

** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change ATLANTA BELTLINE PARTNERSHIP INC Name change 56-2464486 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 404-446-4405 970 JEFFERSON ST. NW STE 4 39,145,921. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return ATLANTA, GA 30318 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ROBERT BRAWNER Yes X No for subordinates? SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) (4947(a)(1) or 527) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.BELTLINE.ORG **H(c)** Group exemption number K Form of organization: X Corporation Association Other -L Year of formation: 2004 M State of legal domicile: GA Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT THE ATLANTA BELTLINE Activities & Governance THROUGH FUNDRAISING, PROGRAMMING AND ADVOCACY. if the organization discontinued its operations or disposed of more than 25% of its net assets. 26 3 Number of voting members of the governing body (Part VI, line 1a) 26 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 150 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 29,611,694. 39,138,459. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 15. -256,916. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -2,403,781. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,388. 11 38,882,931. 27,207,928. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 15,462,029. 1,636,063. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 677,091. 655,402. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 159,008. 295,229. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 757,251. 1,222,132. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,033,690. 3,830,515. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,174,238. 35,052,416. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year Por **End of Year** 21,148,224. 54,208,865. 20 Total assets (Part X, line 16) 4,762,523. 2,770,748. 21 Total liabilities (Part X, line 26) 巨巨 16,385,701. 51,438,117. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. KoleviBri 01/31/2023 Signature of officer Date Sign ROBERT BRAWNER, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature TIFFANY T. ORR, CPA 01/26/23 self-employed P01559485 TIFFANY T. ORR, CPA Paid Firm's EIN > 72 - 1396621Firm's name ▶ CARR, RIGGS & INGRAM, LLC Preparer Firm's address 4004 SUMMIT BLVD NE, SUITE Use Only Phone no. 770.394.8000 ATLANTA, GA 30319

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION FULFILLS, PROTECTS AND PRESERVES THE ATLANTA BELTLINE
	VISION BY RAISING FUNDS AND BUILDING PARTNERSHIPS THAT ENABLE THE
	PROJECT, ENGAGE THE PUBLIC AND EMPOWER THE RESIDENTS OF SURROUNDING
	NEIGHBORHOODS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 223, 072 • including grants of \$1, 053, 781 •) (Revenue \$)
ти	ENABLE THE PROJECT - UNDERSTANDING THAT BOTH LOCAL AND FEDERAL FUNDING
	SOURCES ALONE CANNOT COMPLETE THE VAST NETWORK OF PARKS, TRAILS, AND
	TRANSIT OF THE ATLANTA BELTLINE, THE ORGANIZATION HELPS TO FILL THIS
	FUNDING GAP BY DEVELOPING RELATIONSHIPS AND SOLICITING INVESTMENT FROM
	THE PRIVATE SECTOR AND THE PHILANTHROPIC COMMUNITY. THROUGH FISCAL YEAR
	2022, THE ORGANIZATION HAS RAISED MORE THAN \$144 MILLION DURING THE
	QUIET PHASE OF AN APPROXIMATELY \$175 MILLION MULTIYEAR CAMPAIGN THAT
	WILL SUPPORT BELTLINE TRAILS, PARKS, AND PROGRAMS.
	464.000
4b	(Code:) (Expenses \$ 464,879 · including grants of \$ 216,100 ·) (Revenue \$)
	ENGAGE THE PUBLIC - THE ATLANTA BELTLINE NEEDS ONGOING PUBLIC SUPPORT THROUGHOUT ITS MULTIYEAR IMPLEMENTATION. SINCE ITS INCEPTION, THE
	ORGANIZATION HAS ENGAGED THE PUBLIC TO SUSTAIN COMMUNITY SUPPORT,
	FAVORABLE POLITICAL WILL, AND CONTINUED PHILANTHROPIC INVESTMENT
	THROUGH THE COMPLETION OF THE PROJECT. THE WIDE-RANGING VARIETY OF
	EVENTS, ACTIVITIES, AND PROGRAMMING IS FOCUSED ON FITNESS & WELLNESS,
	VOLUNTEERISM, AND INFORMING PEOPLE ABOUT THE ATLANTA BELTLINE.
	·
	1 074 000
4c	(Code:) (Expenses \$ 1,274,023. including grants of \$ 366,182.) (Revenue \$)
	EMPOWER THE RESIDENTS - THE ATLANTA BELTLINE PROVIDES PARKS, TRAILS,
	AND FUTURE TRANSIT THAT IS ATTRACTING PRIVATE INVESTMENT AND CREATING JOBS. IN COLLABORATION WITH ITS PARTNERS, THE ORGANIZATION CONNECTS
	ATLANTA BELTLINE RESIDENTS WITH RESOURCES TO HELP THEM LIVE, WORK, AND
	THRIVE. THROUGH PHILANTHROPIC FUNDING, THE ORGANIZATION'S LEGACY
	RESIDENT RETENTION PROGRAM PAYS PROPERTY TAX INCREASES THROUGH 2030 TO
	ALLOW AT-RISK HOMEOWNERS TO STAY IN THEIR HOMES AND TO LEVERAGE THE
	BENEFIT OF RISING PROPERTY VALUES FOR GENERATIONAL WEALTH-BUILDING
	OUTCOMES. THE ORGANIZATION OFFERS A WIDE ARRAY OF HOME EMPOWERMENT
	WORKSHOPS BOTH IN-PERSON AND VIRTUALLY TO CONNECT RESIDENTS WITH
	PARTNERS AND RESOURCES TO HELP THEM STAY IN THEIR HOMES AND MITIGATE
	DISPLACEMENT PRESSURES. (CONTINUED ON SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 2,961,974.
	Form 990 (2021)

132002 12-09-21

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
Ū	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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	-		- 25
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- V
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	democre government out rare ix, column (x), into 1: 11 res, complete scriedule i, Parts Fano II	<u> </u>	-22	

Form 990 (2021) ATLANTA BELTLINE PARTNERSHIP INC

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	140
22	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	
24a	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		
25a	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		X
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		_X_
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		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		Х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		Х
31	contributions? If "Yes," complete Schedule M 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? <i>If "Yes," complete</i>	"		
OZ.	Coloradida N. Dort II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- J		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			لل
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(a.e ::
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Form 990 (2021) ATLANTA BELTLINE PARTNERSHIP INC

Part 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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a L				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	u		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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.

