Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

B Check if applicable:
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1400 L STREET NW FL 11

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200053509

D Employer identification number
52-0742294

E Telephone number
(202) 778-4952

G Gross receipts $ 74,964,283

F Name and address of principal officer:
FREDERICK KEMPE
1400 L STREET NW FL 11
WASHINGTON,DC 200053509

H(a) Is this a group return for subordinates? [ ] Yes [x] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: [x] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.ATLANTICCOUNCIL.ORG

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1961

M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE CONSTRUCTIVE LEADERSHIP AND ENGAGEMENT IN INTERNATIONAL AFFAIRS.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	31
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	**5**	370
6	Total number of volunteers (estimate if necessary)	**6**	156
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	54,494,071	63,529,507
9	Program service revenue (Part VIII, line 2g)	247,024	417,942
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,186,829	942,439
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,303,758	-1,319,639
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,624,166	63,570,249
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	933,799	5,276,462
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	30,089,715	35,693,758
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 3,252,727		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	30,864,489	30,320,179
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	61,888,003	71,290,399
19	Revenue less expenses. Subtract line 18 from line 12	-7,263,837	-7,720,150

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	86,826,631	89,745,084
21	Total liabilities (Part X, line 26)	24,902,379	28,073,654
22	Net assets or fund balances. Subtract line 21 from line 20	61,924,252	61,671,430

Part II Signature Block

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

Sign Here

Signature of officer
GRETCHEN EHLE CHIEF FINANCE & REV OFFICER
Type or print name and title

2024-10-16
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
		2024-10-16		P01345960

Firm's name CLIFTONLARSONALLEN LLP — Firm's EIN 41-0746749

Firm's address 901 NORTH GLEBE ROAD SUITE 200
ARLINGTON, VA 22203 — Phone no. (571) 227-9500

May the IRS discuss this return with the preparer shown above? See Instructions. [x] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE ATLANTIC COUNCIL, THROUGH ITS RESEARCH AND ANALYSIS, PROMOTES CONSTRUCTIVE LEADERSHIP AND ENGAGEMENT IN INTERNATIONAL AFFAIRS BASED ON THE CENTRAL ROLE OF THE ATLANTIC COMMUNITY IN MEETING GLOBAL CHALLENGES.

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

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 $ 11,305,700 including grants of $ 3,721,958) (Revenue $ 0)

ADRIENNE ARSHT-ROCKEFELLER FOUNDATION RESILIENCE CENTER: THE ADRIENNE ARSHT-ROCKEFELLER FOUNDATION RESILIENCE CENTER WAS FORMED TO REACH ONE BILLION PEOPLE WITH RESILIENCE SOLUTIONS TO CLIMATE CHANGE, MIGRATION, AND SECURITY CHALLENGES.

4b (Code:) (Expenses $ 7,723,574 including grants of $ 133,482) (Revenue $ 99,220)

MIDDLE EAST PROGRAMS: THE ATLANTIC COUNCIL'S MIDDLE EAST PROGRAM WORKS WITH ALLIES AND PARTNERS IN EUROPE AND THE WIDER MIDDLE EAST TO PROTECT U.S. INTERESTS, BUILD PEACE AND SECURITY, AND UNLOCK THE HUMAN POTENTIAL OF THE REGION.

4c (Code:) (Expenses $ 7,723,132 including grants of $ 89,497) (Revenue $ 0)

GLOBAL ENERGY CENTER: THE GLOBAL ENERGY CENTER WORKS ALONGSIDE GOVERNMENT, INDUSTRY, AND CIVIL SOCIETY PARTNERS TO ANALYZE, RESEARCH, AND DEVISE CREATIVE RESPONSES TO ENERGY RELATED GEOPOLITICAL CONFLICTS, ADVANCE SUSTAINABLE ENERGY SOLUTIONS, AND IDENTIFY TRENDS TO HELP DEVELOP ENERGY STRATEGIES AND POLICIES THAT ENSURE LONG-TERM PROSPERITY AND SECURITY.

(Code:) (Expenses $ 7,575,923 including grants of $ 301,932) (Revenue $ 167,657)

DIGITAL FORENSIC RESEARCH LAB: THE ATLANTIC COUNCIL'S DIGITAL FORENSIC RESEARCH LAB (DFRLAB) HAS OPERATIONALIZED THE STUDY OF DISINFORMATION BY EXPOSING FALSEHOODS AND FAKE NEWS, DOCUMENTING HUMAN RIGHTS ABUSES, AND BUILDING DIGITAL RESILIENCE WORLDWIDE.

(Code:) (Expenses $ 5,396,148 including grants of $ 0) (Revenue $ 151,065)

SCOWCROFT CENTER FOR STRATEGY AND SECURITY: THE SCOWCROFT CENTER HOUSES THE COUNCIL'S LONG-STANDING RESEARCH ON NATO AND THE TRANSATLANTIC SECURITY PARTNERSHIP ISSUES, WHILE ALSO STUDYING 'OVER THE HORIZON' REGIONAL AND FUNCTIONAL SECURITY CHALLENGES TO THE UNITED STATES, ITS ALLIES, AND PARTNERS. THE SCOWCROFT CENTER WORKS COLLABORATIVELY WITH THE COUNCIL'S OTHER REGIONAL AND FUNCTIONAL PROGRAMS TO PRODUCE SECURITY ANALYSIS WITH A GLOBAL PERSPECTIVE.

(Code:) (Expenses $ 4,279,643 including grants of $ 0) (Revenue $ 0)

GEOECONOMICS CENTER: THE GLOBAL BUSINESS AND ECONOMICS PROGRAM CONDUCTS STUDIES, ISSUES PUBLICATIONS, AND CONVENES BUSINESS AND GOVERNMENT LEADERS FROM BOTH SIDES OF THE ATLANTIC TO EXCHANGE IDEAS AND DESIGN SOLUTIONS TO THE MOST VITAL GLOBAL BUSINESS AND ECONOMIC ISSUES.

