, or 350	%		
		controlled entity or family member of any of these persons	. NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as define	d		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONI
ţ	7	Notes and loans receivable, net		7	NONE
Assets	8	Inventories for sale or use		8	296,143.
A	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q		9	459,776.
		Land, buildings, and equipment: cost or other	,		·
		basis. Complete Part VI of Schedule D 10a 19,048,01	0.		
	b	Less: accumulated depreciation		10c	12,069,497.
	11	Investments - publicly traded securities		11	1,313,814.
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11.			NONE
	14	Intangible assets		14	668,173.
	15	Other assets. See Part IV, line 11		15	197,686.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	16,736,723.
-	17	Accounts payable and accrued expenses		17	737,377.
	18	Grants payable			NONE
	19	Deferred revenue SEE SCHEDULE Q		19	1,919,112.
	20	Tax-exempt bond liabilities			NONE
	20 21	Escrow or custodial account liability. Complete Part IV of Schedule D			NONI
	22	Loans and other payables to any current or former officer, directo		41	110111
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35°			
iii		controlled entity or family member of any of these persons		22	1,650,000.
Ë	23	Secured mortgages and notes payable to unrelated third parties			NONE
	23 24	Unsecured notes and loans payable to unrelated third parties			NONE
	24 25	Other liabilities (including federal income tax, payables to related thir		24	INONI
	25	parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D		25	662 070
	26				663,070.
$\overline{}$	26	Total liabilities. Add lines 17 through 25	3,818,819.	26	4,969,559.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	10 676 076	27	0 640 500
Bal	28	Net assets with donor restrictions.			8,640,582.
p	20	Organizations that do not follow FASB ASC 958, check here	3,189,490.	28	3,126,582.
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	13,866,366.	32	11,767,164.
Z	33	Total liabilities and net assets/fund balances		33	16,736,723.
					Form 990 (2022)

Form **990** (2022)

Form 990 (2022) Page **12**

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				561.
2	Total expenses (must equal Part IX, column (A), line 25)	2				231.
3	Revenue less expenses. Subtract line 2 from line 1	3				670 .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				366 .
5	Net unrealized gains (losses) on investments	5				925.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		_	11,	<u>607</u> .
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	1	1,7	67,	164.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	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	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

AT1	LANTA	BALLET, INC.						047778
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	organi	zation is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		hospital or a cooperative	•	•				
4		medical research organiz	•	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		ospital's name, city, and st						
5		n organization operated fection 170(b)(1)(A)(iv). (C		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
6		federal, state, or local go	. ,	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		n organization that norma	•				, , , , , ,	om the general public
		escribed in section 170(b)				5		5 1
8		community trust describe		•	Part II.)			
9		n agricultural research org					l in conjunction with a	land-grant college
	oı	r university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
	uı	niversity:						
10	re sı a	n organization that norma eceipts from activities rela upport from gross investm cquired by the organizatio	ted to its exempt f nent income and ui n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its
11		n organization organized	•	•	-			
12		n organization organized a ne or more publicly suppo	•	•				
		ne box on lines 12a throug	-					
_		Type I. A supporting orga					·	
а		the supported organization		•	•		• , ,	
		supporting organization.	. , .	• • • • • • • • • • • • • • • • • • • •		ajointy of	the directors of truste	ico or tric
b		Type II. A supporting org	•			with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in				. , .
		organization(s). You must	•					
С		Type III functionally integrated organization						ily integrated with,
4		its supported organization		•				ted ergenization(s)
d		Type III non-functionally that is not functionally into						• ,
		requirement (see instruct	-		_		·	u an allenliveness
е		Check this box if the orga	•	-				II Tyne III
·		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	ii, Type iii
f		the number of supported	• •		porting (organizat		
g		de the following information		orted organization(s).				
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see ilistructions))	Yes	No	man denons)	matructions)
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,726,301.	7,143,343.	6,877,852.	5,152,213.	4,097,513.	25,997,222.
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
5	Total. Add lines 1 through 3 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	2,726,301.	7,143,343.	6,877,852.	5,152,213.	4,097,513.	25,997,222.
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						2,239,699. 23,757,523.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,726,301.	7,143,343. 96,941.	6,877,852.	5,152,213. 69,396.	4,097,513.	25,997,222.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			3,735.	187,964.	222,004.	413,703.
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						26,850,851.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	29,590,756.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	the organization	on's first, second	, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	oort Percenta	ge				
14	Public support percentage for 2022 (lin		•	. , , ,		14	88.48 %
15	Public support percentage from 2021	•	•			15	88.61 %
16a	331/3% support test - 2022. If the org	•					
	box and stop here. The organization qu						
b	33 1/3 % support test - 2021. If the org						
4-	this box and stop here . The organization			-			
17a	7a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization			•			\square
h	10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the organization	-	•				
	in Part VI how the organization meets					-	
18	organization						
-	instructions						

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.)