<u>C</u>	· · · · · · · · · · · · · · · · · · ·					X			
Sec	tion A. Governing Body and Management								
		ı	1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26						
	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.								
b									
2	, , , , , , , , , , , , , , , , , , , ,								
	officer, director, trustee, or key employee?								
3									
3	of officers disables to the state of the sta			١		х			
			- 51- 40	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets'?		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 elect or ap	point	one or						
	more members of the governing body?			7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea								
а	The governing body?	-	-	8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	vonuo	Code						
	This Section B requests information about policies not required by the internal ne	<u>veriue</u>	Code.)		Yes	No			
100	Did the expenization have local chanters, branches, or effiliates?			10a	163	X			
	Did the organization have local chapters, branches, or affiliates?			IUa		-25			
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			401					
				10b	v				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ рето	re filing the form?	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				77				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," a	escribe						
	on Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	Х				
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 and approva	l by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	X				
	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 similar arrangement	nent w	rith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶GA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (section 501(c)(3)s	onlv)	availal	ole			
-	for public inspection. Indicate how you made these available. Check all that apply.		, , , , , , , , , , , , , , , , , , , ,	,/					
	X Own website Another's website X Upon request Other (explain	on S	shedule (1)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l finan	rial				
.5	statements available to the public during the tax year.			· ······aiil	Jiui				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records						
20	TWYLA HARRIS - 404-446-4404	no all							
	970 JEFFERSON ST. NW STE 4, ATLANTA, GA 30318								
	NIO CHELHUDOM DIO MM DIE 4' VINVMIV' GV 20210								

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

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

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

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

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

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	ividu	titutic	Officer	/ emp	hest ploye	Former			organizations
(1)	line)	프	l su	JJ0	Ke	e Hig	For			
(1) ROBERT BRAWNER	65.00	ł						100 000		0 200
EXECUTIVE DIRECTOR	0.05			Х				180,000.	0.	9,329.
(2) AMBRISH BAISIWALA	0.25	.								
DIRECTOR		Х						0.	0.	0.
(3) SCOTT BOHRER	3.00									
TREASURER		Х		Х				0.	0.	0.
(4) MATT BRONFMAN	0.25									_
DIRECTOR		Х						0.	0.	0.
(5) ALTHEA BROUGHTON	0.25								_	_
DIRECTOR		Х						0.	0.	0.
(6) CHANDRA STEPHENS-ALBRIGHT	3.00									
NOM. COMMITTTE CHAIR		Х						0.	0.	0.
(7) RAJ CHOUDHURY	0.25									
DIRECTOR		Х						0.	0.	0.
(8) BENTINA TERRY	3.00									
BOARD CHAIR		Х		X				0.	0.	0.
(9) DALLAS CLEMENT	0.25									
DIRECTOR		Х						0.	0.	0.
(10) JENNIFER DORIAN	0.25									
DIRECTOR -THRU 12/21		Х						0.	0.	0.
(11) MICHELLE FISHER	0.25									
DIRECTOR		Х						0.	0.	0.
(12) THARON JOHNSON	0.25									
DIRECTOR		Х						0.	0.	0.
(13) MICHELLE MOOREHEAD	3.00									
ENGAGE COMMIT. CHAIR		Х						0.	0.	0.
(14) IRA MORELAND	0.25								-	
DIRECTOR -THRU 12/21		Х						0.	0.	0.
(15) MELISSA PROCTOR	0.25	Ì								
DIRECTOR		Х						0.	0.	0.
(16) KEN RICHARDS	0.25	<u> </u>								
DIRECTOR -THRU 12/21	11.2	х						0.	0.	0.
(17) MICHAEL RUSSELL	0.25	† <u></u>								
DIRECTOR	1125	x						0.	0.	0.
132007 12-09-21					_					Form 990 (202

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E)	(F)
(A) (B) (C) (D) (E)	(F)
Name and title Average Position Reportable Reportable Fet	mated
hours per box, unless person is both an officer and a director/trustee) hours per box, unless person is both an officer and a director/trustee) from from related compensation	ount of ther ensation
hours for related organizations below line) hours for related organizations below line)	m the nization related nizations
(18) AUSTIN STEPHENS 0.25	
DIRECTOR X 0. 0.	0.
(19) GREGOR TURK 0.25	
DIRECTOR -THRU 12/21 X 0. 0.	0.
(20) ELIZABETH CHANDLER 0.25	
DIRECTOR X 0. 0.	0.
(21) KATHY FARRELL 3.00	
EMPOWER COMMIT. CHAI X 0.	0.
(22) PETER SCOTT 0.25	
DIRECTOR X 0. 0.	0.
(23) MARKHAM SMITH 0.25	
DIRECTOR X 0.	0.
(24) KATHARINE WILCOX STRAHAN 0.25	
DIRECTOR X 0.	0.
(25) SCOTT BURTON 0.25	
DIRECTOR X 0.	0.
(26) REV DR HERMAN "SKIP" MASON 0.25	
DIRECTOR X 0.	0.
1b Subtotal 180,000. 0. 9	,329.
c Total from continuation sheets to Part VII, Section A	0.
d Total (add lines 1b and 1c) 180,000. 0. 9	,329.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	
compensation from the organization	1
	res No

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

Section B. Independent Contractors

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

(A) Name and business address		(B) Description of services	(C) Compensation
COXE CURRY AND ASSOCIATES, 191 PEACHTR ST. NE #450, ATLANTA, GA 30303		FUNDRAISING	196,128.
APD URBAN PLANNING + MANAGEMENT, 260 PEACHTREE ST NW, SUITE 1802, ATLANTA,	GA	CONSULTING	135,089.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes." complete Schedule J for such person

Form 990 ATLANTA	BELTLINE	: P	AR	TN	ER	SH	ΙP	INC	56-246	4486
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector) d w		organization	(W-2/1099-MISC)	from the
	hours for	ordi	9			ated 6		(W-2/1099-MISC)		organization
	related	ustee	trust		e e	bens				and related
	organizations below	ual tr	tional		ploy6	tcom	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LAIN SHAKESPEARE	0.25	=	=	0	~	Ξ.	4			
DIRECTOR	0.23	Х						0.	0.	0.
(28) MOSES CARROLL	0.25							0.	0.	0.
DIRECTOR	0.23	Х						0.	0.	0.
(29) JESSICA HUSSAIN	0.25								•	
DIRECTOR		Х						0.	0.	0.
(30) CARLOS PEREZ	0.25									
DIRECTOR		Х	L					0.	0.	0.
(31) LATRESA RYAN	0.25									
DIRECTOR		Х						0.	0.	0.
			_							
			\vdash			\vdash				
		_								
Total to Part VII, Section A, line 1c										