(Code:) (Expenses $ 3,802,507 including grants of $ 0) (Revenue $ 0)

EUROPE CENTER: THE EUROPE CENTER PROVIDES EXPERTISE AND BUILDING COMMUNITIES TO PROMOTE TRANSATLANTIC LEADERSHIP AND A STRONG EUROPE IN TURBULENT TIMES.

(Code:) (Expenses $ 3,543,604 including grants of $ 0) (Revenue $ 0)

ADRIENNE ARSHT LATIN AMERICA CENTER: THE ATLANTIC COUNCIL'S ADRIENNE ARSHT LATIN AMERICA CENTER EXPANDS AWARENESS OF THE NEW LATIN AMERICA ACROSS DIVERSE COMMUNITIES OF INFLUENCE BY POSITIONING THE REGION AS A CORE PARTNER IN THE TRANSATLANTIC COMMUNITY.

(Code:) (Expenses $ 2,353,169 including grants of $ 977,703) (Revenue $ 0)

FREEDOM AND PROSPERITY CENTER: THE FREEDOM AND PROSPERITY CENTER AIMS TO INCREASE THE PROSPERITY OF THE POOR AND MARGINALIZED IN DEVELOPING COUNTERIS AND TO EXPLOE THE NATURE OF THE RELATIONSHIP BETWEEN FREEDOM AND PROSPERITY.

(Code:) (Expenses $ 1,756,718 including grants of $ 0) (Revenue $ 0)

EURASIA CENTER: THE EURASIA CENTER ENGAGES THE COUNTRIES OF THE EURASIAN LANDMASS THAT LIE BETWEEN EAST-CENTRAL EUROPE AND THE FAR EAST. THROUGH ITS STUDIES AND EVENTS IN THE UNITED STATES AND EURASIA ITSELF, THE CENTER FACILITATES COOPERATION ON ECONOMIC, SECURITY, AND POLITICAL MATTERS.

(Code:) (Expenses $ 1,730,417 including grants of $ 0) (Revenue $ 0)

GEOTECH CENTER: THE ATLANTIC COUNCIL'S GEOTECH CENTER AIMS TO SHAPE THE FUTURE OF TECHNOLOGY AND DATA TO ADVANCE PEOPLE'S PROSPERITY AND WORLD PEACE.

(Code:) (Expenses $ 1,161,626 including grants of $ 51,890) (Revenue $ 0)

GLOBAL CHINA HUB: THE ATLANTIC COUNCIL'S GLOBAL CHINA HUB RESEARCHES AND DEVISES SOLUTIONS FOR THE UNITED STATES AND ITS ALLIES TO THE GREATEST CHALLENGES POSED BY CHINA'S RISE, LEVERAGING THE ATLANTIC COUNCIL'S WORK ON CHINA ACROSS ITS SIXTEEN PROGRAMS AND CENTERS.

(Code:) (Expenses $ 1,064,613 including grants of $ 0) (Revenue $ 0)

AFRICA CENTER: THE AFRICA CENTER EMPHASIZES THE BUILDING OF STRONG PARTNERSHIPS AMONG AFRICAN STATES, THE UNITED STATES, AND EUROPE, AND STRENGTHENING ECONOMIC GROWTH AND PROSPERITY ON THE CONTINENT THROUGH SUSTAINED MULTILATERAL INTERACTIONS AND LEADING ISSUE ANALYSIS.

(Code:) (Expenses $ 906,969 including grants of $ 0) (Revenue $ 0)

MILLENNIUM LEADERSHIP PROGRAM: THE ATLANTIC COUNCIL'S MILLENNIUM LEADERSHIP PROGRAM (MLP) WORKS TO CONNECT AND EMPOWER NEXT-GENERATION INTERNATIONAL CHANGEMAKERS WHO WILL SHAPE THE TWENTY-FIRSTCENTURY, TO ADDRESS OUR WORLD'S MOST PRESSING CHALLENGES.

(Code:) (Expenses $ 712,527 including grants of $ 0) (Revenue $ 0)

AC IN TURKEY: THE ATLANTIC COUNCIL IN TURKEY AIMS TO PROMOTE DIALOGUE AND STRENGTHEN TRANSATLANTIC ENGAGEMENT WITH THE REGION THROUGH RESEARCH, PROGRAMMING AND HIGH-LEVEL DISCUSSION FORUMS TO ADDRESS CRITICAL ISSUES AROUND ENERGY, ECONOMICS, BUSINESS, AND SECURITY

(Code:) (Expenses $ 625,760 including grants of $ 0) (Revenue $ 0)

SOUTH ASIA CENTER: THE ATLANTIC COUNCIL'S SOUTH ASIA CENTER (SAC) IS THE FOCAL POINT FOR THE ATLANTIC COUNCIL'S ANALYSIS OF ISSUES CONCERNING THE POLITICAL, SOCIAL, GEOGRAPHICAL, AND CULTURAL DIVERSITY OF THE REGION. AT THE INTERSECTION OF SOUTH ASIA AND ITS GEOPOLITICS, SAC FACILITATES CONSTRUCTIVE DIALOGUE TO SHAPE POLICY AND FORGE TIES BETWEEN THE REGION AND THE GLOBAL COMMUNITY BY PRODUCING CUTTING-EDGE ANALYSIS, CONVENING KEY STAKEHOLDERS, AND AMPLIFYING POLICY CONVERSATIONS.

4d Other program services (Describe in Schedule O.)