				- ' '	<u>'</u>	,	
	tion A. Public Support		420040	() 0000	(N 0004	() 0000	(D.T.)
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						I
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	•			-		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,			mn (f))		15	%
16	Public support percentage from 2021 Sche	dule A, Part III, lir	ne 15			16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2022 (lir			13, column (f))		17	%
18	Investment income percentage from 2021					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•	•	. ,	0	

1.000 8902DI 9242 06/07/2024 08:42:34 U2SPECTION COPY

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

		Yes	No
ing <i>by</i>			
•	1		
tus			
ted			
	2		
ver	3a		
nd the			
	3b		
(B)			
	3с		
) If	4a		
ign			
ion			
	4b		
ion			
ed (B)			
(<i>D)</i>	4c		
es, "			
ΞΙΝ			
on;			
ion	_		
	5a		
ıdy	5b		
	5c		
to			
ed			
or			
	6		
tor ity			
,	7		
ne			
	8		
ore			
ns	9a		
ch			
	9b		
efit	9c		
ion			
ed			
	10a		
to	4.01		
	10b	rm 000), 0000

Page 5 Schedule A (Form 990) 2022

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	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 Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		V	NIa
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
Section	on D. All Type III Supporting Organizations	'		<u> </u>
	on private the capper and or game account		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		
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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	a instr	uction	e)
		C IIISti	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	· · · · · · · · · · · · · · · · · · ·			9
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 n	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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
	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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7			ted Type III supporting	n organization

Schedule A (Form 990) 2022

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea			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	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				

Schedule A (Form 990) 2022

5

Applied to 2022 distributable amount

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

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

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2023. Add lines 3j

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number Name of the organization ATLANTA BALLET, INC 58-1047778 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **501(c)(** 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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) (2022)

Name of organization ATLANTA BALLET, INC.

Employer identification number 58-1047778

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$393,914.	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
3	N/A	\$302,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$275,806.	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
5	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
6	N/A	\$233,616.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Name of organization Employer identification number

58-1047778 ATLANTA BALLET, INC.

Parti	Contributors (see instructions). Ose duplicate copi	es of Part Fil additional space is n	leeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person 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 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	978 SHARES OF VARIOUS STOCK	_	
			02/17/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7_	1900 OF VARIOUS STOCK	_	
		\$226,449	06/23/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\ \$	

Name of organization Employer identification number 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)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization		Employer identification number
AT]	LANTA BALLET, INC.		58-1047778
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv	risors in writing that the assets held	I in donor advised
	funds are the organization's property, subject to the org	<u> </u>	
6	Did the organization inform all grantees, donors, and		
	only for charitable purposes and not for the benefit of		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the org	anization (check all that apply).	
	Preservation of land for public use (for example, recr	eation or education) Preservation	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution i	n_the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified history		2c
d	Number of conservation easements included in (c) acc	* *	
	a historic structure listed in the National Register	-	2d
3	Number of conservation easements modified, transfe		ninated by the organization during the
	tax year		
4	Number of states where property subject to conservati	on easement is located	
5	Does the organization have a written policy regard	ing the periodic monitoring, inspec	ction, handling of
	violations, and enforcement of the conservation easem	ents it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗀 No
9	In Part XIII, describe how the organization reports		•
	balance sheet, and include, if applicable, the text of	the footnote to the organization's fi	inancial statements that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Ye		
1a	If the organization elected, as permitted under FASB of art, historical treasures, or other similar assets he	ASC 958, not to report in its revenue	ue statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its	s financial statements that describes	these items.
b	If the organization elected, as permitted under FASB		
	art, historical treasures, or other similar assets held for		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, h		assets for financial gain, provide the
	following amounts required to be reported under FASB		
а	Revenue included on Form 990, Part VIII, line 1		
_ <u>b</u>	Assets included in Form 990, Part X		· · · · · · · · \$