Form 990 (2021) ATLANTA
Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a response o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ည် ရ	c	Fundraising events						
fts, r A	q	Related organizations						
ig ig	u 0	Government grants (contribu		66,800.				
Sin	•	All other contributions, gifts, gra						
utic le	'			39,071,659.				
ë₽	_	similar amounts not included ab		33,071,033.				
o d	9	Noncash contributions included in line			39,138,459.			
Oa	n	Total. Add lines 1a-1f		Business Code	37,130,437.			
				Busiliess Code				
ice	2 a							
er v	b							
n S	С							
lrar 3ev	d	<u> </u>						
Program Service Revenue	е							
۵		All other program service rev						
\rightarrow	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			3,760.			3,760.
	4	Income from investment of t						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents6	ia					
	b	Less: rental expenses 6	6b					
	С	Rental income or (loss)	Sc Sc					
	d	Net rental income or (loss)_						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	7a					
	b	Less: cost or other basis						
ē		and sales expenses 7	7b	260,676.				
en	С	Gain or (loss) 7		-260,676.				
ther Revenue		Net gain or (loss)			-260,676.			-260,676.
e		Gross income from fundraising						
퉏		including \$	` .					
		contributions reported on lin						
		Part IV, line 18						
	b	Less: direct expenses	I	1				
		Net income or (loss) from fur						
		Gross income from gaming a						
		Part IV, line 19	I					
	b	Less: direct expenses						
		Net income or (loss) from ga		•				
		Gross sales of inventory, les	_					
		and allowances	I	2,622.				
	h	Less: cost of goods sold	I	-				
		Net income or (loss) from sa			308.			308.
\dashv		1132 INDOING OF (1033) ITOTH Sa		Business Code				
sn	11 ^	AB CENTER RENTAL		900099	1,103.	1,103.		
Miscellaneous Revenue		OTHER INCOME		900099	-23.	-23.		
la Ven	C							
Sce		All other revenue						
Ξ					1,080.			
		Total. Add lines 11a-11d Total revenue. See instructions			38,882,931.	1,080.	0.	-256,608.
	12	iviai ievellue. Oct IIISti uctiolis	,		1 22,002,001.	1 -,	١ ٠	

Form 990 (2021) ATLANTA BELTL Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	= lete all columns All othe	er organizations must con	nolete column (A)	
<u> </u>	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 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	1,636,063.	1,636,063.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 000	120 600	27 000	21 600
	trustees, and key employees	180,000.	120,600.	37,800.	21,600.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	395,842.	265,214.	83,127.	17 E01
7	Other salaries and wages	333,044.	403,414.	03,14/•	47,501.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	57,663.	38,634.	12,109.	6 920
9	Other employee benefits	43,586.	29,203.	9,153.	6,920. 5,230.
10	Payroll taxes	43,300.	29,203.	9,133.	3,230.
11	Fees for services (nonemployees):				
a	Management				
	Legal	66,231.		66,231.	
	Accounting	00,251.		00,251.	
	Lobbying Professional fundraising services. See Part IV, line 17	295,229.			295,229.
f	Investment management fees	233,223.			233,223
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	848,071.	691,414.	123,114.	33,543.
12	Advertising and promotion	33,726.	13,793.	9,283.	10,650.
13	Office expenses			7,200	
14	Information technology	62,145.	39,773.	13,672.	8,700.
15	Royalties	,	,	,	,
16	Occupancy	69,296.	44,350.	15,245.	9,701.
17	Travel	2,905.	1,946.	349.	610.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64,374.	41,200.	14,162.	9,012.
23	Insurance	9,813.	6,280.	2,159.	1,374.
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 Schodule (A).				
_	amount, list line 24e expenses on Schedule 0.) OTHER EXPENSES	23,212.	12,667.	6,692.	3,853.
a b	SERVICE FEES	14,457.	88.	10,163.	4,206.
С	TELEPHONE	8,073.	5,311.	1,728.	1,034.
d	TOUR BUS EXPENSE	6,629.	6,629.	1,1200	1,054.
-	All other expenses	13,200.	8,809.	2,438.	1,953.
25	Total functional expenses. Add lines 1 through 24e	3,830,515.	2,961,974.	407,425.	461,116.
26	Joint costs. Complete this line only if the organization	-,,	_,,,,,,,,		
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	<u> </u>				000

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X			
			(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			63,711.	1	25,553.
	2	Savings and temporary cash investments			2,075,954.	2	12,617,524.
	3	Pledges and grants receivable, net	3,940,212.	3	26,834,087.		
	4	Accounts receivable, net	4,416.	4	3,691.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified per	onssons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8,218.	8	4,387.
ğ	9	Prepaid expenses and deferred charges	12,816.	9	12,583.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	14,972,620.			
	b	Less: accumulated depreciation	. 10b	261,580.	15,036,089.	10c	14,711,040.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			6,808.	15	0.
	16	Total assets. Add lines 1 through 15 (must ed			21,148,224.	16	54,208,865.
	17	Accounts payable and accrued expenses	2,647,781.	17	187,385.		
	18	Grants payable			1,858,309.	18	1,770,772.
	19	Deferred revenue			1,850.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
jab		controlled entity or family member of any of th	-			22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	210 552
	24	Unsecured notes and loans payable to unrelat		Г		24	210,552.
	25	Other liabilities (including federal income tax, p	•	1			
		parties, and other liabilities not included on lin		·	254 502		602 020
		of Schedule D			254,583. 4,762,523.		602,039.
	26	Total liabilities. Add lines 17 through 25			4,702,323.	26	2,770,740.
Ś		Organizations that follow FASB ASC 958, cl	neck nere				
nce	07	and complete lines 27, 28, 32, and 33.		1	14,022,221.	27	14,032,951.
<u>a</u>	27	Net assets without donor restrictions			2,363,480.	28	37,405,166.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC		2,303,400.	20	37,403,100.	
Ë		and complete lines 29 through 33.					
ō	20		10			29	
ets	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or				30	
\ss(30	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	31				16,385,701.	32	51,438,117.
ž	32	Total liabilities and not assets/fund balances			21,148,224.	33	54,208,865.
	33	Total liabilities and net assets/fund balances			21,170,444	აა	54,200,005.

	990 (2021) ATLANTA BELTLINE PARTNERSHIP INC	56-	-24644	86	Pag	ge 12
Pa	rt 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	38,			
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 15.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	35,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,	385	7	<u>01.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B)) rt XII Financial Statements and Reporting	10	51,	438	1,1	<u>17.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>
			_		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," explain on Schedule	Ο.				
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 compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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 oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Auc	lit			
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm	990 ((2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** ATLANTA BELTLINE PARTNERSHIP INC 56-2464486 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4700894.	1471782.	6606163.	29611694.	3888459.	46278992.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4700894.	1471782.	6606163.	29611694.	3888459.	46278992.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						27807858.
	Public support. Subtract line 5 from line 4.						18471134.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4700894.	1471782.	6606163.	29611694.	3888459.	46278992.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,171.	4,843.	6,483.	15.	3,760.	24,272.
9	Net income from unrelated business						
	activities, whether or not the	444 050	004 400	406 500			
	business is regularly carried on	111,952.	201,133.	126,503.	89,107.		528,695.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						4.6021050
	Total support. Add lines 7 through 10						46831959.
	Gross receipts from related activities,					12	156,379.
13	First 5 years. If the Form 990 is for th						
Sac	organization, check this box and stop ction C. Computation of Public						
	Public support percentage for 2021 (li			volumn (f)\		14	39.44 %
	Public support percentage for 2021 (III Public support percentage from 2020					15	39.44 % 35.00 %
	33 1/3% support test - 2021. If the co						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o						
~	and stop here. The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te				racni-ation		
b	10% -facts-and-circumstances test	-	-	*	-		
-	more, and if the organization meets th	ū				•	
	organization meets the facts-and-circu						ightharpoonup
18	Private foundation. If the organization						s