(Expenses $ 34,909,624 including grants of $ 1,331,525) (Revenue $ 318,722)

4e **Total program service expenses** 61,662,030

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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		No
c	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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	Yes	
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		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		No
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		No
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		No
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		No
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
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		No
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		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	301		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

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**	370		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in 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**	No
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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	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**	No
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).**				
a	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**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
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.**				
a	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:				
a	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	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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 in Schedule O.	**1a**	32		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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 with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,UT,VA,WV,WI

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: GRETCHEN EHLE CHIEF FINANCIAL & REVENUE OFFICER 1400 L STREET NW FL 11 WASHINGTON,DC 20005 (202) 778-4952

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(1) FREDERICK KEMPE PRESIDENT AND CEO	40.00 0.00	X		X				809,711	0	98,502
(2) JOHN FW ROGERS CHAIR	1.00 0.00	X		X				0	0	0
(3) JAMES L JONES EXECUTIVE CHAIR EMERITUS	1.00 0.00	X		X				0	0	0
(4) ADRIENNE ARSHT EXECUTIVE VICE CHAIR	1.00 0.00	X		X				0	0	0
(5) STEPHEN J HADLEY EXECUTIVE VICE CHAIR	1.00 0.00	X		X				0	0	0
(6) ALEXANDER V MIRTCHEV VICE CHAIR	1.00 0.00	X		X				0	0	0
(7) ROBERT J ABERNETHY VICE CHAIR	1.00 0.00	X		X				0	0	0
(8) GEORGE LUND TREASURER	1.00 0.00	X		X				0	0	0
(9) AL WILLIAMS DIRECTOR	1.00 0.00	X						0	0	0
(10) ALAN H FLEISCHMANN DIRECTOR	1.00 0.00	X						0	0	0
(11) ANKIT N DESAI DIRECTOR	1.00 0.00	X						0	0	0
(12) C JEFFREY KNITTEL DIRECTOR	1.00 0.00	X						0	0	0
(13) DINA H POWELL DIRECTOR	1.00 0.00	X						0	0	0
(14) FRANCES F TOWNSEND DIRECTOR	1.00 0.00	X						0	0	0
(15) GEORGE CHOPIVSKY DIRECTOR	1.00 0.00	X						0	0	0
(16) GIL TENZER DIRECTOR	1.00 0.00	X						0	0	0
(17) HELIMA CROFT DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES E CARTWRIGHT	1.00									
DIRECTOR	0.00	x						0	0	0
(19) JENNY WOOD	1.00									
DIRECTOR	0.00	x						0	0	0
(20) JOIA M JOHNSON	1.00									
DIRECTOR	0.00	x						0	0	0
(21) JUDITH A MILLER	1.00									
DIRECTOR	0.00	x						0	0	0
(22) KARL V HOPKINS	1.00									
DIRECTOR	0.00	x						0	0	0
(23) KOSTAS PANTAZOPOULOS	1.00									
DIRECTOR	0.00	x						0	0	0
(24) LINDEN P BLUE	1.00									
DIRECTOR	0.00	x						0	0	0
(25) LISA POLLINA	1.00									
DIRECTOR	0.00	x						0	0	0
(26) MICHAEL ANDERSSON	1.00									
DIRECTOR	0.00	x						0	0	0
(27) MICHAEL FISCH	1.00									
DIRECTOR	0.00	x						0	0	0
(28) MICHAEL MORELL	1.00									
DIRECTOR (UNTIL 04/23)	0.00	x						0	0	0
(29) PAULA J DOBRIANSKY	1.00									
DIRECTOR	0.00	x						0	0	0
(30) RICHARD MORNINGSTAR	1.00									
DIRECTOR	0.00	x						0	0	0
(31) SAFI KALO	1.00									
DIRECTOR (AS OF 09/23)	0.00	x						0	0	0
(32) SHERRI W GOODMAN	1.00									
DIRECTOR	0.00	x						0	0	0
(33) TERESA CARLSON	1.00									
DIRECTOR	0.00	x						0	0	0
(34) JULIE VARGHESE	40.00									
CHIEF OPERATING OFFICER	0.00			X				354,779	0	48,747
(35) GRETCHEN EHLE	40.00									
CHIEF FINANCE & REVENUE OFFICER	0.00			X				330,898	0	29,359
(36) JENNA BEN-YEHUDA	40.00									
EXECUTIVE VICE PRES. (AS OF 09/23)	0.00			X				131,338	0	188
(37) GINA E WOOD	40.00									
SENIOR VICE PRESIDENT	0.00				X			406,519	0	37,168
(38) MATTHEW KROENIG	40.00									
VP & SR. DIR - SCOWCROFT CENTER	0.00				X			286,041	0	23,063
(39) GRAHAM BROOKIE	40.00									
VP AND SENIOR DIRECTOR - DFRL	0.00				X			268,651	0	26,826
(40) KADIATOU CESAIRE	40.00									
VICE PRESIDENT	0.00				X			259,449	0	24,726
(41) KATHERINE BAUGHMAN	40.00									
SENIOR VICE PRES. (UNTIL 08/23)	0.00				X			235,029	0	20,977
(42) JOSHUA LIPSKY	40.00									
SENIOR DIRECTOR	0.00					X		279,000	0	16,793
(43) WILLIAM WECHSLER	40.00									
SENIOR DIRECTOR	0.00					X		254,094	0	27,001
(44) JORGE GASTELUMENDI	40.00									
DIRECTOR, RESILIENCE CENTER	0.00					X		258,625	0	18,535
(45) JOHN HERBST	40.00									
SENIOR DIRECTOR	0.00					X		243,650	0	26,922
(46) LLOYD WHITMAN	40.00									
SENIOR DIRECTOR	0.00					X		240,739	0	12,179
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,358,523	0	410,986

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 9 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RSM US LLP 5155 PAYSPHERE CIRCLE CHICAGO, IL 60674	ACCOUNTING SERVICES	1,706,447
RHODIUM GROUP LLC 5 COLUMBUS CIRCLE SUITE 1801 NEW YORK, NY 10019	CONSULTING SERVICES	621,350
THE GAME CONSULTANTS 2304 CARIBBEAN CT ORLANDO, FL 32805	CONSULTING SERVICES	175,677
RIGHTSDUFF STRATEGIES LLC 236 11TH ST SE WASHINGTON, DC 20003	CONSULTING SERVICES	170,500
KENNETH BERLIN 7106 ARROWOOD ROAD BETHESDA, MD 20817	CONSULTING SERVICES	150,435