Sche	dule D (Form 990) 2022 ATLAN	NTA BALLET,	INC.			58-1047778	8 Page 2
Pa	rt III Organizations Maintaining			easures, or	Other Similar A		
3	Using the organization's acquisition,	accession, and o	other records, che	ck any of the	e following that r	nake significant ι	use of its
	collection items (check all that apply)	:					
а	Public exhibition		d Loan	or exchange	program		
b	Scholarly research		e Othe	r			
С	Preservation for future generat						
4	Provide a description of the organiz	ation's collections	and explain how	they further	the organization	's exempt purpos	e in Part
	XIII.						
5	During the year, did the organization						
_	assets to be sold to raise funds rather		ained as part of the	organization	's collection?	Yes Yes	No
Pa	rt IV Escrow and Custodial Arra Complete if the organization	•	s" on Form 990	Part IV line	9 or reported a	n amount on Fc	ırm
	990, Part X, line 21.	in anoworou in	, , , , , , , , , , , , , , , , , , , ,	r are rv, iiiro	o, or reported a	in annount on re	
1a	Is the organization an agent, trustee	e, custodian or o	ther intermediary	for contribut	ions or other ass	ets not	
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in F	Part XIII and comp	olete the following to	able:			
						Amount	
С	Beginning balance			1c			
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
	Did the organization include an amou					- —	No
	If "Yes," explain the arrangement in F	Part XIII. Check he	ere if the explanation	n has been p	rovided on Part XII	<u> </u>	
Pa	rt V Endowment Funds.		" F 000	D =4 IV / 15 =	40		
	Complete if the organization						
		(a) Current year	(b) Prior year	(c) Two yea			years back
1 a	0 0 ,	3,189,490.	2,980,770.	3,356,2			416,294.
b	Contributions	536,449.	511,585.	390,	754. 13	10,606. 1,3	117,351.
С	Net investment earnings, gains,						
	and losses	81,186.	51,083.	205,	487. 1	79,971.	155,132.
d							
е	•						
	and programs	680,543.	353,948.	971,	740 1 6	20 425 2	002 641
f	'	3,126,582.	3,189,490.	2,980,			993,641. 695,136.
g	End of year balance					30,270.	333,130.
2 a	Provide the estimated percentage of Board designated or quasi-endowmer		end balance (line 1) %	j, column (a))	neid as:		
	Permanent endowment 49.5800		. •				
	Term endowment 50.4200 %	-					
	The percentages on lines 2a, 2b, and	d 2c should equal	100%.				
3 a	Are there endowment funds not in the	e possession of th	ne organization tha	t are held an	d administered for	the	
	organization by:		_			[Yes No
	(i) Unrelated organizations					3a(i)	Х
	(ii) Related organizations					3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related	organizations liste	d as required on So	hedule R?		3b	
4	Describe in Part XIII the intended use		tion's endowment f	unds.			
Pa	rt VI Land, Buildings, and Equip Complete if the organizati	oment. on answered "Ye	es" on Form 990	Part IV. line	e 11a. See Form	1 990. Part X. lin	e 10.
	Description of property	(a) Cost or	other basis (b) Cos	t or other basis	(c) Accumulated	(d) Book val	
		`		other)	depreciation		
1a	Land			360,603.	2 104 000		0,603.
b	Buildings		9,	450,516.	3,104,868.		5,648.
	Leasehold improvements			419,030.	370,154.		8,876.
d	Equipment		2,	021,846.	1,682,304.	33	9,542.

12,069,497. Schedule D (Form 990) 2022

3,974,828.

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

5,796,015.

Schedule D (Form 990) 2022 ATLANTA BALLET	, INC.	58	3-1047778	Page
Part VII Investments - Other Securities. Complete if the organization answered		0. Part IV line 11h, See Form 000	Part V line	12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:	12.
(1) Financial derivatives		,		
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
Complete if the organization answered	l "Yes" on Form 99	0 Part IV line 11c See Form 990	Part X line	13
(a) Description of investment	(b) Book value	(c) Method of valuat	ion:	
(4)		Cost or end-of-year mark	et value	
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	l "Vaa" an Fama 00	0 Dant IV line 44d Can Farm 000	Don't V. Line	4.5
Complete if the organization answered		u, Part IV, line 11d. See Form 990		
	scription		(b) Book va	alue
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)			
Part X Other Liabilities. Complete if the organization answered	l "Voc" on Form 00	0 Part IV line 11e or 11f See For	m 000 Port '	v
line 25.	i res on Form 99	o, Faitiv, line Tie of Til. See For	11 990, Fait 7	Λ,
1. (a) Descrip	otion of liability		(b) Book va	alue
(1) Federal income taxes				
(2)LEASE LIABILITY			663,	,070.
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u> (8)				
(9)				
\-/				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

663,070.