Schedule A (Form 990) 2021

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

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

Sec	etion A. Public Support	, piodoc comp	2.0.0 1 4.11.1				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	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.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		(a) 2011	(6) 2010	(6) 2019	(4) 2020	(6) 2021	(I) Total
	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						
_	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						>
	ction C. Computation of Public					T T	
	Public support percentage for 2021 (lin		•	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the	· ·		•		ŕ	7 is not
_	more than 33 1/3%, check this box and	-	-				
b	33 1/3% support tests - 2020. If the	•			•	•	
20	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						
~U	ELIVATE TOURGABOR. IL THE OTORNIZATION	LOIGHOUGHECK A	DUX OF BUILDING 14 19	a or iso check If	us dox add see in:	SULICIOUS	

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Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 8 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.
- 10a 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
1		
2		
3a		
- Ou		
3b		
Зс		
4a		
4b		
4c		
10		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		

Par	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?	a	┷
b	A family member of a person described on line 11a above?		
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.		\bot
Sect	tion B. Type I Supporting Organizations		
		Yes	No.
	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.		_
	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,		
Sact	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
Seci	tion 6. Type it supporting organizations		Τ
	Manager and the filter and the first affine to a standard and the first and the filter affine discount	Yes	No
	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		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Tes	INO
	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?		
	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).		
	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.		
Sect	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.		_
	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.		
	Parent of Supported Organizations. Answer lines 3a and 3b below.		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		

see instructions).

6 Multiply line 5 by 0.035

7

Recoveries of prior-year distributions

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	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		

4

5 6

7

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

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)										
Secti	Section D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1						
2	Amounts paid to perform activity that directly furthers exemp									
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3						
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	e organization is responsive								
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2021 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount			10						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021					
1	Distributable amount for 2021 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2021 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2021									
a	From 2016									
b	From 2017									
c	From 2018									
d	# From 2019									
e	From 2020									
f_	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
	Applied to 2021 distributable amount									
_ <u>i</u>	Carryover from 2016 not applied (see instructions)									
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2021 from Section D,									
	line 7: \$									
	Applied to underdistributions of prior years									
	Applied to 2021 distributable amount									
	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2021, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2021. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
7	Part VI. See instructions.									
7	Excess distributions carryover to 2022. Add lines 3j									
	and 4c.									
8	Breakdown of line 7: Excess from 2017									
	Excess from 2018									
	Excess from 2018 Excess from 2019									
	Excess from 2020									
<u>e</u>	Excess from 2021				hadala A (Farm 000) 0004					

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED: DESCRIPTION: CORRIDOR COMPLETION 14500000. DATE: 07/01/21 AMOUNT: DESCRIPTION: CORRIDOR COMPLETION 20750000. DATE: 04/01/22 AMOUNT: PART II LINE 1 THE ORGANIZATION RECEIVED TWO GRANTS DURING THE YEAR ENDED JUNE 30, 2022 TO HELP COMPLETE THE 22-MILE MAINLINE BELTLINE CORRIDOR BY 2030. THESE GRANTS CONTAINED BOTH UNCONDITIONAL AND CONDITIONAL COMPONENTS. THE UNCONDITIONAL PORTIONS OF THESE GRANTS OF \$20,750,000 AND \$14,500,000 WERE RECORDED AS REVENUES IN THE YEAR ENDED JUNE 30, 2022, AND ARE TREATED AS UNUSUAL GRANTS FOR PURPOSES OF SCHEDULE A. AN ADDITIONAL \$5,000,000 AND \$65,500,000, RESPECTIVELY, REPRESENTING THE CONDITIONAL PORTIONS OF THESE GRANTS HAVE NOT YET BEEN RECORDED AS REVENUES BECAUSE THE CONDITIONS ON WHICH THEY DEPEND HAVE NOT YET BEEN THE ORGANIZATION ANTICIPATES CONDITIONS BEING MET, AND ASSOCIATED REVENUE BEING RECORDED, OVER THE NEXT FOUR YEARS.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

ATLANTA BELTLINE PARTNERSHIP INC 56-2464486

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

ATLANTA BELTLINE PARTNERSHIP INC

56-2464486

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		\$ <u>20,750,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>14,500,000</u> .	Person X Payroll
(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ATLANTA BELTLINE PARTNERSHIP INC

56-2464486

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization Employer identification number

	A BELTLINE PARTNERSHIP		56-2464486				
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line en	section 501(c)(7), (8), or (10) that total more than \$1,000 for t ntry. For organizations	the yea			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) \$				
(a) No. from	· ·	T	(d) December of how with it hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
— ·							
-							
		(e) Transfer of gif	ift				
\vdash	Transferee's name, address, a	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		(1)					
.							
	(e) Transfer of gift						
	Transferee's name, address, a	and 7ID + 4	Relationship of transferor to transferee				
	Transieree's name, address, a	1111 ZIF T T	nelationship of transfer of to transferee				
(a) No.		<u> </u>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
.							
.							
<u> </u>		(e) Transfer of gif	l				
	(e) Transfer of gift						
	Transferee's name, address, a	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	(b) i dipose oi giit	(c) Osc of gift	(a) Description of now gire is field				
-							
— ·			 				
L.							
	(e) Transfer of gift						
	Transfers	on al 710 . 4	Deletionabin of transferred to transfer				
\vdash	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
'							
				_			
		l l					