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 1 1

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b			
c Fundraising events . .	1c 2,896,151			
d Related organizations	1d			
e Government grants (contributions)	1e 10,241,891			
f All other contributions, gifts, grants, and similar amounts not included above	1f 50,391,465			
g Noncash contributions included in lines 1a - 1f:$	1g 110,437			
h Total. Add lines 1a-1f	63,529,507			
Program Service Revenue	Business Code			
2a EXCHANGE CONTRACTS	900099 417,942	417,942		
b				
c				
d				
e				
f All other program service revenue.				
g Total. Add lines 2a–2f.	417,942			
3 Investment income (including dividends, interest, and other similar amounts)	1,033,466			1,033,466
4 Income from investment of tax-exempt bond proceeds				
5 Royalties	1,005			1,005
	(i) Real	(ii) Personal		
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)				
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	9,675,323			
b Less: cost or other basis and sales expenses 7b	9,766,350			
c Gain or (loss) 7c	-91,027			
d Net gain or (loss)	-91,027			-91,027
8a Gross income from fundraising events (not including $ 2,896,151 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	290,000			
b Less: direct expenses 8b	1,627,684			
c Net income or (loss) from fundraising events . .	-1,337,684			-1,337,684
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . .				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . .				
Other Revenue	Business Code			
11a MISCELLANEOUS REVENUE	900099 17,040	17,040		17,040
b				
c				
d All other revenue				
e Total. Add lines 11a–11d	17,040			
12 Total revenue. See instructions	63,570,249	417,942	0	-377,200

OtherRevenueMiscAmt

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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	4,063,663	4,063,663		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	250	250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,212,549	1,212,549		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,391,969	2,429,650	410,421	551,898
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,734,683	23,924,453	1,833,901	976,329
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,820,315	1,276,680	263,218	280,417
9 Other employee benefits	1,608,339	1,355,753	163,199	89,387
10 Payroll taxes	2,138,452	1,857,645	151,204	129,603
11 Fees for services (non-employees):				
a Management				
b Legal	1,619,052	1,407,791	200,841	10,420
c Accounting	1,781,818	501,123	1,280,695	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	147,946		147,946	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,097,343	9,160,155	886,380	50,808
12 Advertising and promotion	38,686	32,685	2,274	3,727
13 Office expenses	1,064,803	985,903	31,985	46,915
14 Information technology	2,105,691	1,890,675	142,957	72,059
15 Royalties				
16 Occupancy	2,900,331	1,998,467	473,195	428,669
17 Travel	4,745,219	4,480,865	113,102	151,252
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,132,492	3,573,119	115,826	443,547
20 Interest	170,481	164,285	6,196	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	781,211	781,211		
23 Insurance	221,028	214,256	6,555	217
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	316,719	238,953	68,886	8,880
b STAFF DEVELOPMENT	149,681	64,221	76,861	8,599
c OFFICE SECURITY	25,498	25,498		
d PUBLIC RELATIONS	22,180	22,180		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	71,290,399	61,662,030	6,375,642	3,252,727
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		3,982,495	1	4,365,634
	2	Savings and temporary cash investments		470,562	2	210,827
	3	Pledges and grants receivable, net		26,999,884	3	29,550,898
	4	Accounts receivable, net		11,614	4	11,443
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		882,585	9	1,883,830
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,468,735			
	b	Less: accumulated depreciation	10b 5,132,838	3,483,731	10c	4,335,897
	11	Investments—publicly traded securities		34,456,768	11	38,561,121
	12	Investments—other securities. See Part IV, line 11		3,872,818	12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		12,666,174	15	10,825,434
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		86,826,631	16	89,745,084
Liabilities	17	Accounts payable and accrued expenses		6,429,949	17	5,373,239
	18	Grants payable			18	
	19	Deferred revenue		1,018,902	19	1,635,513
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		71,859	21	32,177
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		17,381,669	25	21,032,725
	26	**Total liabilities.** Add lines 17 through 25		24,902,379	26	28,073,654
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		252,754	27	3,764,825
	28	Net assets with donor restrictions		61,671,498	28	57,906,605
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		61,924,252	32	61,671,430
	33	Total liabilities and net assets/fund balances		86,826,631	33	89,745,084

Part XI Reconcilliation 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	63,570,249
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,290,399
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,720,150
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,924,252
5	Net unrealized gains (losses) on investments	5	5,408,802
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,829,022
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-770,496
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	61,671,430

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	67,840,258	37,223,707	42,320,335	54,494,126	63,529,507	265,407,933
2 Tax revenues levied for the organization'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	67,840,258	37,223,707	42,320,335	54,494,126	63,529,507	265,407,933
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) . .						33,588,021
6 **Public support.** Subtract line 5 from line 4.						231,819,912

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	67,840,258	37,223,707	42,320,335	54,494,126	63,529,507	265,407,933
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	604,639	665,333	1,266,630	1,364,220	1,034,471	4,935,293
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	14,854	17,323	72	55	17,040	49,344
11 **Total support.** Add lines 7 through 10						270,392,570

12	Gross receipts from related activities, etc. (see instructions)	12	1,179,754

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	85.730 %
15	Public support percentage for 2022 Schedule A, Part II, line 14	15	84.820 %

16a **33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
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.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6. . .						
10a 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.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section 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)**:

- **a** ☐ 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.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2023 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS REVENUE - 2019 AMOUNT: $ 14,854. 2020 AMOUNT: $ 17,323. 2021 AMOUNT: $ 72. 2022 AMOUNT: $ 55. 2023 AMOUNT: $ 17,040.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization	Employer identification number
ATLANTIC COUNCIL OF THE UNITED STATES INC	52-0742294

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
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

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
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $** ____________

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

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

Additional Data

Return to Form

Software ID:

Software Version:

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

2022

Open to Public Inspection

Name of the organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

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

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

		(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an 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 conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☑ **Yes** ☐ **No**

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

		Amount
c Beginning balance	**1c**	71,859
d Additions during the year	**1d**	
e Distributions during the year	**1e**	39,682
f Ending balance	**1f**	32,177

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☑ **Yes** ☐ **No**

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,085,627	1,379,896	1,206,564	1,295,659	1,099,225
b Contributions . . .					
c Net investment earnings, gains, and losses	175,088	-194,269	173,332	168,113	196,434
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .		100,000		257,208	
f Administrative expenses					
g End of year balance	1,260,715	1,085,627	1,379,896	1,206,564	1,295,659

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

- **a** Board designated or quasi-endowment ▶ 100.000 %
- **b** Permanent endowment ▶ 0 %
- **c** Term endowment ▶ 0 %

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

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

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		No
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,113,862	4,410,569	3,703,293
d Equipment		975,043	351,852	623,191
e Other		379,830	370,417	9,413
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				4,335,897

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 end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)RIGHT OF USE ASSET - LEASE	10,825,434
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	10,825,434

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION PLAN	435,979
REFUNDABLE ADVANCE	57,580
LEASE LIABILITY	14,380,164
MARGIN LOAN	6,159,002
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	21,032,725

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	71,579,086
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	5,408,802		
b	Donated services and use of facilities	2b	1,081,065		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,666,916		
e	Add lines **2a** through **2d**			2e	8,156,783
3	Subtract line **2e** from line **1**			3	63,422,303
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	147,946		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	147,946
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	63,570,249

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

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

1	Total expenses and losses per audited financial statements			1	74,660,930
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,081,065		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,437,412		
e	Add lines **2a** through **2d**			2e	3,518,477
3	Subtract line **2e** from line **1**			3	71,142,453
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	147,946		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	147,946
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	71,290,399

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 1B:	THE COUNCIL WAS A CUSTODIAN TO AN ORGANIZATION WHERE A PRIZE WAS TO BE GIVEN TO SEVERAL AWARDEES (NOT AFFILIATED WITH THE COUNCIL) AND IN A SECOND INSTANCE AS BEING PART OF A CONSORTIUM WHERE SEVERAL FUNDERS POOLED MONEY TOGETHER TO HOST AN EVENT (COP26) WITH THE REMAINING FUNDS TO BE USED FOR FUTURE COP EVENTS.
PART IV, LINE 2B:	THE COUNCIL ACTS AS AN AGENT FOR CERTAIN GRANTS AND AWARDS. THE COUNCIL DOES NOT HAVE VARIANCE POWER OVER THE FUNDS. ACCORDINGLY, THESE FUNDS ARE RECORDED AS LIABILITIES UNTIL DISBURSED. AT DECEMBER 31, 2023 AND 2022, $32,177 AND $71,859, RESPECTIVELY, WERE RECORDED AS PASS-THROUGH LIABILITIES WITHIN THE STATEMENTS OF FINANCIAL POSITION.
PART V, LINE 4:	NET ASSETS WITHOUT DONOR RESTRICTIONS CONSIST OF UNDESIGNATED NET ASSETS, BOARD-DESIGNATED NET ASSETS, AND THE ATLANTIC COUNCIL FUND. THE ATLANTIC COUNCIL FUND IS A RESERVE FUND USED FOR SUPPLEMENTING OPERATIONS AND PROVIDING INITIAL FUNDING FOR NEW PROGRAMS, CENTERS, AND PROJECTS.
PART X, LINE 2:	THE COUNCIL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS ONLY SUBJECT TO TAX ON UNRELATED BUSINESS INCOME. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION. FOR THE YEAR ENDED DECEMBER 31, 2023, THE COUNCIL HAS DOCUMENTED ITS CONSIDERATION OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES 1,627,684. FOREIGN CURRENCY GAIN 39,232.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES 1,627,684. UNCOLLECTABLE PLEDGES 809,728.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

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

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

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

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	EUROPE	2	12	PROGRAM SERVICES	360 OPEN SOURCE, ATLANTIC COUNCIL IN TURKEY, STOCKHOLM OFFICE, CYBER 9/12, MSC LONDON, DIGITAL FORENSIC RESEARCH AND TRAINING	3,170,827
(2)	MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	GLOBAL ENERGY FORUM, DIGITAL FORENSIC RESEARCH AND TRAINING	2,999,505
(3)	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DIGITAL FORENSIC RESEARCH AND TRAINING	112,420
(4)	RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	DIGITAL FORENSIC RESEARCH AND TRAINING	289,167
(5)	SOUTH AMERICA	0	4	PROGRAM SERVICES	DIGITAL FORENSIC RESEARCH AND TRAINING	81,650
(6)	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DIGITAL FORENSIC RESEARCH AND TRAINING	27,252
(7)	EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		747,641
(8)	SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		362,158
(9)	EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		50,000
(10)	SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		20,000
(11)	SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		12,500
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	2	17			7,790,620
b	Total from continuation sheets to Part I . . .	0	0			82,500
c	**Totals** (add lines 3a and 3b)	2	17			7,873,120

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	35,458	WIRE TRANSFER	0	N/A	N/A
(2)			SOUTH ASIA	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	152,158	WIRE TRANSFER	0	N/A	N/A
(3)			EAST ASIA AND THE PACIFIC	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	50,000	WIRE TRANSFER	0	N/A	N/A
(4)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	44,290	WIRE TRANSFER	0	N/A	N/A
(5)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	201,519	WIRE TRANSFER	0	N/A	N/A
(6)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	25,092	WIRE TRANSFER	0	N/A	N/A
(7)			SUB-SAHARAN AFRICA	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	12,500	WIRE TRANSFER	0	N/A	N/A
(8)			SOUTH ASIA	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	35,000	WIRE TRANSFER	0	N/A	N/A
(9)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	200,000	WIRE TRANSFER	0	N/A	N/A
(10)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	87,960	WIRE TRANSFER	0	N/A	N/A
(11)			SOUTH AMERICA	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	10,000	WIRE TRANSFER	0	N/A	N/A
(12)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	27,739	WIRE TRANSFER	0	N/A	N/A
(13)			SOUTH ASIA	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	175,000	WIRE TRANSFER	0	N/A	N/A
(14)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	23,000	WIRE TRANSFER	0	N/A	N/A
(15)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	30,561	WIRE TRANSFER	0	N/A	N/A
(16)			SOUTH AMERICA	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	10,000	WIRE TRANSFER	0	N/A	N/A
(17)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	49,022	WIRE TRANSFER	0	N/A	N/A
(18)			EUROPE	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.	23,000	WIRE TRANSFER	0	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 18