Part 2	XI Reconciliation of Revenue per Audited Financial Statements With R Complete if the organization answered "Yes" on Form 990, Part IV, line		n.	
1	Total revenue, gains, and other support per audited financial statements		1	10,394,722.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-	10,031,722.
a	Net unrealized gains (losses) on investments	-28,925.		
a b	Donated services and use of facilities	9,500.	1	
	Recoveries of prior year grants	3,000.	1	
C C		54.	-	
d	/		2e	-19,371.
	Add lines 2a through 2d		3	10,414,093.
3	Subtract line 2e from line 1			10,414,000.
4	Investment expenses not included on Form 990, Part VIII, line 7b	9,673.		
a	Other (Describe in Part XIII.) 4b	133,795.	-	
b			4c	143,468.
С 5	Add lines 4a and 4b		5	10,557,561.
Part				10,337,301.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	12,493,924.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	I		
а	Donated services and use of facilities	9,500.		
b	Prior year adjustments	11,607.	.	
С	Other losses		.	
d	Other (Describe in Part XIII.)	54.		
е	Add lines 2a through 2d		2e	21,161.
3	Subtract line 2e from line 1		3	12,472,763.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	9,673.	.	
b	Other (Describe in Part XIII.)	133,795.		
	Add lines 4a and 4b		4c	143,468.
5 Dor't	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information.		5	12,616,231.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1h and 2h: F	Part \/	line 1: Part X line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	nation	
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 31,2020.

Part XIII Supplemental Information (continued)

SCH D, PART XI, LINE 2D

\$ 54 RENTAL EXPENSES

SCH D, PART XI, LINE 4B

\$ 133,795 SCHOLARSHIP REVENUE

SCH D, PART XII, LINE 2D

\$ 54 RENTAL EXPENSES

SCH D, PART XII, LINE 4B

\$ 133,795 SCHOLARSHIP REVENUE

SCHEDULE G (Form 990)

ATLANTA BALLET,

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

INC.

OMB No. 1545-0047 Open to Public

Inspection Employer identification number

58-1047778

Form 990-EZ filers are not re				Yes" on Form 99	00, Part IV, line 1	7.
1 Indicate whether the organization rai				activities Check a	all that annly	
	_		_			
	е			non-government g		
b X Internet and email solicitations	f			government grants	3	
c X Phone solicitations	g	X Spec	cial fundra	ising events		
d X In-person solicitations						
2a Did the organization have a written of	r oral agreement w	vith any ind	dividual (in	cluding officers, d	irectors, trustees, _	
or key employees listed in Form 990	, Part VII) or entity	in connec	tion with p	rofessional fundra	ising services?	X Yes No
b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the		(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT INFORMATION		Yes	No		()	
1		100	110			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				500 000	25 900	NONE
Total 3 List all states in which the organiza	tion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from
registration or licensing.	tion is registered t	n licelised	i to solicit	CONTINUITIONS OF	nas been nouneu	it is exempt from
GA,						

58-1047778 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts greater than \$5,00	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BALLET BALL	CORPS DE BALLET	NONE	(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
Jue						
Revenue	1	Gross receipts	374,078.	283,839.		657,917.
\mathbb{R}^{6}						
	2	Less: Contributions	82,999.	49,789.		132,788.
	3	Gross income (line 1 minus				
		line 2)	291,079.	234,050.		525,129.
	_					
	4	Cash prizes				
	_	NI I				
	5	Noncash prizes				
es	6	Dont/facility costs				
sus	6	Rent/facility costs				
φ	7	Food and haverages	05.000	65.055		150 040
Ω	1	Food and beverages	85,293.	65,055.		150,348.
Direct Expenses	0	Entertainment	7 (50			7 (50
₫	0	Entertainment	7,650.			7,650.
	9	Other direct expenses	120 060	17 050		1/15 107
	3	Other direct expenses	120,000.	17,039.		145,127.
	10	Direct expense summary Add lin	nes 4 through 9 in colu	ımn (d)		303 125
	11	Direct expense summary. Add lin Net income summary. Subtract l	line 10 from line 3 col	umn (d)		222 004
Pa	rt III	Gaming. Complete if the org	anization answered "	Yes" on Form 990 F	Part IV line 19 or	reported more than
		\$15,000 on Form 990-EZ, lin		103 011 1 01111 000, 1	art IV, IIIIC 10, OI	reported more than
Φ				(b) Pull tabs/instant	() 0 !! :	(d) Total gaming (add
ű			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
es	2	Cash prizes				
SUS						
χbe	3	Noncash prizes				
Direct Expenses						
ည	4	Rent/facility costs				
\Box						
	5	Other direct expenses				
			Yes %		Yes%	
	6	Volunteer labor	No	No No	No	
	_	B: 4	0.11	(1)		
	7	Direct expense summary. Add lin	nes 2 through 5 in coll	umn (d)		
		N. (4 1 (1)		
_	8	Net gaming income summary. S	ubtract line / from line	e 1, column (a)		
•						
9	1 	Enter the state(s) in which the org	anization conducts ga	ming activities:	22	Yes No
í	. I	s the organization licensed to con	duct garring activities	in each of these state	:5!	Yes No
k	, ,	f "No," explain:				
	-					
10 a	<u>, </u>	Nere any of the organization's gaminุ	n licenses revoked suc	nended or terminated du	ring the tax vear?	Yes No
l						L I tes L INO
	. '	f "Yes," explain:				