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

•	• Section 501(c)(4), (5), or (6) organizations: Complete Part III.								
Nan	ne of organization			Emp	loyer identification number				
		BELTLINE PARTNE			56-2464486				
Pa	art I-A Complete if the org	janization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.				
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	s				
Pa	art I-B Complete if the org	janization is exempt unde	er section 501(c)(3	3).					
1	Enter the amount of any excise tax				}				
	Enter the amount of any excise tax								
	If the organization incurred a section								
4a	Was a correction made?				Yes No				
	If "Yes," describe in Part IV.				1/2)				
_	art I-C Complete if the org	·		<u> </u>	e)(3).				
	Enter the amount directly expended								
2	Enter the amount of the filing organ		•						
	exempt function activities				·				
3	Total exempt function expenditures								
4	line 17b Did the filing organization file Form								
5					—				
J	made payments. For each organiza			-					
	contributions received that were pro-		0 0		•				
	political action committee (PAC). If	additional space is needed, prov	ide information in Part I	IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Sched	dule C (Form 990) 2021	ATLAN'	ra Bel'	TLINE PARTNI	ERSHIP INC	56-2	464486 Page 2
Par	t II-A Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).						
A Ch					Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and shar	re of exces	s lobbying e	expenditures).			
B Ch	eck 🕨 🔛 if the filing organiza	tion check	ed box A ar	d "limited control" pro	visions apply.		
			oying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence publ	ic opinion (d	grassroots lobbying)		0.	
	Total lobbying expenditures to influ	-				0.	
С	Total lobbying expenditures (add li	nes 1a and	d 1b)			0.	
	Other exempt purpose expenditure					2,961,974.	
е	Total exempt purpose expenditure	s (add line	s 1c and 1d))		2,961,974.	
f	Lobbying nontaxable amount. Enter	er the amo	unt from the	following table in both	n columns.	298,099.	
	If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of t	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
	Over \$17,000,000		\$1,000,0	000.			
g	Grassroots nontaxable amount (en	ter 25% of	line 1f)			74,525.	
h	Subtract line 1g from line 1a. If zer	o or less, e	nter -0			0.	
i	Subtract line 1f from line 1c. If zero	o or less, e	nter -0			0.	
j	If there is an amount other than ze	ro on eithe	r line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
	reporting section 4911 tax for this	year?					Yes No
	(Some organizations the	See	a section 50 the separa	ate instructions for lin	nave to complete all ones 2a through 2f.)	of the five columns be	elow.
		Lobi	ying Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
	Lobbying nontaxable amount	27	8,558.	276,897.	972,753.	298,099.	1,826,307.
b	Lobbying ceiling amount (150% of line 2a, column(e))						2,739,461.
c	Total lobbying expenditures				22,000.		22,000.
	Grassroots nontaxable amount	6	9,640.	69,224.	243,188.	74,525.	456,577.
e	Grassroots ceiling amount (150% of line 2d, column (e))						684,866.

Schedule C (Form 990) 2021

22,000.

f Grassroots lobbying expenditures

22,000.

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

	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	,,	a)		(b)
or trie	lobbying activity.	Yes	No	o	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n F04/-\//	<u> </u>	000	tion	
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 50 1 (6)(8	oj, or	sec	uon	
an						
an	33 1(3)(3).				Yes	I N
			Г	1	Yes	N ₁
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	N ₁
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year n 501(c)(t	 ? 5), o r	2 3 sec	tion	3, is
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year' n 501(c)(\$ 'No" OR	? 5), or (b) Pa	2 3 sec	tion	
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year n 501(c)({ 'No" OR	? 5), or (b) Pa	2 3 sec art I	tion	
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	e prior year n 501(c)({ 'No" OR	? 5), or (b) Pa	2 3 sec art I	tion	
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year n 501(c)(t 'No" OR	5), or (b) P	2 3 sec art I	tion	
1 2 3 ?ari 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year'n 501(c)(t n 501 (c)(t 'No" OR	5), or (b) Pa	2 3 sec art I	tion	
1 2 3 Part 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	e prior year'n 501(c)(t n 501(c)(t 'No" OR	5), or (b) Pa	2 3 sec art I 1 2a 2b 2c	tion	
1 2 3 Part 2 a b c 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year n 501(c)(t 'No" OR	5), or (b) Pa	2 3 sec art I 1 2a 2b	tion	
1 2 3 Part 1 2 a b c 3 4	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year'n 501(c)(t 'No" OR cal	5), or (b) Pa	2 3 sec art I 1 2a 2b 2c	tion	
1 2 3 Part 2 a b c c 3 4	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expensions.	e prior year'n 501(c)(t 'No" OR cal	5), or (b) Pa	2 3 sec art I 1 2a 2b 2c 3	tion	
1 2 3 Part 1 2 a b c 3 4	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year'n 501(c)(t) 'No" OR cal	5), or (b) Pa	2 3 sec art I 1 2a 2b 2c	tion	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ATLANTA BELTLINE PARTNERSHIP INC

Employer identification number 56-2464486

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer flours devoted to monitoring, inspecting, in	ialiding of violations, and emorcing const	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emorning conservati	ion casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/h	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	3	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

132051 10-28-21

Schedule D (Form 990) 2021

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

	t III Organizations Maintaining Col					r Other S	Similar As	sets /se		age 🚣
	·								<u>itinuea)</u>	
3	Using the organization's acquisition, accession,	and other record	s, cneck	any of the	tollowing that	t make sign	niticant use o	ot its		
	collection items (check all that apply):		. —	_						
а	Public exhibition	C			change progra					
b	Scholarly research	е	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explair	n how th	ey further th	ne organizatio	on's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit or re	eceive donations of	of art, his	storical treas	sures, or othe	er similar as	ssets			
	to be sold to raise funds rather than to be main	tained as part of t	he orgar	nization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrange	ments. Comple	ete if the	organizatio	on answered	"Yes" on Fo	orm 990, Pa	rt IV, line 9,	or	
	reported an amount on Form 990, Part X									
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for o	contribution	s or other as:	sets not inc	cluded			
	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII and									,
D	Tres, explain the arrangement in rate Air air	a complete the for	nowing t	abic.				Amo	unt	
	Designing belongs						10	7 11110	-	
	Beginning balance						1c			
	Additions during the year						1d			—
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Form					-	?	Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch								<u> </u>	
Par	001110101111		swered	"Yes" on Fo	orm 990, Part					
	(a) Current year	(b) F	rior year	(c) Two yea	rs back (d	I) Three years	back (e) F	our years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
C										
	and programs									
g	End of year balance				<u> </u>					—
2	Provide the estimated percentage of the curren	•	•	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possessi	on of the organiza	ation tha	t are held ar	nd administe	red for the	organization			
	by:							_	Yes	No
	(i) Unrelated organizations							3a	<u>i) </u>	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as requir	ed on S	chedule R?						
4	Describe in Part XIII the intended uses of the or									
Par	t VI Land, Buildings, and Equipmer		WITHOUTE I	arrao.						
	Complete if the organization answered "). Part IV	'. line 11a. S	See Form 990	. Part X. lin	ne 10.			
	Description of property	(a) Cost or o			t or other		umulated	(4) D	ook value	
	Description of property	basis (investr			(other)		eciation	(a) b	Jok value	3
		טמסוס (ווועפטנוו	nen)	Dasis	(OUICI)	uepre	COIALIOIT	-		—
	Land									
	Buildings							+		
	Leasehold improvements	1			0 0==		B 54.5	1		1.0
d	Equipment				9,255.		7,713		1,54	
e	Other			14,96	3,365.	25	3,867		09,49	
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must equal	al Form 990. Part	X. colun	nn (B). line 1	Oc.))	14,7	11,04	<u> 10.</u>

Schedule D (Form 990) 2021

	TLINE PARTNERS	SHIP INC 56	5-2464486 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	.1		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	, <u>L</u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)	•	
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
	OWER PROG		602,039
(3)			, , , , , ,
(4)			
(5)			
(0)			<u> </u>

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

Schedule D (Form 990) 2021

602,039.

(7) (8)

Pa	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			20 026 772
1				1	38,936,773.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments		F2 042		
b	Donated services and use of facilities		53,842.		
С	Recoveries of prior year grants	1 1			
d	, , , , , , , , , , , , , , , , , , , ,	2d			F2 042
е	Add lines 2a through 2d			2e	53,842. 38,882,931.
3	Subtract line 2e from line 1			3	30,004,931.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	·			_
	Add lines 4a and 4b			4c	38,882,931.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Staten	nents With	Fynenses ner F	5 Patur	
ıa			Expenses per i	ictui	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1	3,884,357.
1	Total expenses and losses per audited financial statements			1	3,004,337.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مما	53,842.		
a	Donated services and use of facilities		33,042.		
b	Prior year adjustments				
C	Other losses	1 1			
d	Other (Describe in Part XIII.)				E2 042
_	Add lines 2a through 2d			2e	53,842. 3,830,515.
3	Subtract line 2e from line 1			3	3,030,313.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				_
	Add lines 4a and 4b			4c	3,830,515.
5 D a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	3,030,313.
		. I. D. / . D	on al Ola - David V. Page 4	- D 1	V. Para O. Davit VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part	X, line 2; Part XI,
PAI	RT X, LINE 2:				
UNI	DER SECTION 501(C)(3) OF THE INTERNAL REVE	ENUE COD	E, THE ORG	ANI	ZATION IS
EX	MPT FROM TAXES ON INCOME OTHER THAN UNREL	LATED BU	SINESS INC	OME	. THE
ORG	GANIZATION DID NOT HAVE ANY UNRELATED BUSI	NESS IN	COME DURIN	GТ	HE YEARS
ENI	DED JUNE 30, 2022 AND 2021.				

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ATLANTA BELTLINE PARTNERSHIP INC

Employer identification number 56-2464486

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

 a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(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
OXE CURRY AND ASSOCIATES -		Yes	No			
91 PEACHTREE ST NE, ATLANTA,	CAPITAL FR		Х	13,053,825.	295,229.	12,782,202.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit (▶ utions	13,053,825. or has been notified	295,229. it is exempt from req	12,782,202. gistration
on						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

				RTNERSHIP INC		2464486 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gro				
		or furnishing event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses Direct expense summary. Add lines 4 through			•	
Pa	rt I					'
		\$15,000 on Form 990-EZ, line 6a.				ı
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	>	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	nedule G (Form 990) 2021 ATLANTA BELITLINE PARTNERSHIP INC 56-2	404400	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\tau\$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
10			
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	No
b	5 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	; :	
	NAME OF BUNDDATCED. COVE GUDDY AND ACCOCTABEC		
<u>(I</u>	NAME OF FUNDRAISER: COXE CURRY AND ASSOCIATES		
<u>(I</u>	ADDRESS OF FUNDRAISER: 191 PEACHTREE ST NE, ATLANTA, GA 3030	3	
_			

Schedule G	G (Form 990)	ATLANTA	BELTLINE	PARTNERSHIP	INC	56-2464486	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (contin	nued)				
		COILLI	lucu)				
-							

SCHEDULE I (Form 990)

Department of the Treasury

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

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

Attach to Form 990.

OMB No. 1545-0047 2021

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number ATLANTA BELTLINE PARTNERSHIP INC 56-2464486 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes ☐ No criteria used to award the grants or assistance? 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 Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, other) assistance ATLANTA BELTLINE INC. 100 PEACHTREE ST NW SUITE 2300 20-5433299 0 ATLANTA, GA 30303 216,100 ART ON THE BELTLINE ATLANTA BELTLINE INC. 100 PEACHTREE ST NW SUITE 2300 20-5433299 1,053,781 CAPITAL PROJECTS ATLANTA, GA 30303 0 FULTON TAX COMMISSIONER 114 PRYOR ST. SUITE 1018 ATLANTA, GA 30303 JOV 360,632 0. PROP TAX ASSISTANCE 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

132101 10-26-21

GRANTS MADE TO THE FULTON COUNTY TAX

39

Schedule I (Form 990) 2021

ON THE ATLANTA BELTLINE PROGRAM.

132102 10-26-21

Part IV Supplemental Information
COMMISSIONER'S OFFICE ARE USED TO PAY PROPERTY TAX INCREASES FOR
PARTICIPANTS IN THE LEGACY RESIDENT RETENTION PROGRAM. THERE IS A THOROUGH
APPLICATION, QUALIFICATION AND APPROVAL PROCESS FOR PROGRAM PARTICIPANTS
PRIOR TO TAX PAYMENTS BEING MADE ON THEIR BEHALF.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

ATLANTA BELTLINE PARTNERSHIP INC

Employer identification number 56-2464486

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant			
	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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		_ <u>X</u> _
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:			
	The organization?	6a		_ <u>X</u> _
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
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		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 ATLANTA BELTLINE PARTNERSHIP INC 56-2464486

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 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT BRAWNER (i)	170,000.	10,000.	0.	0.	9,329.	189,329.	0.
EXECUTIVE DIRECTOR (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii))						
(i)							
(ii)	1						

Schedule J (Form 990) 2021

132112 11-02-21

Schedule J (Form 990) 2021 ATLANTA BELTLINE PARTNERSHIP INC	56-2464486	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also continued the information of the continued of the continued the information of the continued of the continued the information of the continued of the continued the continued of	omplete this part for any additional information	

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ATLANTA BELTLINE PARTNERSHIP INC

Employer identification number 56-2464486

FORM 990, PART III - ADDITIONAL INFORMATION CONTINUATION OF THIRD PROGRAM SERVICE ACCOMPLISHMENT: THE ORGANIZATION'S WORKFORCE PARTNERSHIPS PROVIDE PATHWAYS FOR BELTLINE RESIDENTS TO SECURE JOBS NEAR WHERE THEY LIVE. FORM 990, PART VI, SECTION A, LINE 2: KEN RICHARDS AND KATHERINE WILCOX STRAHAN, DIRECTORS OF THE ORGANIZATIONS, HAVE A BUSINESS RELATIONSHIP. FORM 990, PART VI, SECTION A, LINE 7A: BY-LAWS IDENTIFY SPECIAL PARTNER ORGANIZATIONS THAT ARE ALLOWED TO APPOINT ONE MEMBER TO THE BOARD OF DIRECTORS. THESE APPOINTMENTS ARE SUBJECT TO BOARD APPROVAL. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED IN DETAIL BY THE ORGANIZATION'S ACCOUNTANT DIRECTOR OF FINANCE AND EXECUTIVE DIRECTOR, AND IS REVIEWED WITH THE ORGANIZATION'S FINANCE COMMITTEE. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES DISCLOSURE OF ANY CONFLICTS OF INTEREST ANNUALLY DURING ITS ANNUAL FINANCIAL AUDIT. FORM 990, PART VI, SECTION B, LINE 15:

ABP RETAINED AN INDEPENDENT COMPENSATION AND HUMAN CAPITAL CONSULTANT

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** ATLANTA BELTLINE PARTNERSHIP INC 56-2464486 DURING FY22 TO ADVISE THE COMPENSATION COMMITTEE ON MARKET RATES FOR THE EXECUTIVE DIRECTOR'S SALARY AS WELL AS OTHER EMPLOYEES. SEVERAL SALARY ADJUSTMENTS WERE MADE AS A RESULT OF THIS STUDY IN FY23. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FORM 990 AND OTHER PUBLIC DOCUMENTS CAN BE REVIEWED AT THE ORGANIZATION'S OFFICE UPON REQUEST. FORM 990, PART VI - ADDITIONAL INFORMATION THE ORGANIZATION'S FORM 990 AND OTHER FINANCIAL DOCUMENTS ARE AVAILABLE FOR VIEWING AT HTTPS://BELTLINE.ORG/THE-PROJECT/PROJECT-FUNDING/#ABP-FINANCIALS FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER FEES: PROGRAM SERVICE EXPENSES 691,414. 123,114. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 33,543. TOTAL EXPENSES 848,071. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 848,071.

EXTENDED TO MAY 15, 2023 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning JUL~1, 2021 and ending JUN~30, 2022► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. ATLANTA BELTLINE PARTNERSHIP INC 56-2464486 **B** Exempt under section Print EGroup exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 970 JEFFERSON ST. NW STE 4 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30318]529(a) [529A Check box if 208,865. C Book value of all assets at end of year an amended return. Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ TWYLA HARRIS Telephone number ► 404-446-4404 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 2 Reserved 2 3 3 Add lines 1 and 2 0. Charitable contributions (see instructions for limitation rules) 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 Subtract line 6 from line 5 7 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 Trusts. Section 199A deduction. See instructions 9

LHA For Paperwork Reduction Act Notice, see instructions.

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Tax rate schedule or

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Total deductions. Add lines 8 and 9

Tax Computation

Other tax amounts. See instructions

Alternative minimum tax (trusts only)

10

11

3

4 5

6

enter zero

Part I, line 11 from:

Proxy tax. See instructions

Form 990-T (2021)

1,000.

10

11

1

3

4

5

6

Schedule D (Form 1041)

Part	III '	Tax and Payments					-		1 age	
1a		gn tax credit (corporations attach Form 1	118: truete attach For	m 1116)	1a					—
b				,			-			
C		ral business credit. Attach Form 3800 (se	ee instructions)				\dashv			
d		t for prior year minimum tax (attach Form					\dashv			
e		credits. Add lines 1a through 1d					1e			
2							2		0	_
3			4255 Form 8		m 8697					·
Ū	Otilioi		/ II				3			
4	Total	tax. Add lines 2 and 3 (see instructions)	. —		eviously deferred					_
•			Oncok ii i		•	anaci	4		0	
5		ent net 965 tax liability paid from Form 96							0	
6a		nents: A 2020 overpayment credited to 20								_
b		estimated tax payments. Check if section			6b		7			
c							7			
d		gn organizations: Tax paid or withheld at								
е		up withholding (see instructions)				439				
f		t for small employer health insurance pre								
g		r credits, adjustments, and payments:	Form 2439							
		Form 4136	Other	Total	▶ 6g					
7		payments. Add lines 6a through 6g					7		439	
8		ated tax penalty (see instructions). Chec					8			
9	Tax c	lue. If line 7 is smaller than the total of lir	nes 4, 5, and 8, enter a				9			
10		payment. If line 7 is larger than the total					10		439	<u>. </u>
11		the amount of line 10 you want: Credite				Refunded >	11		439	•
Part	IV	Statements Regarding Certain	Activities and Ot	her Informa	ation (see insti	ructions)				
1	At an	y time during the 2021 calendar year, dic	the organization have	an interest in	or a signature or	other authority	y	Ĺ,	Yes No	<u>)</u>
	over a	a financial account (bank, securities, or o	ther) in a foreign count	ry? If "Yes," th	e organization m	ay have to file				
	FinCE	EN Form 114, Report of Foreign Bank and	d Financial Accounts. I	f "Yes," enter t	he name of the f	oreign country				
	here	· ————————————————————————————————————							X	_
2	Durin	g the tax year, did the organization receive	ve a distribution from,	or was it the gr	antor of, or trans	sferor to, a				
	foreig	ın trust?							X	_
		s," see instructions for other forms the o	•							
3		the amount of tax-exempt interest receive								
4		available pre-2018 NOL carryovers here								_
		n on Schedule A (Form 990-T). Don't red	•		•	-	ırt I, line	4.		
5		2017 NOL carryovers. Enter available Bu	-	•	•					
	the a	mounts shown below by any NOL claime		Part II, line 17 f						
		Business Activ	ity Code			ost-2017 NOL	carryov	er		
					\$					
					\$					
6a		ne organization change its method of acc	• (,					X	_
b		s "Yes," has the organization described	-							
Part		in in Part V Supplemental Information								_
										_
Provide	e the e	xplanation required by Part IV, line 6b. Al	so, provide any other a	additional infori	mation. See instr	ructions.				
										_
	U	nder penalties of perjury, I declare that I have examined	I this return, including accomp	anving schedules an	nd statements, and to t	he best of my know	ledge and I	pelief, it is true.		_
Sign		orrect, and complete. Declaration of preparer (other than								
Here		Roberthan	01/31/2023	FYECII	TIVE DIR		-	S discuss this re		
		Signature of officer	Date	Title	TIVE DIK			er shown below s)? X Yes	-	٦
		Print/Type preparer's name	Dranarar's signature		Date	Check	if PTI		110	_
		Fillio Type preparer s name	Preparer's signature TIFFANY T.	ORR	Date			IV		
Paid		TIFFANY T. ORR, CPA	CPA	J1111,	01/26/23	self- employe		015594	.85	
Prepa		Firm's name CARR, RIGGS		LC	01/20/23	Firm's EIN		$\frac{013394}{2-1396}$		—
Use (Unly		T BLVD NE,		0.0	FILLESEIN		<u> </u>	<u> </u>	_
		Firm's address ATLANTA, G		O(. .	Phone no.	770	394.80	0.0	
123711 0)1-31-22	ATLIANTA, G	21 30317			i nono no.	, , , , ,	Form 99)1\
								I OIIII GO	(202	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

A Name of the organization ATLANTA BELTLINE PARTNERSHIP	B Employer identifica 56-246448					
C Unrelated business activity code (see instructions) > 6	11710		D Sequence: 1	of 1		
E Describe the unrelated trade or business ▶OTHER UN	RELATED :	RIISTNESS ACT	TVTTV (FORM 9	90)		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net		
Part I Officiated Trade of Business moonie		(A) Income	(b) Expenses	(C) Net		
1a Gross receipts or sales						
b Less returns and allowances c Bala						
2 Cost of goods sold (Part III, line 8)						
3 Gross profit. Subtract line 2 from line 1c						
4a Capital gain net income (attach Sch D (Form 1041 or Form						
1120)). See instructions						
b Net gain (loss) (Form 4797) (attach Form 4797). See instruc	· —					
c Capital loss deduction for trusts						
5 Income (loss) from a partnership or an S corporation (attack	า					
statement)						
6 Rent income (Part IV)						
7 Unrelated debt-financed income (Part V)	7					
8 Interest, annuities, royalties, and rents from a controlled						
organization (Part VI)	8					
9 Investment income of section 501(c)(7), (9), or (17)						
organizations (Part VII)						
Exploited exempt activity income (Part VIII)						
11 Advertising income (Part IX)						
Other income (see instructions; attach statement)		0.				
13 Total. Combine lines 3 through 12						
Part II Deductions Not Taken Elsewhere See install directly connected with the unrelated busing	ess income			must be		
1 Compensation of officers, directors, and trustees (Part X)						
2 Salaries and wages						
3 Repairs and maintenance						
4 Bad debts						
5 Interest (attach statement). See instructions						
6 Taxes and licenses			6			
7 Depreciation (attach Form 4562). See instructions						
8 Less depreciation claimed in Part III and elsewhere on return			8b			
9 Depletion						
11 Employee benefit programs						
	Excess readership costs (Part IX)					
Other deductions (attach statement)			14			
				0.		
Unrelated business income before net operating loss deduced				-		
column (C)			16	0.		
7 Deduction for net operating loss. See instructions				0.		
18 Unrelated business taxable income. Subtract line 17 from						
LHA For Paperwork Reduction Act Notice, see instructions.			Schedule	A (Form 990-T) 2021		

	1
Page	2

Part	III Cost of Goods Sold Enter me	thod of inventory valuatio	n •		Page Z
1		triod of inventory valuation		1	_
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Property	Leased with Rea	al Property)	
1	Description of property (property street address, city,	state, ZIP code). Check if	a dual-use. See instruc	ctions.	
	Α				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here a	nd on Part I, line 6, colu	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
5	Total deductions. Add line 4 columns A through D. E	nter here and on Part I, lir	ne 6, column (B)		0.
Part					
1	Description of debt-financed property (street address,	city, state, ZIP code). Che	eck if a dual-use. See in	nstructions.	
	A				
	B				
	C				
	D	Α Ι		0	
•	Out to the second for the second seco	Α	В	С	D
2	Gross income from or allocable to debt-financed				
•	property Deductions directly connected with or allocable				
3	3				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
•	financed property (attach statement)		0.4	0.4	
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6		1.15 7		0.
8	Total gross income (add line 7, columns A through D). Enter here and on Part	I, line /, column (A)	P	<u> </u>
•	Allegable deductions Multiple Page On the Page O	Т	T	T	
9	Allocable deductions. Multiply line 3c by line 6	rough D. Catantana and	on Dort I line 7	(D)	0.
10	Total dividends received deductions included in line				0.
11	Total dividends-received deductions included in line	= IU		>	U •

Schedule A (Form 990-T) 2021 Page

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	3 (se	ee instruct	ions)	r age o
						E	Exempt Contro	lled Or	ganization	ıs	
	Name of controlled organization		identification incor				nents made that is contr		5. Part of column 4 nat is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
<u>(4)</u>			N-		2 t 1112						
	'. Taxable Income		Net unrelated		Controlled Or otal of specif		ons 10. Part	of colu	mn 0	44	Deductions directly
,	. Taxable income	in	ncome (loss) e instructions)	1	yments mad		that is inc	luded	in the zation's		connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and or	n Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st	asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A dalar area						A del anno accepto de
Totals				•	Add amou column 2. here and or line 9, colu	Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	Than Adve	ertising	g Income	see ins	structions)		
1	Description of exploite										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and or	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from	n unrelated	trade or business. S	Subtract lir	ne 3 from line	e 2. If a ç	gain, complete				
										4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen			•						_	
	4. Enter here and on P	Part II, line	12							7	

Schedule A (Form 990-T) 2021

Part	IX	Advertising Income						
1	Name	e(s) of periodical(s). Check box if reporting	two or i	more periodicals on a	consolidated basis	S.		
	Α 🗌							
	в							
	С							
	D							
Enter a	amount	ts for each periodical listed above in the co	orrespor	nding column.				
		·		Α	В	С	D	_
2	Gross	s advertising income						_
		columns A through D. Enter here and on F		e 11, column (A)	•	•		0.
а		G	,	, , , , , , , , , , , , , , , , , , , ,				_
3	Direc	t advertising costs by periodical						_
а		columns A through D. Enter here and on F		e 11, column (B)		>		0.
4	Adve	ertising gain (loss). Subtract line 3 from line)					
	2. Fo	r any column in line 4 showing a gain,						
	comp	olete lines 5 through 8. For any column in						
	line 4	showing a loss or zero, do not complete						
	lines	5 through 7, and enter zero on line 8						
5	Read	lership costs						
6	Circu	lation income						
7		ss readership costs. If line 6 is less than						
	line 5	s, subtract line 6 from line 5. If line 5 is less	S					
	than	line 6, enter zero						
8	Exce	ss readership costs allowed as a						
		ction. For each column showing a gain on						
	line 4	, enter the lesser of line 4 or line 7						
а	Add I	line 8, columns A through D. Enter the gre	eater of t	he line 8a, columns to	tal or zero here an	d on		_
D I		II, line 13		T 1				0.
Part	X	Compensation of Officers, Dire	ectors,	and Trustees (s	ee instructions)	T T		
						3. Percentage	4. Compensation	
		1. Name		2. Title		of time devoted	attributable to	
						to business	unrelated business	—
(1)						%		
(2)						%		—
(3)						%		—
(4)						%		—
Total		here and an Dart II line 1						0.
Part	YI	here and on Part II, line 1 Supplemental Information (see		:\		>		<i>J</i> •
rait	ΛI	Supplemental information (see	Instruct	ions)				—
								—
								—
								_
								_
								—
								_