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	THE COUNCIL HAS A SUB-RECIPIENT POLICY AND PROCEDURES TO ISSUE, MONITOR, AND MANAGE SUB-RECIPIENTS.

Additional Data

Software ID:

Software Version:

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

2023

Open to Public Inspection

Name of the organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 LEADERSHIP AWARDS (event type)	(b) Event #2 CITIZEN AWARDS (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,345,788	1,840,363		3,186,151
	2 Less: Contributions	1,209,538	1,686,613		2,896,151
	3 Gross income (line 1 minus line 2)	136,250	153,750		290,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	307,841	548,592		856,433
	7 Food and beverages	118,025			118,025
	8 Entertainment				
	9 Other direct expenses	300,299	352,927		653,226
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,627,684
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,337,684

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	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) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JACOBS ENGINEERING GROUP INC 1999 BRYAN STREET DALLAS,TX 75201	95-4081636	C CORPORATION	906,714	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(2) ACTON INSTITUTE 98 E FULTON STREET GRAND RAPIDS,MI 49503	38-2926822	501(C)(3)	692,453	0	N/A	N/A	SUPPORTING THE WORK OF INDEPENDENT NGOS/THINK TANKS WORKING ON FREEDOM AND PROSPERITY THEMES.
(3) APPLIED CLIMATOLOGISTS INC 896 BANYAN COURT MARCO ISLAND,FL 34145	55-0829949	S CORPORATION	408,980	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(4) BLUE MARBLE MICROINSURANCE INC C/O TRANSRE 165 BROADWAY 17 FL NEW YORK,NY 10006	47-4787146	C CORPORATION	362,973	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(5) ATLAS NETWORK 4075 WILSON BOULEVARD SUITE 310 ARLINGTON,VA 22203	94-2463845	501(C)(3)	285,250	0	N/A	N/A	SUPPORTING THE WORK OF INDEPENDENT NGOS/THINK TANKS WORKING ON FREEDOM AND PROSPERITY THEMES.
(6) JACOBS ENGINEERING GROUP INC 1999 BRYAN STREET DALLAS,TX 75201	95-4081636	C CORPORATION	243,102	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(7) TECHSOUP GLOBAL 435 BRANNAN STREET SUITE 100 SAN FRANCISCO,CA 94107	94-3070617	501(C)(3)	202,348	0	N/A	N/A	SUPPORTING WORK TO BUILD RESILIENCE TO RUSSIAN DISINFORMATION
(8) BLUE MARBLE MICROINSURANCE INC C/O TRANSRE 165 BROADWAY 17 FL NEW YORK,NY 10006	47-4787146	C CORPORATION	166,981	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(9) THE GAME CONSULTANT LLC 2304 CARIBBEAN CT ORLANDO,FL 32805	85-0711121	SINGLE-MEMBER LLC	137,461	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(10) BOSTON UNIVERSITY PO BOX 28763 NEW YORK,NY 10087	04-2103547	501(C)(3)	90,920	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(11) CLIMATE ADVISERS INC 1320 19TH ST NW SUITE 300 WASHINGTON,DC 20036	26-0609378	C CORPORATION	89,497	0	N/A	N/A	SUPPORTING WORK ON TRANSATLANTIC COOPERATION ON INDUSTRIAL DECARBONIZATION IN THE STEEL

							INDUSTRY
(12) MARKETING FOR CHANGE CO 117 SOUTH GADSDEN STREET TALLAHASSEE,FL 32301	33-1202378	S CORPORATION	86,400	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(13) PLANET3 INC 3020 DENT PLACE NW 22 WASHINGTON,DC 20007	46-3147589	C CORPORATION	75,000	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(14) GEORGETOWN UNIVERSITY 37TH AND O STREETS NW WASHINGTON,DC 20057	53-0196603	501(C)(3)	67,434	0	N/A	N/A	SUPPORTING WORK ON FELLOWSHIP PROGRAMS FOR WOMEN ENTREPRENEURS.
(15) REWRITE MEDIA INC 438 RIVER KNOLL DRIVE CLAYTON,NC 27527	83-2759231	S CORPORATION	56,000	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(16) WANTED FOR NOTHING 750 N SAN VICENTE BLVD 800 WEST HOLLYWOOD,CA 90069	82-1059083	S CORPORATION	51,890	0	N/A	N/A	SUPPORTING WORK ON GLOBAL TECH SECURITY COMMISSION
(17) GEORGETOWN UNIVERSITY 37TH AND O STREETS NW WASHINGTON,DC 20057	53-0196603	501(C)(3)	48,658	0	N/A	N/A	SUPPORTING WORK ON FELLOWSHIP PROGRAMS FOR WOMEN ENTREPRENEURS.
(18) IMAGINARY OFFICE 64 UNDERWOOD ROAD FALMOUTH,ME 04105	82-3533902	SINGLE-MEMBER LLC	27,500	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(19) ROSE CITY GAMES 1012 NE 106TH AVE PORTLAND,OR 97220	47-4299203	PARTNERSHIP	25,000	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(20) GEORGETOWN UNIVERSITY 37TH AND O STREETS NW WASHINGTON,DC 20057	53-0196603	501(C)(3)	17,391	0	N/A	N/A	SUPPORTING WORK ON FELLOWSHIP PROGRAMS FOR WOMEN ENTREPRENEURS.
(21) ANIMA INTERACTIVE LLC 18 STUYVESANT OVAL APT 10D NEW YORK,NY 10009	92-3417003	SINGLE-MEMBER LLC	10,000	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.
(22) THE MIAMI FOUNDATION 40 NW 3RD STREET SUITE 305 MIAMI,FL 33128	65-0350357	501(C)(3)	5,013	0	N/A	N/A	SUPPORTING WORK ON CLIMATE CHANGE, MIGRATION, AND SECURITY.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 14