	G (Form 990 or 990-EZ) 2022 ATLANTA BALLET, INC. 58-1047778 Page	3
12 Is	oes the organization conduct gaming activities with nonmembers?	<u> </u>
	the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
fo	rmed to administer charitable gaming?	0
	dicate the percentage of gaming activity conducted in:	
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	%
	,	%
	nter the name and address of the person who prepares the organization's gaming/special events books and ecords:	
N	ame ▶	
Ad	ddress ▶	
15 a D	oes the organization have a contract with a third party from whom the organization receives gaming	
re h If	evenue?	0
D II	mount of gaming revenue retained by the third party \$\bigs\ \bigs\ \bigs\	
c If	"Yes," enter name and address of the third party:	
N	ame ▶	
A	ddress ▶	
	aming manager information:	
N	ame ▶	
G	aming manager compensation ▶ \$	
D	escription of services provided	
	Director/officer Employee Independent contractor	
17 M	andatory distributions:	
	the organization required under state law to make charitable distributions from the gaming proceeds to	
re	tain the state gaming license? Yes V	0
	nter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year ▶ \$	
Part IV		_

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?

GROSS RECEIPTS FROM ACTIVITY: 500,000.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 25,890.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: NONE

SCHEDULEI

Grants and Other Assistance to Organizations,

202

OMB No. 1545-0047

(Form 990)	Governments, and Individuals in the United States	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
Department of the Treasury	Attach to Form 990.	Open to Pu
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspecti
Name of the organization		Employer identification number
ATLANTA BALLET, INC.	INC.	58-1047778
Part General li	Part I General Information on Grants and Assistance	
1 Does the organiz	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and
the selection crit	the selection criteria used to award the grants or assistance?	X Yes
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

Part II	Grants and Other Assistance to Domestic Org	mestic Org	ganizations an	d Domestic Gov	ernments. Com	janizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	ation answered "Ye	s" on Form 990,
	Part IV, line 21, for any recipient that received		more than \$5,	000. Part II can b	e duplicated if a	more than \$5,000. Part II can be duplicated if additional space is needed.	eeded.	
	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Ent	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	overnment o	rganizations list	ted in the line 1 tab	ole			

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

Schedule I (Form 990) 2022

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

	-					
	(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 COMMUNI	1 COMMUNITY OUTREACH GIVEN FOR FREE	48		39,602.	EST RATES	TUITION
2 PRE PRO	2 PRE PRO SCHOLARSHIP	9		.32,295.	EST RATES	TUITION
3 FINANCIAL AID	IAL AID	12		.17,955.	EST RATES	TUITION
4 TUITION	4TUITION SCHOLARSHIP, DECADE 2 DANCE	12		43,943.	EST RATES	TUITION
S.						
မှ						
7						
Part IV	Supplemental Information. Provide the informat information.	nformation re	quired in Part I, I	line 2, Part III, o	tion required in Part I, line 2, Part III, column (b); and any other additional	ther additional

METHOD OF AWARDING SCHOLARSHIPS

STUDENTS AT A CERTAIN LEVEL OF CLASS (BI) AND WHO HAVE BEEN ENROLLED AT

ONE YEAR CENTRE FOR DANCE EDUCATION FOR A MINIMUM OF BALLET THE ATLANTA ARE ELIGIBLE TO APPLY FOR A SCHOLARSHIP. THE APPLICATION MAY BE PICKED UP

IN THE REGISTRAR'S OFFICE OR DOWNLOADED FROM THE WEBSITE. ALL

AND RANKED IN APPLICATIONS ARE REVIEWED BY THE SCHOLARSHIP COMMITTEE,

ORDER OF HIGHEST LEVEL OF STUDENT/FINANCIAL NEED. THE AMOUNT OF ROOM

ВE O_L GRANTS AVAILABLE IN THE SCHEDULED CLASSES DETERMINES THE AMOUNTS OF

BY YEAR, EMPLOYEE TUITION DISCOUNTS ARE GIVEN UPON REQUEST, GIVEN YEAR Schedule I (Form 990) (2022)

SCHEDULE J (Form 990)

Compensation InformationFor 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.

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ATLANTA BALLET, INC. 58-1047778 Part I Questions Regarding Compensation

	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		res	NO
	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 réimbursement 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 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		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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		Х
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) 2022

58-1047778

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W-2 al	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
GENNADI NEDGIVIN	€	242,412.	NONE	NONE	NONE	19,580.	261,992.	NONE
1 ARTISTIC DIRECTOR	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS WEST	Ξ	250,395.	NONE	NONE	NONE	6,855.	257,250.	NONE
2 EXECUTIVE DIRECTOR	(E)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAMELA WHITACRE	Ξ	151,095.	NONE	NONE	NONE	15,228.	166,323.	NONE
3 COO/CFO	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SHARON STORY	Ξ	149,493.	NONE	NONE	NONE	13,581.	163,074.	NONE
4 DEAN CENTRE DANCE EDUCATION	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ							
2	€							
	Ξ							
9	€							
	Ξ							
7	€							
	Ξ							
8	€							
	Ξ							
6	€							
	Ξ							
10	€							
	Ξ							
11	Œ							
	Ξ							
12	€							
	Ξ							
13	€							
	Ξ							
14	<u>=</u>							
	Ξ							
15	Œ							
	Ξ							
16	€							
							Sch	Schedule J (Form 990) 2022

PUBLIC INSPECTION COPY 46

SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

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. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (i) Written (f) Balance due (a) Name of interested person (b) Relationship (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 1,650,000. Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of (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) 2022

(8) (9) (10)

Page 2

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of 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.

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).

(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D)	LOAN	(E) ORIGINAL	(F)	BALANCE DUE	(G)	IN DEFAULT?	(H)	APPROVED	(I)	WRITTEN
		TO I	FROM					YES NO		YES NO		YES NO
ANONYMOUS			Χ	1,500,000.		1,500,00	0.	X		X		X
TRUSTEE	OPERATIONS											
ANONYMOUS			X	650,000.		150,00	0.	X		X		X
TRUSTEE	CONSTRUCTION	N										

1,650,000.

1,650,000.

TOTAL

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 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

ATL	ANTA BALLET, INC.				5	8-1047778			
Par									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported of Form 990, Part VIII, lin	on	Method of noncash cont			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests	1							
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded		11	663,0	72.	STOCK QUO	TE		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►()								
26	Other ►()								
27	Other ►()								
28	Other ►(
29	Number of Forms 8283 received								
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement		29			
								Yes	No
30a	During the year, did the organizat			-					
	28, that it must hold for at least the	-							
	to be used for exempt purposes for		olding period?				30a		X
b	If "Yes," describe the arrangement i								
31	Does the organization have a				-				
	contributions?						31		X
32a	Does the organization hire or use		_					_	
	contributions?						32a	Х	
	If "Yes," describe in Part II.			_					
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which colur	nn (a)	is checked,			

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

Schedule M (Form 990) 2022

describe in Part II.

Part II Supple

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

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

58-1047778

ATLANTA BALLET, INC.

PART VI, QUESTION 11A

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

2022

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
Employer identification number

ATLANTA BALLET, INC. 58-1047778

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.

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 26TH 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 ACCREDITED PROFESSIONAL DANCE SCHOOLS IN THE COUNTRY AND THE ONLY PROFESSIONAL DANCE SCHOOL IN GEORGIA WITH THIS DISTINCTION. ACROSS ITS THREE STUDIO LOCATIONS, THE CDE'S WORLD-CLASS FACULTY TEACHES OVER 2,200 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 PROFESSIONAL DANCERS. ATLANTA BALLET'S 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 ENGAGING 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.

58-1047778

FORM 990, PART III - PROGRAM SERVICE

LINE 4C, PROGRAM SERVICE

AT ATLANTA BALLET, WE RECOGNIZE THAT ACCESS TO DANCE IS A PRIVILEGE, AND OFTEN COMMUNITIES WITH HIGH LEVELS OF POVERTY ARE EXCLUDED. THE CDE'S COMMUNITY ENGAGEMENT PROGRAMS ARE DESIGNED TO BRING QUALITY DANCE EDUCATION AND EXPERIENCES TO OVER 16,071 CHILDREN EACH YEAR WHO MIGHT NOT OTHERWISE HAVE ACCESS TO THE ARTS. THROUGH THESE PROGRAMS, THE CDE INCORPORATES DANCE CLASSES INTO THE ACADEMIC CURRICULUM IN PUBLIC SCHOOLS AND COMMUNITY CENTERS ACROSS METRO-ATLANTA; PROVIDES \$60,000 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

ATLANTA BALLET, INC.

Employer identification number

58-1047778

FORM 990, PART VII-COMPENSATION OF THE 5	5 HIGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
UTP		
774 SOUTH 500 WEST		
SALT LAKE CITY, UT 84101	STAGEHANDS	788,560.
CHASTAIN SQUARE		
PO BOX 740462		
ATLANTA, GA 30374	RENT	206,950.
HALPERN ENTERPRISES		
5200 ROSWELL ROAD NE		
SANDY SPRINGS, GA 30342	RENT	127,698.
4 WALL ENTERTAINMENT		
3165 W SUNSET RD		
LAS VEGAS, NV 89118	LIGHTING/VIDEO PROD	100,385.

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
	336,782.	459,776.
TOTALS		
	336,782.	459,776.

Name of the organization		Employer identification number
ATLANTA BALLET, INC.		58-1047778
FORM 990, PART X - DEFERRED REVENUE		
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
	1,712,272.	1,919,112.
TOTALS	1 710 070	1 010 110
	1,712,272. ========	1,919,112. =========

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.

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

OMB No. 1545-0047	2022

Open to Public

Employer identification number

INC. ATLANTA BALLET, Name of the organization

Department of the Treasury Internal Revenue Service

Part I

58-1047778 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

0318 ons. Complete if the orning the tax year.		(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
MABI			•	or foreign country)			entity
	(1) ATL	ANTA BALLET PRODUCTIONS, LLC					
	1695 M			GA			N/A
	(2)						
	(3)						
	(4)						
	(5)						
l	(9)						
	Part II	Identification of Related Tax-Exempt Organizations. Complete if the one or more related tax-exempt organizations during the tax year	e organization ansv	vered "Yes" on Fo	orm 990, Part IV,	, line 34, because	e it had

	one or more related tax-exempt organizations during the tax year.	ne tax year.						
	(a)	(q)	(c)		(e)		(g)	/P/4/0/
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	guillo	Section 5 12	z(b)(13) led
			or foreign country)		(if section 501(c)(3))	entity	entity'	2
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 99	.066				Schedule R (Form 990) 2022	(Form 990) 2022

JSA 2E1307 1.000

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. Part III

(k) Percentage ownership											
(j) General or managing partner?	Yes No			_			1				art IV,
Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	¥										on Form 990, F
(h) Disproportionate allocations?	oN s										"Yes"
(g) Share of end-of- year assets	Yes										iization answered ne tax vear.
(f) Share of total income											lete if the orgar or trust during tl
(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	,										i on or Trust. Compled as a corporation of
(d) Direct controlling entity											e as a Corporat anizations treate
(c) Legal domicile (state or foreign	coaliery)										Taxable ated ord
(b) Primary activity											ted Organizations
(a) Name, address, and EIN of related organization											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.
^ω Z		(1)	(2)		(3)	(4)		(5)	(9)	(7)	Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)	(f) Share of total income	(g) (h) Share of Percentage 512(b)(13) end-of-year assets ownership controlled entity?	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
						Schedule R (Form 990) 2022	R (Form 99	0) 2022

PUBLIC INSPECTION COPY 61

58-1047778

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

Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
	During the tax year, did the organization engage in any of the fol	7	
ב מ			
		2 4	
ပ		2 ; :	
_ ნ	d Loans or loan guarantees to or for related organization(s)	19	
Φ	e Loans or loan guarantees by related organization(s)		
4		7	
-	T Dividends from related organization(s)	= -,	+
ס		13 13	+
_ _			
-	Exchange of assets with related organization(s)	=	
-	Lease of facilities, equipment, or other assets to related organization(s)	1-1	
~	k Lease of facilities, equipment, or other assets from related organization(s)	 	
_	Performance of services or membership or fundraising solicitations for related organization(s)	=	
Ε	m Performance of services or membership or fundraising solicitations by related organization(s).	1 E	
_		1h	
0		10	
ď	p Reimbursement paid to related organization(s) for expenses.	1 _p	
	q Reimbursement paid by related organization(s) for expenses	19	
		-	
		<u> </u>	
_w	S Uther transfer of cash of property from related organization(s).	13	
7	It the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	action threshol	ds.
	(a) (b) (c) Name of related organization Amount involved type (a - s)	(d) Method of determining amount involved	termining /olved
5			
(2)			
(3)			
<u>4</u>			
Ú			
2			
(9)			
JSA		Schedule R (Form 990) 2022	990) 2022

Page 4

Schedule R (Form 990) 2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Are all par income (related, section from tax under (SOI(c))	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	(k) Percentage ownership
			sections 512 - 514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
										0000

Schedule R (Form 990) 2022

Part VII

Supplemental Information

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

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

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

Attach to your tax return.

2022
Attachment Sequence No. 179

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Identifying number

ATLANTA BALLET, INC.

58-1047778

Business or activity to which this form relates GENERAL DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Other depreciation (including ACRS) 16 24,834 Part | MACRS Depreciation (Don't include listed property. See instructions.) Section A 231,169. If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (g) Depreciation deduction (a) Classification of property (business/investment use (e) Convention (f) Method placed in only - see instructions) service 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 vrs S/L g 25-year property 27.5 yrs. MMS/L h Residential rental S/L 27.5 yrs. MM property 39 yrs. MMS/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/I c 30-year 30 yrs MM S/L MM d 40-year 40 yrs S/I Part IV Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 256,003. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Ea-	m 4562 (2022)											58	-1047	778	Dog -
	m 4562 (2022) art V Listed Prop	perty (Include au	ıtomobiles	. certa	in other	yehir	les, ce	rtain :	aircraft	and pro	opertv	used f	or		Page 2
1 6		ent, recreation, o				VOITIC	,,,,,,,	rtaii i	an orant,	ana pr	oporty	aooa 1	OI .		
	Note: For an	ny vehicle for which	you are u	sing the	e standa	rd mile	eage rat	te or o	deducting	lease e	expense	, comp	lete onl y	/ 24a,	
_		s (a) through (c) o Depreciation and									. nacca	ngor o	ıtomobil	00.1	
24:	a Do you have evidence						e the in		24b If "\					Yes	No
	(a)	(b)	(c)	TIOTIC GOC	, olali lica :	Т.	(e)	140	(f)		g)		(h)	Т '	(i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment us percentage	se Cost	(d) or other ba	:	sis for depr usiness/inve use only	estment	Recovery period	Met	hod/ ention	Depr	eciation uction	Elected s	
25	Special depreciation the tax year and us										. 25				
26	Property used mor	re than 50% in a qu	ualified busi	ness us	se:						·				
				%											
				%											
				%											
27	Property used 50%	6 or less in a qualifi	ied business												
				%						S/L -				_	
				%						S/L -				-	
	A - -		<u> </u>	% 	h	al a := 15	01	1		S/L -				-	
	Add amounts in co												20		
29	Add allibuilts iii co	numm (i), ime 20. L			Informa							<u></u>	. 29		
Con	mplete this section fo	or vehicles used by								er" or r	elated r	erson	If you n	rovided	vehicle
	our employees, first an													novided	vomoic
				((a)		(b)		(c)	(d)		(e)	(f)
30	Total husiness/inv	estment miles driv	en durina	Veh	nicle 1	Veh	ricle 2	Ve	ehicle 3	Veh	icle 4	Vel	nicle 5	Veh	icle 6
Total business/investment miles driven during the year (don't include commuting miles)															
31															
32	Total other p	ersonal (nonco	mmuting)												
	miles driven														
33	Total miles drive	en during the y	ear. Add												
	lines 30 through 3														
34	Was the vehicle	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty														
35	Was the vehicle	, , ,													
	than 5% owner or	related person?											-		
•	1														
36	Is another vehicle				\\\/\/\/\	D	:-!- \/-!	-:			· · · · · ·				
۸		ction C - Questio		-						-		-			14
	swer these question are than 5% owners o				eption t	o com	pieting	Secu	011 101	venicie	s usea	by em	pioyees	wno a	rent
37		<u> </u>			ohibits	all per	sonal II	se of	vehicles	i inclu	dina co	mmutii	na. hv	Yes	No
٠,	your employees?.									,	9 00		ر. _ت	1.00	
38									hicles e	except of	commu	ina h	v vour		
33	employees? See th					•						_			
39				-											
40	Do you provide n														
	use of the vehicles														
41	Do you meet the re	•													
	Note: If your answ	•	• .												
Pa	art VI Amortizat	ion													
	(-)		(b)			(6)			/ al\		(e			(f)	
	(a) Description o	of costs	Date amor begin		Am	(c) ortizable	e amount		(d) Code se		Amorti perio		Amortiza	יי) ation for tl	his year
-	A	. 4. 41 4 1					4!				percer	ntage			
42	Amortization of cos	sis inat begins dur	ing your 20 ⊺	22 tax	year (se	e instr	uctions)):				1			
								-							

Form **4562** (2022)

2X2310 1.000

43 Amortization of costs that began before your 2022 tax year.

Total. Add amounts in column (f). See the instructions for where to report

43