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

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Return Reference	Explanation
PART I, LINE 2:	TO MONITOR THE USE OF GRANTS, THE COUNCIL REQUIRES GRANTEES TO SUBMIT NARRATIVE REPORTS AND BUDGETS TO ILLUSTRATE GRANT USAGE.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 FREDERICK KEMPE PRESIDENT AND CEO	(i)	629,711	180,000	0	77,250	21,252	908,213	0
	(ii)	0	0	0	0	0	0	0
2 GINA E WOOD SENIOR VICE PRESIDENT	(i)	378,519	28,000	0	31,117	6,051	443,687	0
	(ii)	0	0	0	0	0	0	0
3 JULIE VARGHESE CHIEF OPERATING OFFICER	(i)	310,529	44,250	0	40,156	8,591	403,526	0
	(ii)	0	0	0	0	0	0	0
4 GRETCHEN EHLE CHIEF FINANCE & REVENUE OFFICER	(i)	295,085	35,813	0	22,500	6,859	360,257	0
	(ii)	0	0	0	0	0	0	0
5 MATTHEW KROENIG VP & SR. DIR - SCOWCROFT CENTER	(i)	235,833	50,208	0	22,688	375	309,104	0
	(ii)	0	0	0	0	0	0	0
6 JOSHUA LIPSKY SENIOR DIRECTOR	(i)	226,500	52,500	0	16,113	680	295,793	0
	(ii)	0	0	0	0	0	0	0
7 GRAHAM BROOKIE VP AND SENIOR DIRECTOR - DFRL	(i)	237,120	31,531	0	20,813	6,013	295,477	0
	(ii)	0	0	0	0	0	0	0
8 KADIATOU CESAIRE VICE PRESIDENT	(i)	229,449	30,000	0	17,813	6,913	284,175	0
	(ii)	0	0	0	0	0	0	0
9 WILLIAM WECHSLER SENIOR DIRECTOR	(i)	202,844	51,250	0	18,510	8,491	281,095	0
	(ii)	0	0	0	0	0	0	0
10 JORGE GASTELUMENDI DIRECTOR, RESILIENCE CENTER	(i)	226,725	31,900	0	17,044	1,491	277,160	0
	(ii)	0	0	0	0	0	0	0
11 JOHN HERBST SENIOR DIRECTOR	(i)	212,750	30,900	0	26,594	328	270,572	0
	(ii)	0	0	0	0	0	0	0
12 KATHERINE BAUGHMAN SENIOR VICE PRES. (UNTIL 08/23)	(i)	205,029	30,000	0	15,548	5,429	256,006	0
	(ii)	0	0	0	0	0	0	0
13 LLOYD WHITMAN SENIOR DIRECTOR	(i)	224,239	16,500	0	11,262	917	252,918	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) PLAN: FREDERICK KEMPE - $27,750 CONTRIBUTION
PART I, LINE 5	THE ORGANIZATION HAS A BONUS STRUCTURE BASED ON FINANCIAL PERFORMANCE. HOWEVER, THE FINAL DECISIONS ON BONUSES ARE MADE BY THE COMPENSATION COMMITTEE.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	110,437	AVERAGE MARKET PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
PART I, COLUMN (B):	REPRESENTS NUMBER OF CONTRIBUTION
PART I, LINE 32B:	CITIBANK PROCESSES AND SELLS STOCK CONTRIBUTIONS UPON RECEIPT.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE SHALL CONSIST OF EX OFFICIO MEMBERS AND CLASS MEMBERS, NOT TO EXCEED 36 IN TOTAL NUMBER, EACH OF WHOM SHALL HAVE ONE VOTE. THE NUMBER OF MEMBERS OF THE EXECUTIVE COMMITTEE MAY BE CHANGED BY AMENDMENT TO THE BYLAWS, BUT NO SUCH CHANGE SHALL HAVE THE EFFECT OF SHORTENING THE TERM OF ANY MEMBER OF THE EXECUTIVE COMMITTEE IN OFFICE AT THE TIME OF THE CHANGE. A) THE EX OFFICIO MEMBERS SHALL BE: THE CHAIR OF THE CORPORATION THE PRESIDENT OF THE CORPORATION THE CHAIRS (INCLUDING CO-CHAIRS) OF BOARD COMMITTEES THE EXECUTIVE VICE CHAIRS THOSE CHAIRS EMERITUS WHO HAVE CHOSEN TO BE MEMBERS OF THE EXECUTIVE COMMITTEE THE TREASURER THE SECRETARY. B) THE CLASS MEMBERS SHALL BE THOSE PERSONS ELECTED BY THE BOARD FROM AMONG THE DIRECTORS OF THE CORPORATION. THE CLASS MEMBERS SHALL BE ASSIGNED TO ONE OF THREE CLASSES, APPROXIMATELY EQUAL IN NUMBER, WITH THE TERM OF OFFICE OF ONE CLASS EXPIRING EACH YEAR. THE TERM OF EACH CLASS MEMBER SHALL BE THREE YEARS. A CLASS MEMBER SHALL NOT BE ELIGIBLE FOR ELECTION TO MORE THAN TWO SUCCESSIVE THREE-YEAR TERMS UNLESS THE CHAIR RECOMMENDS THAT THE ROTATION OF THE INDIVIDUAL WOULD MATERIALLY HARM THE ATLANTIC COUNCIL FINANCIALLY OR OPERATIONALLY. GENERAL RULES: MEMBERS OF THE EXECUTIVE COMMITTEE SHALL HOLD OFFICE FOR THE TERM FOR WHICH ELECTED AND UNTIL A SUCCESSOR IS ELECTED AND QUALIFIED. A VACANCY ON THE EXECUTIVE COMMITTEE CAUSED BY THE DEATH, RESIGNATION OR ANY OTHER CAUSE, OF A CLASS MEMBER MAY BE FILLED FOR THE UNEXPIRED TERM BY THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT & RISK COMMITTEE AND THE EXECUTIVE COMMITTEE REVIEW THE FORM 990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE ANNUALLY REQUIRED TO REVIEW THE POLICY, CONFIRM THEIR UNDERSTANDING, AND DISCLOSE ANY POTENTIAL CONFLICTS. THESE RELATIONSHIPS ARE REVIEWED AND DETERMINATIONS ARE BASED ON A CASE-BY-CASE BASIS. THIS PROCESS IS MAINTAINED BY THE EXECUTIVE OFFICE. EMPLOYEES AND VISITING FELLOWS ARE REQUIRED TO COMPLETE A COI FORM ANNUALLY MAINTAINED BY HR. IF THERE IS A CONFLICT DISCLOSED DURING THE YEAR, MANAGEMENT DISCUSSES THE CONFLICT AND A DETERMINATION IS MADE. AT THE TIME OF OFFERING THE FELLOWSHIP TO THE FELLOW, THEY MUST COMPLETE A COI. IF THE FELLOW CANNOT CLEAR THE CONFLICT, THEY ARE NOT OFFERED THE FELLOWSHIP.
FORM 990, PART VI, SECTION B, LINE 15	THE ATLANTIC COUNCIL'S GOVERNING BODY, THE EXECUTIVE COMMITTEE, HAS AUTHORIZED THE COMPENSATION COMMITTEE TO REVIEW AND DECIDE ON THE COMPENSATION PACKAGES OF SENIOR STAFF WITH COMPENSATION AT OR ABOVE $150,000. THE COMPENSATION COMMITTEE ALSO REVIEWS THE PERFORMANCE AND COMPENSATION FOR THE PRESIDENT AND CEO, WITH THE PROVISION THAT THE COMMITTEE'S ACTION IS SUBJECT TO APPROVAL BY THE EXECUTIVE COMMITTEE. THE LAST COMPENSATION REVIEW TOOK PLACE IN MARCH 2023 DURING AN EXECUTIVE SESSION OF THE EXECUTIVE COMMITTEE IN WHICH NEITHER THE PRESIDENT AND CEO NOR OTHER ATLANTIC COUNCIL STAFF VOTED OR PARTICIPATED. THE CHAIR OF THE COMPENSATION COMMITTEE PRESENTED THE COMMITTEE'S REVIEW OF THE PRESIDENT AND CEO'S PERFORMANCE. THE COMMITTEE'S REVIEW OF THE PRESIDENT AND CEO'S COMPENSATION IS BASED ON AN EVALUATION OF THE QUALITY AND VALUE TO THE COUNCIL OF HIS PERFORMANCE. IN 2021, THE COUNCIL CONTRACTED AN OUTSIDE FIRM WITH EXPERIENCE IN THE FIELD PERFORMED AN ASSESSMENT ON COMPENSATION PAID TO COMPARABLE PERSONNEL BY NON-PROFIT ORGANIZATIONS SIMILAR TO THE COUNCIL. THE DETAILED DOCUMENTATION SUPPORTING THE COMMITTEE'S RECOMMENDATIONS IS RETAINED IN THE COMMITTEE'S CONFIDENTIAL ARCHIVES AND IS VIEWED BY THE COMMITTEE AS REASONABLE, ACCURATE, AND COMPLETE. COMPENSATION FOR EXECUTIVE LEADERSHIP AND KEY EMPLOYEES IS SET BY THE INDEPENDENT COMPENSATION COMMITTEE WITH MINUTES RECORDED AND STORED. THIS PROCESS RECENTLY TOOK PLACE IN 2023.
FORM 990, PART VI, SECTION C, LINE 19	THE ATLANTIC COUNCIL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON REQUEST.
FORM 990, PART IX, LINE 11G	PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 8,495,012. MANAGEMENT AND GENERAL EXPENSES 373,196. FUNDRAISING EXPENSES 33,159. TOTAL EXPENSES 8,901,367. NON-RESIDENT SENIOR FELLOW: PROGRAM SERVICE EXPENSES 469,551. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 469,551. STAFF CONSULTANTS: PROGRAM SERVICE EXPENSES 143,250. MANAGEMENT AND GENERAL EXPENSES 3,900. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 147,150. EVENT CONSULTANTS: PROGRAM SERVICE EXPENSES 22,127. MANAGEMENT AND GENERAL EXPENSES 585. FUNDRAISING EXPENSES 649. TOTAL EXPENSES 23,361. OTHER CONSULTANT FEES: PROGRAM SERVICE EXPENSES 27,883. MANAGEMENT AND GENERAL EXPENSES 12,600. FUNDRAISING EXPENSES 17,000. TOTAL EXPENSES 57,483. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 2,332. MANAGEMENT AND GENERAL EXPENSES 496,099. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 498,431.
FORM 990, PART XI, LINE 9:	FOREIGN CURRENCY GAIN 39,232. UNCOLLECTABLE PLEDGES -809,728.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
ATLANTIC COUNCIL OF THE UNITED STATES INC

Employer identification number
52-0742294

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) FUNDACJA ATLANTIC COUNCIL IN EUROPE WYSTAWOMA 1 51-618 PL	PLANNING, ORG. & SECURING FINANCIAL RESOURCES FOR THE WROCLAW GLOBAL FORUM	PL	N/A	N/A	THE ATLANTIC COUNCIL OF THE UNITED STATES	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: