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Department of the Treasury Internal Revenue Service

132001 01-23-12

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Form **990** (2011)

| Ar | or the | 2011 calendar year, or tax year beginning | | and | enaing | _ | | |
|-----------------------------|-----------------------------|---|---|-----------------------|---------------|--|--|---------------------|
| Bca | Check if ipplicable | C Name of organization | | | • | D Employer ider | itification nu | mber |
| | Addres | THE HALLE FOUNDATION | | | | | | |
| X | Name change | | | | | 58 | <u>-620152</u> | 9 |
| | Initial return Termin | Number and street (or P.O. box if mail is not de | elivered to stree | et address) | Room/suite | E Telephone nun | nber 0-437-1 | 000 |
| | lated Amend | 1:0: DOX 124013 | | | | · · · · · · · · · · · · · · · · · · · | | |
| <u> </u> | return Applica | City or town, state or country, and ZIP + 4 | | | | G Gross receipts \$ | | 001,363. |
| | ⊥tión pendin | ATHANIA, GA JIIJJ | - | TODDAN | | H(a) Is this a grou | _ | Yes X No |
| | | F Name and address of principal officer.DR . SAME AS C ABOVE | BIRE | OOKDAN | | for affiliates? H(b) Are all affiliates | | |
| | Tay aya | mpt status: X 501(c)(3) 501(c) (|)◀ (insert no | o.) 4947(a)(1) | or 527 | -1 | h a list. (see ii | |
| | | e: WWW.THEHALLEFOUNDATION | | J.) [] 4547(a)(1) | 01 [321 | H(c) Group exemp | • | . ' |
| | | | ssociation | Other > | I Year | of formation: 198 | | |
| | | Summary | | | , L Tour | or formation 250 | 7 W Oute of te | igar dominente. C11 |
| _ | | Briefly describe the organization's mission or mos | t significant : | activities: TO P | ROMOTE | GERMAN-AL | <u> </u> | |
| Activities & Governance | | RELATIONS. | t significant a | activities. 10 1 | | | | |
| ě | 2 (| Check this box 🕨 📖 if the organization disco | ontinued its o | perations or dispo | sed of more | e than 25% of its ne | t assets. | |
| ŏ | 1 8 | Number of voting members of the governing body | / (Part VI, line | 1a) | | | 3 | 4 |
| <u>م</u> | 4 1 | Number of independent voting members of the go | overning bod | y (Part VI, line 1b) | | | 4 | 0 |
| es | 5 7 | Fotal number of individuals employed in calendar | year 2011 (P | art V, line 2a) | | | 5 | 0 |
| <u>viti</u> | 6 1 | Fotal number of volunteers (estimate if necessary) |) | | | | 6 | 3 |
| Act | 7a 1 | Total unrelated business revenue from Part VIII, c | olumn (C), lın | e 12 | | <u> </u> | 7a | 0. |
| | 1 d | Net unrelated business taxable income from Form | 1 990-T, line 3 | 34 | | | 7b | 0. |
| | | | | | <u> </u> | Prior Year | | rent Year |
| e | l | Contributions and grants (Part VIII, line 1h) | | | ļ | | 2. | 0. |
| Revenue | ŀ | Program service revenue (Part VIII, line 2g) | | | _ | | 0. | 0. |
| Re | l | nvestment income (Part VIII, column (A), lines 3, 4 | | | ļ | 1,077,040 | | 323,025. |
| 2 | l | Other revenue (Part VIII, column (A), lines 5, 6d, 8d | | | ļ | 34,79 | | 33,782. |
| ī— | | Total revenue · add lines 8 through 11 (must equa | | | | 1,111,83 | | 356,807. |
| (| | Grants and similar amounts paid (Part IX, column | | | | 120,000 |). | 621,800. |
| ٠. | 14 6 | Benefits paid to or for members (Part IX, column) | | | | 124,000 | | 0. 129,000. |
| JI ses | | Salaries, other compensation, employee benefits | | 701 | - | |). | 0. |
| هوا چ | | Professional fundraising fees (Part IX Column (A), | | (6) | o. | | | |
| ₽Ŭ. | | Fotal fundraising expenses (Part IX, column (D)) (i | | 8 | ~ | 115,359 | <u>. </u> | 138,312. |
| 21 | 17 (18 7 | Other expenses (Part IX, column (A) lines 11a-11c | 1, 111-24 0) | | | 359,359 | | 889,112. |
| 2012 | 19 F | Fotal expenses Add lines 13-17 (must educat Parts Revenue less expenses. Subtract line 18 trons line | | 1) 10 25 | | 752,478 | | 532,305. |
| 90 | | teveride less expenses. Subtract life to total line | V 12.11 (1 4 4.4 | V 11 | Re | ginning of Current Ye | | d of Year |
| Net Assets or Fund Balances | 20 T | Total assets (Part X, line 16) | | | 50 | 12,343,96 | | 709,001. |
| Ass J Ba | 21 1 | Fotal liabilities (Part X, line 26) | | | | 243,95 | | 471,104. |
| Net | 22 N | Net assets or fund balances. Subtract line 21 from | n line 20 | | - | 12,100,012 | | 237,897. |
| Pa | irt II | Signature Block | | <u> </u> | | <u> </u> | | |
| Unde | er penal | ties of perjury, I declare that I have examined this return | , including acc | ompanying schedule | s and statem | ents, and to the best o | f my knowledg | e and belief, it is |
| true, | correct | , and complete Declaration of preparer (other than offic | er) is based on | all information of wh | hich preparer | has any knowledge. | | |
| | | - ZIXINIAUL | | | | 08-02 | -12 | |
| Sign | 1 | Signature of officer V | | | | Date | | |
| Here | 9 | DR. EIKE JORDAN, CHAIR Type or print name and title | MAN | | | | | |
| | | Print/Type preparer's name | Preparer's si | onature | | Date Check | I PTII | N |
| Paid | | ANGELA M. GRINER | mal | Linn | | alilia 1 | | 082262 |
| Prep | | Firm's name MOORE STEPHENS T | ILLER | LLC | | Firm's EIN | | 673524 |
| Use | | Firm's address 1960 SATELLITE B | | STE. 3600 | | 7 11111 3 2114 | | |
| | - T | DULUTH, GA 30097 | | | | Phone no. | 770-99 | 5-8800 |
| May | the IR | S discuss this return with the preparer shown abo | | tructions) | | 1. 110110 1101 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |

| | 1990 (2011) THE HALLE FOUNDATION | 30-0201329 | Page 2 |
|----------------|--|--------------------|--------------|
| Pa | rt III Statement of Program Service Accomplishments | | \mathbf{x} |
| _ | Check if Schedule O contains a response to any question in this Part III | | |
| 1 | Briefly describe the organization's mission: SEE SCHEDULE O | | |
| | DIII DENIBUOIN C | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| | the prior Form 990 or 990-EZ? | □ Y (| s X No |
| | If "Yes," describe these new services on Schedule O | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Y, | es X 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 expens | ses |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of | | |
| | others, the total expenses, and revenue, if any, for each program service reported. | | |
| 4a | (Code) (Expenses \$ 708,366 • including grants of \$ 621,800 •) (Revenue | 10 \$ | |
| | THE FOUNDATION SUPPORTS INITIATIVES IN THE FIELDS OF CUI | LTURE, SCIE | NCE, |
| | TECHNOLOGY, COMMERCE, LANGUAGE, SCHOLARSHIP, AND INTERNA | ATIONAL | |
| | RELATIONS THAT TAKE PLACE UNDER THE AUSPICES OF EMORY UN | VIVERSITY A | ND |
| | OTHER UNIVERSITIES AND COLLEGES, THE SOUTHERN CENTER FOR | R INTERNATI | ONAL |
| | STUDIES, THE ROBERT W. WOODRUFF ARTS CENTER, ATLANTIK BI | RUCKE, THE | |
| | AMERICAN COUNCIL ON GERMANY, THE GEORGIA ROTARY STUDENT | | DS |
| | INTERNATIONAL, INC., AND OTHER NOT-FOR-PROFIT INSTITUTION | ONS WHICH T | HE |
| | TRUSTEES MAY SELECT FROM TIME TO TIME THAT SEEK THE SAMI | E GOALS AS | THE |
| | FOUNDATION. | | |
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| | | | |
| | | | |
| 4b | (Code) (Expenses \$) (Revenue | ıə \$ |) |
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| 4- | | | |
| 4c | (Code) (Expenses \$) (Revenue) | ue \$ | · |
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| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ► 708,366. | | |
| | | Form | 990 (2011) |
| 3200: 2-09- | | | ,, |

Page 3

| | | | Yes | No |
|-----|--|-----|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | Ť | <u> </u> | |
| · | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | ,, |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | х |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | Х |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| Ü | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide | | | ,, |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | - | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| 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 | Х | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 44. | | х |
| ч | 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 | 11c | | |
| ŭ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | X | |
| þ | 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, XII, and XIII is optional | 12b | | X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 140 | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| 20- | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | Λ |
| | 17 100 to mile 20a, did the organization attach a copy of its addition limancial statements to this feturn? | 20b | 990 (| 2011) |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|---|------|--------|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| 22 | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 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 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| 2 5a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| þ | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 1 | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified |] | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | 7.7 |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | х |
| | contributions? If "Yes," complete Schedule M | 30 | | <u> </u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? |] | | Х |
| 20 | If "Yes," complete Schedule N, Part I | 31 | | Λ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 55 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| • | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | 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 | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | Form | 990 (2 | 2011) |

| - a | Check if Schedule O contains a response to any question in this Part V | | | | | | | |
|-----|---|-----------|---------------|-------------|--|--|--|--|
| | | | Yes | No | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | -112 | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | | | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | l | | | | |
| | (gambling) winnings to prize winners? | 1c | X | (| | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | | |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | igsquare | Х | | | | |
| | · | | | | | | | |
| 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? | <u>6a</u> | | X | | | | |
| þ | 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). | _ | | v | | | | |
| 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 7b | | X | | | | |
| b | | | | | | | | |
| С | | | | | | | | |
| a | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d | 7c | | X | | | | |
| e | If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/ | | | | | |
| • | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/ | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting N/A | | | | | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the organization make any taxable distributions under section 4966? N/A | 9a | | | | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | l | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | 1 | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | l | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | l | | | | |
| | Gross income from members or shareholders N/A 11a | | | ĺ | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | ļ | | | | |
| 10- | amounts due or received from them.) [11b] Section 4047(-V4) was greated a haritable truste leads a greatestic files Form 200 in line of Form 10410. | 40- | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | 12a | | | | | | |
| 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | - | | | | |
| a | Note. See the instructions for additional information the organization must report on Schedule O | ,ua | | | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | 1 | | | | |
| ~ | organization is licensed to issue qualified health plans | | | 1 | | | | |
| С | Enter the amount of reserves on hand | | | 1 | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | | |
| | | | 990/ | (0011) | | | | |

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

| | Check if Schedule O contains a response to any question in this Part VI | | | لقا |
|------------|---|----------|--------------|-----|
| <u>Sec</u> | tion 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 1a 1a | 1 | } | |
| | 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. | | ł | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 9 | | |
| 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 | <u> </u> | X |
| 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 | <u> </u> | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | ļ | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| 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 | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | - |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion 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 | | X |
| 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 | X | |
| b | Describe in 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | ın Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in 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 | | Х |
| 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 | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed GA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | avaılab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 40 | X Own website Another's website X Upon request | | _ | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are | id finar | ncial | |
| 20 | statements available to the public during the tax year | - | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza MARNITE B. CALDER, EXECUTIVE DIRECTOR $-$ (770) $437-1000$ | tion. 🕨 | ^ — | |
| | 3110 PACES MILL ROAD, ATLANTA, GA 30339 | | | |
| 32006 | ATTA THOUSE WITH WOUN' WITHWILL' OU 2022 | | 000/ | |

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

Check if Schedule O contains a response to any question in this Part VII

X

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

| (A) Name and Title | (B) Average | (C) Position (do not check more than one | | | | | | (D) Reportable | (E) Reportable | (F) Estimated |
|--------------------------------------|---|--|-----------------------|----------|--|------------------------------|----------|--|----------------------------------|--|
| | hours per week | box offi | , unle cer an | ss pe | rson I | s bot | h an | from | compensation from related | amount of other |
| | (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key emptoyee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) DR. EIKE JORDAN | 4 00 | x | | х | | | | 24,000. | 0. | 0 |
| CHAIRMAN AND CO-TRUSTEE | 4.00 | ₽ | \vdash | <u> </u> | - | _ | \vdash | 24,000. | 0. | |
| (2) MR. JOSEPH R. BANKOFF | 1.00 | v | ŀ | | l | | | 0. | 0. | 0 |
| CO-TRUSTEE (3) DR. ROSEMARY M. MAGEE | 1.00 | ^ | ├─ | | - | | \vdash | 0. | 0. | 0 |
| CO-TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. |
| (4) DR. DANIEL S. PAPP | | | - | <u> </u> | | | - | <u> </u> | | |
| CO-TRUSTEE | 1.00 | $ \mathbf{x} $ | | | | | | 0. | 0. | 0 |
| (5) MR. L. NEIL WILLIAMS | | <u> </u> | l | | | | | | | |
| CO-TRUSTEE (RETIRED 2011) | 1.00 | X | | | | | | 0. | 0. | 0 |
| (6) MS. MARNITE B. CALDER | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 40.00 | | | Х | | | | 105,000. | 0. | 0 . |
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| Name and trile Average hours per week (describe hours for related organizations in Schedule O) But bottotal compensation from month or the organization sheets to Part VII, Section A Total (add lines 16 and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization sheets to Part VII, set in the organization of the reportable organization or the organization of the reportable organization or individuals for men the organization and related organization is any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization services Postion (W-2/1099-MISC) Reportable compensation from the organization of the organization of the organization of the organization or the organization of the organization and related organization services Reportable compensation from the organization of the organization of the organization of the organization or individual for services Reportable compensation from the organization of the organization of the organization of the organization or individual for services | • | A. Officers, Directors, Ti (A) | (B) | Τ | • | | C) | | | (D) | (E) | • | | (F) | |
|--|---|---------------------------------------|--------------------|--------------|---------|----------|--------|--------------|----------|--|-------------------|----------|---------|---------------|----------|
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| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 NONE Description of services Compensation 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. Provided the provided individual for services in the provided in the provided form of the provided in the provided form of | | | | | | | | | | | | | | | |
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| Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 NONE 1 Description of services Compensation 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. Polymer than \$100,000 of compensation from the organization. 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. 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. 3 Did the organization is tax year. 1 Compensation is tax year. 2 Total | | | | | | | | | | | | | | | |
| d Total (add lines 1b and 1c) 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 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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 NONE Description of services Compensation 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 \$\int Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\int \text{ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\int \text{ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\int \text{ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\int \text{ Total numbe | | | | | | | | | | | | | | | 0 |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 1 | | | II, Section A | | | | | | | | <u> </u> | | | | 0. |
| Source of the organization from the organization of the calendar year ending with or within the organization. Report compensation from the organization. Report compensation for the calendar year ending with or within the organization of services (A) Name and business address NONE Yes Yes Yes Yes Yes Yes Yes Ye | · | | | | | | | <u> </u> | | <u>. </u> | | | | | 0 . |
| 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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 NONE Description of services Compensation 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 0 | | | not limited to th | nose | liste | ed at | bove | e) wh | o re | eceived more than \$100 | 0,000 of reportat | ole | | | - |
| 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 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. O | compensation | from the organization | | | | | | | | | | | | Yes | No |
| line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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 NONE Description of services Compensation 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 Description of services | 3 Did the organiz | zation list any former officer | , director, or tru | uste | ə, ke | v en | nplo | vee. | or l | highest compensated e | mplovee on | | | 103 | |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 NONE Description of services Compensation 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 0 | | | | | | • | • | • | | , | , , | | 3 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 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 0 | | • | | | omp | ensa | ation | n and | oti | her compensation from | the organization | | | | |
| rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 | | | | | | | | | | | • | | 4 | | X |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 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 0 | | | • | | | | | | elat | ed organization or indivi | dual for services | S | | | |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 | | | nplete Schedul | e J f | or su | ıch j | oers | on | | | | | 5 | | <u> </u> |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 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 | | | | | | | | | | | £100.000 -f | | | | |
| (A) Name and business address NONE Description of services Compensation 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 | | | | | | | | | | | | npens | ation i | rom | |
| 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 ▶ 0 | | (A) | | | | | | | | (B) | | _ | (C | ;) | |
| \$100,000 of compensation from the organization 0 | | Name and business | address | NO | ONE | <u> </u> | | | _ | Description of s | ervices | C | ompe | nsatio | n |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | - | | | | | | | | | | | _ | | | |
| \$100,000 of compensation from the organization 0 | - · · · · · · · · · · · · · · · · · · · | | | | | | | | \dashv | | | _ | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | \dashv | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | \perp | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| | | | - | ot lir | nite | d to | _ | | ted | above) who received m | ore than | | | | |
| | \$ IOU,UUU OI CO | impensation from the organ | ization > | | | | | ' | | | <u>-,</u> | | Form 9 | 990 to | 2011 |

| | | | | HALLE FOU | NDATION | | | 58-620 | 1529 Page 9 |
|--|------|------------|---|-------------------|---------------|----------------------|--|---|---|
| Pa | rt V | <u>'II</u> | Statement of Rever | nue | • | • | | | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1 | а | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | b | Membership dues | 1b | | | | | 1 |
| s, (Am | | С | Fundraising events | 1c | | | | | 1 |
| Giff | | d | Related organizations | 1d | | | | | |
| is, | | е | Government grants (contribut | tions) 1e | | | | | |
| tior S | | f | All other contributions, gifts, gran | its, and | | | | | |
| ibc | | | similar amounts not included abo | ve 1f | | | | | |
| d C | | g | Noncash contributions included in lines | 1a-1f \$ | | | | | |
| <u>3 E</u> | | h | Total. Add lines 1a-1f | | | | | | ļ |
| | | | | | Business Code | | | | |
| <u>ic</u> e | 2 | а | | | | | | | |
| er. | | b | | | | | | | <u> </u> |
| n S en | | С | | <u> </u> | | | | | |
| Rev | 1 | d | | | | | | | <u> </u> |
| Program Service Revenue | 1 | е | | | | | | | |
| - | | | All other program service reve | enue | L | | | | |
| - | | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | | Investment income (including | dividends, intere | _ | 183,456. | | | 183,456. |
| | | | other similar amounts) | | | 103,430. | | | 103,430. |
| | 4 | | Income from investment of ta | x-exempt bona p | roceeds | | | | |
| | 5 | | Royalties | (v) Roal | (ii) Porconal | | | | |
| | 6 : | _ | Gross rents | (ı) Real | (ıi) Personal | | | | |
| | _ | - | Less rental expenses | | | | | | |
| | | | Rental income or (loss) | | | | | | |
| | | | Net rental income or (loss) | | | | | | |
| | | | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | • | _ | assets other than inventory | 5,784,125. | (// 0.1/0/ | | | | |
| | ı | b | Less: cost or other basis | | | | | | |
| | | | and sales expenses | 5,644,556. | | | | | |
| | | C | Gain or (loss) | 139569. | | | | | j |
| | | d | Net gain or (loss) | <u> </u> | | 139,569. | | | 139,569. |
| <u>o</u> | 8 | а | Gross income from fundraisin | g events (not | | | | | |
| Other Revenue | | | including \$ | of | | | | | |
| اچ | | | contributions reported on line | 1c). See | | | | | |
| <u>ē</u> | | | Part IV, line 18 | а | | | | | |
| 븅 | | | Less: direct expenses | b | | | | | |
| | | | Net income or (loss) from fund | | . | | | | |
| | 9 : | а | Gross income from gaming ac | | | | | | |
| l l | | | Part IV, line 19 | a | | | | | |
| | | | Less direct expenses Net income or (loss) from gam | b | | | | | |
| | | | Gross sales of inventory, less | - | | | | | |
| | 10 1 | a | and allowances | a | | | | | |
| - | 1 | h | Less: cost of goods sold | b | | | | | |
| - 1 | | | Net income or (loss) from sale | - 1 | | | | | |
| t | | Ť | Miscellaneous Revenu | | Business Code | | | | |
| ľ | 11 8 | a | OTHER INVESTMEN | | 900099 | 33,782. | | | 33,782. |
| | | b | | | | | | | |
| | (| С | | | | | | | |
| | (| d | All other revenue | | | | | | |
| 1 | • | е | Total. Add lines 11a-11d | | > | 33,782. | | | |
| 13200 | 12 | | Total revenue. See instructions | | | 356,807. | 0. | 0. | |
| 13200 01-23 | 12 | | | | | | | | Form 990 (2011) |

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) but are not required to complete columns (B), (C), and (D).

| com | olete columns (B), (C), and (D). | | | | |
|-----|--|---------------------------|------------------------------|-------------------------------------|---|
| | Check if Schedule O contains a respons | se to any question in thi | s Part IX | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 621,800. | 621,800. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | , | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 129,000. | 60,500. | 68,500. | |
| 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 | | | | |
| 8 | Pension plan accruais and contributions (include | | | | |
| - | section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | - | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 3,096. | | 3,096. | |
| c | Accounting | 16,165. | | 16,165. | ······································ |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 75,519. | | 75,519. | |
| g | Other | | | | · · · · · · · · · · · · · · · · · · · |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 1,346. | | 1,346. | |
| 14 | Information technology | 1,055. | | 1,055. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 26,066. | 26,066. | | |
| 18 | Payments of travel or entertainment expenses | 20,000 | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 5,340. | | 5,340. | |
| 20 | Interest | | | -,,,,,, | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | - | | | |
| 23 | Insurance | 5,833. | | 5,833. | |
| 24 | Other expenses. Itemize expenses not covered | 3,000 | | -, | · · · · - · · · · · · · · · · · · · · · |
| _ 7 | 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 0) | | | | |
| а | ORGANIZATION DUES | 2,950. | | 2,950. | |
| b | MISC./OTHER | 596. | | 596. | |
| c | BOARD OF DIRECTOR'S EXP | 346. | | 346. | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 889,112. | 708,366. | 180,746. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | - | |
| - | reported in column (B) joint costs from a combined | İ | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | |
| | 0.01-23-12 | | | | Form 990 (201 |

58-6201529 Page 11 THE HALLE FOUNDATION Form 990 (2011) Part X | Balance Sheet (A) (B) End of year Beginning of year 2,255. 4,180. Cash - non-interest-bearing 1,383,693. 422,175. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 10,333. 10,333. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 2,269,640. basis. Complete Part VI of Schedule D 10a 2,235,858. 2,269,640. b Less: accumulated depreciation 10b 6,531,200. 9,671,421. 11 Investments - publicly traded securities 11 1,511,880. 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 11,709,001. 12,343,967. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 19,829. 12,374. Accounts payable and accrued expenses 224,126. 458,730. 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 243,955. 471,104. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 12,100,012. 11,237,897. Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here
and complete lines 30 through 34.

Form 990 (2011)

11,237,897.

11,709,001.

31

32

33

12,100,012.

12,343,967.

31

32

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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.

За

3b

Х

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

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. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

58-6201529

Name of the organization

THE HALLE FOUNDATION 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 11, check only one box.)

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,

- 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.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
 - See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 that describes the type of supporting organization and complete lines 11e through 11h
 - c Type III · Functionally integrated a X Type I **b** Type II
- d Type III · Other
- e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (III) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| Yes | No |
|-----|-----|
| | X |
| | X |
| | X |
| | Yes |

| (i) Name of supported organization | | | in col. (i) li | organization sted in your document? | organizat | u notify the ion in col. r support? | (vi) Is organizatio (i) organiz U.S | on in col. ed in the | (vii) Amount of support |
|------------------------------------|------------|---------------------|----------------|---|-----------|---|--|-------------------------|-------------------------|
| | | (see instructions)) | Yes | No | Yes | No | Yes | No | |
| AGNES SCOTT | | | | | | | | | |
| COLLEGE | 58-0566116 | 2 | | X | | | Х | | 51,626. |
| AMERICAN | - | | | | | | | | |
| COUNCIL ON G | 13-1889074 | 7 | X | | | Ì | X | ł | 10,000. |
| CDS | | | | | | | | | |
| INTERNATIONA | 13-6275141 | 7 | X | 1 | | | Х | | 110,000. |
| EMORY | · | | | | | | | | |
| UNIVERSITY | 58-0566256 | 2 | | X | | | Х | | 33,000. |
| FRIENDS OF | | | | | | | | | |
| GOETHE, INC. | 58-2198618 | 9 | | X | | | X | | 30,000. |
| Total 13 | | | | | | | | | 406,326. |

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

SEE PART IV FOR LINE 11 CONTINUATION

13

2011.04010 THE HALLE FOUNDATION

L41880 1

Schedule A (Form 990 or 990-EZ) 2011

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

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

| Se | ction A. Public Support | | | | | | |
|------|---|----------------------|----------------------|-------------------------|----------------------|---------------------------------------|----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon'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 | | 1 | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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 | | | | | | ł |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | _ | | | | | |
| 8 | Gross income from interest, | _ | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | 1 | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | : | |
| | assets (Explain in Part IV.) | | | | | <u> </u> | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities | etc. (see instruct | ions) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization | 's first, second, th | ird, fourth, or fifth t | ax year as a secti | on 501(c)(3) | |
| | organization, check this box and stop | here | | | | | |
| Se | ction C. Computation of Publ | ic Support Pe | ercentage | | | · · · · · · · · · · · · · · · · · · · | |
| 14 | Public support percentage for 2011 (| line 6, column (f) c | divided by line 11, | column (f)) | | 14 | % |
| | Public support percentage from 2010 | | | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test - 2011. If the | organization did n | ot check the box o | on line 13, and line | 14 is 33 1/3% or | more, check this b | ox and |
| | stop here. The organization qualifies | | • | | | | ▶∟⊥ |
| b | 33 1/3% support test - 2010. If the | | | | d line 15 is 33 1/39 | % or more, check t | his box |
| | and stop here. The organization qual | ifies as a publicly | supported organiz | zation | | | |
| 17a | 10% -facts-and-circumstances tes | | - | | | | |
| | and if the organization meets the "fac | | | | • | art IV how the orga | nization |
| | meets the "facts-and-circumstances" | test. The organiza | ation qualifies as a | a publicly supporte | d organization | | ▶□ |
| t | 10% -facts-and-circumstances tes | | _ | | | | |
| | more, and if the organization meets the | | | | | | e |
| | organization meets the "facts and circ | | | | | | ▶ - |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | oa, 16b, 17a, or 17 | | | |
| | | | | | Sch | edule A (Form 990 | or 990-EZ12011 |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | · · · · · | | | | | |
|----------|--|----------------------|-----------------------|---------------------------------------|--|--|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 per- | | 1 | | | | |
| | formed, 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 bus- | | | | | | 1 |
| | iness under section 513 | j | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| · | ization's benefit and either paid to | | | ŀ | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | · · · · · · · · · · · · · · · · · · · | † · · · · · · · · · · · · · · · · · · · | | |
| J | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | · · · · · · · · · · · · · · · · · · · | | | |
| | Amounts included on lines 1, 2, and | | - | | <u>. </u> | | |
| ,, | 3 received from disqualified persons | | | | | | |
| ۲ | Amounts included on lines 2 and 3 received | | - | | ļ. . | | |
| • | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | } | |
| _ | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | l |
| 8 | Public support (Subtract line 7c from line 6) | <u> </u> | | | | | l |
| | | (=) 0007 | /h) 0000 | (=) 0000 | (4) 0010 | (-) 0011 | (6) T-4-1 |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 Gross income from interest, | | | | | | |
| 102 | dividends, payments received on | | 1 | | | | |
| | securities loans, rents, royalties | | | | 1 | | |
| L | and income from similar sources | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | · | | | | | <u> </u> | |
| | Add lines 10a and 10b Net income from unrelated business | ļ | | | | | |
| • • | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | <u> </u> | 1 | | |
| 12 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | | | | | | |
| | Total support (Add lines 9 10c, 11, and 12) | L | <u> </u> | <u> </u> | | <u> </u> | |
| 14 | First five years. If the Form 990 is for | r the organization's | s first, second, thii | d, fourth, or fifth t | tax year as a section | on 501(c)(3) organiz | zation, |
| <u> </u> | check this box and stop here | is Command Da | | | | | ▶└ |
| | ction C. Computation of Publ | | | | | T T | |
| | Public support percentage for 2011 (| | • | column (f)) | | 15 | |
| | Public support percentage from 2010 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 | • | • | ne 13, column (t)) | | 17 | % |
| _ | Investment income percentage from 2 | | | andra de la la | - 45 · · · · · · · · · · · · · | 18 | <u>%</u> |
| 198 | 33 1/3% support tests - 2011. If the | • | | • | | • | I / IS not |
| | more than 33 1/3%, check this box at | • | • | | • • • | | ▶ ـ |
| D | 33 1/3% support tests - 2010. If the | - | | | | | |
| 00 | line 18 is not more than 33 1/3%, che | | | | | | ▶;; |
| | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | | | 0 000 771 56 11 |
| 13202 | 23 01-24-12 | | | | Sci | nedule A (Form 99 | u or 990-E712011 |

| (i) Name of supported organization | (ii) EIN | on (Schedule A, Part1, (iii) Type of organization (described on lines 1-9 above or IRC section | (iv) Is the tion in co | organiza- l. (i) listed | (v) Did yoi organizat | u notify the ion in col. r support? | | the on in col. ed in the | (vii) Amount of support |
|------------------------------------|------------|--|---------------------------|----------------------------|--------------------------|---|----------|--|-------------------------|
| | | (see instructions)) | Yes | No | Yes | No | Yes | No | |
| GEORGIA INSTITUTE OF | 58-6043294 | 2 | | Х | | | Х | | 25,000 |
| GEORGIA STATE UNIVER | 58-6002050 | 2 | | х | | | x | | 26,200 |
| GERMAN AMERICAN CHA | 58-2203456 | 501(C)(6) | | х | | | х | | 12,500 |
| KENNESAW STATE UNIVER | 23-7034345 | | | х | | | х | | 18,000 |
| MASSACHUSETT S INSTITUTE | | | | х | | | х | | 35,000 |
| OGLETHORPE UNIVERSITY, | | | | х | | | х | | 20,000 |
| WALDORF SCHOOL ATLAN | | | | х | | | x | | 10,000 |
| WASHINGTON | 30 1711307 | | | | | | | | 10,000 |
| AND LEE UNIV | 58-0505977 | 2 | | х | | | х | | 25,000 |
| | | | | | | | | | |
| <u> </u> | | | | | | | | | |
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| | | | | | | | | | |
| Continuation Total | | | | | | | | | 171,700 |

Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

OMB No 1545-0047

2011
Open to Public Inspection

Name of the organization

THE HALLE POINTATION

Employer identification number

| | THE HALLE FOUNDATION | 50-0201529 |
|----|--|---|
| Pa | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A | Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate 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 fur | nds |
| | 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 confe | |
| | impermissible private benefit? | Yes No |
| Pa | | , 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 historica | lly important land area |
| | Protection of natural habitat Preservation of a certified h | • • |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c | onservation easement on the last |
| | day of the tax year. | |
| | | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, 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 orga | · · · · · · · · · · · · · · · · · · · |
| | year ▶ | 3 |
| 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, and enforcing conservation easements during | the year 🕨 |
| 7 | Amount of expenses incurred in monitoring, inspecting, 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)(line) | |
| | and section 170(h)(4)(B)(ii)? | Yes No |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenue and expense state | ment, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization's financial statements that describes the or | ganization's accounting for |
| | conservation easements | |
| Pa | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a | nd balance sheet works of art, |
| | historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of | f public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that describes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I | palance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se | ervice, provide the following amounts |
| | relating to these items: | |
| | (i) Revenues included in 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, | |
| | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| a | Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| þ | Assets included in Form 990, Part X | ▶ \$ |
| | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

| Part VII Investments - Other Securities. Sec | e Form 990, Part X, I | ine 12 | | |
|---|------------------------------|----------------------------------|---|-------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valuates or end-of-year mar | |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | · |
| (A) ALTERNATIVE INVESTMENTS | 1,511,8 | 80. END-OF- | EAR MARKET | VALUE |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | <u></u> | |
| (G) | | | | |
| (H) | | | | |
| (1) | 1 511 0 | 00 | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) | 1,511,8 | | | |
| Part VIII Investments - Program Related. Se | ee Form 990, Part X, | line 13. | | |
| (a) Description of investment type | (b) Book value | Co | (c) Method of valua ost or end-of-year mar | |
| | | | | |
| (2) | | | | |
| (3) | | · · | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | <u>.</u> |
| (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) | | | | |
| Part IX Other Assets. See Form 990, Part X, line | 15 | | | |
| | Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | , | | ************* |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | 15) | | > | • |
| Part X Other Liabilities. See Form 990, Part X, | line 25. | | | |
| 1. (a) Description of liability | | (b) Book value | _ | |
| (1) Federal income taxes | | | _ | |
| (2) | | | | |
| (3) | | | _ | |
| | | | _ | |
| (5) | | | 4 | |
| (6) | | | 4 | |
| | | | 4 | |
| (8) | | | - | |
| (9) | | | 1 | |
| (10) | | | 1 | |
| (11) Total (Column (h) must equal Form 990, Part X, col (R) line | 251 | | 1 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740) | tne organization s financial | statements that reports the orga | I nization's liability for uncertai | n tax positions under |
| Z. FIN 48 (ASC 740) 132053 01-23-12 | | | | edule D (Form 990) 2011 |
| V 1-EU- 12 | | | JUIT | |

| | edule D (Form 990) 2011 THE HALLE FOUNDATION | | | | | 201529 | Page 4 |
|------------|---|--------------|-------------|--------------|------------------|-----------------|------------------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to | o Audite | ed Finan | cial Sta | tements | | -0.05 |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | | | ,807. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | | | ,112. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | 3 | | | <u>,305.</u> : |
| 4 | Net unrealized gains (losses) on investments | | | 4 | | <329 | ,811. |
| 5 | Donated services and use of facilities | | | 5 | | | |
| 6 | Investment expenses | | ļ | 6 | | | |
| 7 | Prior period adjustments | | ļ | 7 | | | · · · · |
| 8 | Other (Describe in Part XIV) | | | 8 | | | <u> </u> |
| 9 | Total adjustments (net). Add lines 4 through 8 | | | 9 | | | ,810. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar | nd 9 | | 10 | | <862 | <u>,115.</u> : |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Stateme | ents Wi | ith Rever | iue per | Return | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | | 1 | 26 | ,996. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | | | | | |
| а | Net unrealized gains on investments | 2a | <32 | 9,811 | .•▶ | | |
| b | Donated services and use of facilities | 2b | | | | | |
| С | | 2c | | | | | |
| d | | 2d | | | 7 | | |
| e | A 111 A 11 A 11 | | | | 2e | <329 | ,811. |
| 3 | Subtract line 2e from line 1 | | | | 3 | 356 | ,807. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | - | | 700.0 |
| | | 1 40 1 | | | | | |
| a | | 4a 4b | | | \dashv \mid | | |
| b | , | 40 | | | ┥╻╽ | | 0. |
| | Add lines 4a and 4b | | | | 4c | 256 | ,807. |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statem | anto M | lith Eyno | | _ | | , 607. |
| | | ICIIIS VI | riui Expe | iises h | $\neg \neg \neg$ | | ,111. |
| 1 | Total expenses and losses per audited financial statements | | | | 1 | 003 | , 111. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | | | | |
| а | | 2a | | | ⊣ | | |
| b | Prior year adjustments | 2b | | | | | |
| С | | 2c | | | _ | | |
| d | Other (Describe in Part XIV) | 2d | | <1 | <u>·</u> ♪ | | _ |
| е | Add lines 2a through 2d | | | | 2e | | <1.3 |
| 3 | Subtract line 2e from line 1 | | | | 3 | 889 | <u>,112.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | _ | | |
| b | Other (Describe in Part XIV.) | 4b | | | | | |
| С | Add lines 4a and 4b | | | | 4c | | 0. |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | | 5 | 889 | ,112. |
| Pa | rt XIV Supplemental Information | | | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I | III, lines 1 | a and 4; Pa | rt IV, line: | s 1b and 2l | b, Part V, line | 4, Part |
| | e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com | | | | | nformation | |
| PAI | RT X, LINE 2: PER THE 2011 AUDIT'S NOTES, | THERI | E ARE | NO F | N 48 | | |
| | | | | | | | |
| <u>DI:</u> | SCLOSURES FOR THIS ORGANIZATION. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PAI | RT XI, LINE 8 - OTHER ADJUSTMENTS: | | | | | | |
| | | - | | | | | |
| RO | UNDING | | | | | | <u> </u> |
| | | | | | | | . —— |
| | | | | | | | |
| | | | | | | | · |
| PAI | RT XIII, LINE 2D - OTHER ADJUSTMENTS: | | | | | | |
| n ~~ | THETH | | | | | | _ |
| KOI | UNDING | | | | | | <u>-1.</u> |
| 13205 | 4 | | | | Schedu | le D (Form 9 | 90) 2011 |
| 01-23- | 12 | | | | | | |

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

ients, and Individuals in the United States

| 2011 | Open to rubilic Inspection |
|------|-------------------------------|
|------|-------------------------------|

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

▶ Attach to Form 990.

| | | | | ; | | | |
|--|--|--|-----------------------------------|-----------------------------------|---|---|---|
| Name of the organization THE HALLE | THE HALLE FOUNDATION | ON | | | | | Employer identification number 58-6201529 |
| Part I General Information on Grants and Assistance | and Assistance | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of | to substantiate the | | or assistance, the | grantees' eligibility | for the grants or ass | the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | tion |
| criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | stance? ocedures for monit | toring the use of grant | funds in the United | d States. | • | | X Yes No |
| <u>F</u> | Governments and | d Organizations in the | United States. C | complete if the orga | Inization answered "Y | ions in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, I | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (a) 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 non-cash assistance | (h) Purpose of grant or assistance |
| AGNES SCOTT COLLEGE 141 EAST COLLEGE AVE. DECATUR, GA 30030 | 58-0566116 | 501(C)(3) | 51,626. | .0 | | | SUPPORTED ORGANIZATION GRANT |
| AMERICAN COUNCIL ON GERMANY, INC. 14 EAST 60TH STREET NEW YORK, NY 10022 | 13-1889074 | 501(C)(3) | 10,000. | .0 | | | SUPPORTED ORGANIZATION- GRANT |
| CDS INTERNATIONAL, INC. 440 PARK AVENUE SOUTH, 2ND FLOOR NEW YORK, NY 10016 | 13-6275141 | 501(C)(3) | 110,000. | .0 | | | SUPPORTED ORGANIZATION GRANT |
| EMORY UNIVERSITY 1599 CLIFTON RD, 3RD FLOOR ATLANTA, GA 30322 | 58-0566256 | 501(C)(3) | 33,000. | .0 | | | SUPPORTED ORGANIZATION GRANT |
| FRIENDS OF GOETHE, INC. DBA GOETHE-ZENTRUM ATLANTA, GERMAN CULTERAL CENTER - 1197 PEACHTREE STREET - ATLANTA, GA 30361 | 58-2198618 | 501(C)(3) | 30,000. | 0. | | | SUPPORTED ORGANIZATION GRANT |
| GEORGIA INSTITUTE OF TECHNOLOGY 760 SPRING STREET, STE 400 ATLANTA, GA 30308 | 58-6043294 | 501(C)(3) | 25,000. | .0 | | | SUPPORTED ORGANIZATION GRANT |
| Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for For | and government or is listed in the line. | rganizations listed in the table tions for Form 990. | listed in the line 1 table m 990. | | | | Schedule I (Form 990) (2011) |
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Page 1

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|---|

| (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 non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| GEORGIA STATE UNIVERSITY ONE PARK PLACE, SUITE 533 ATLANTA, GA 30303 | 58-6002050 | 501(C)(3) | 26,200. | .0 | | | SUPPORTED ORGANIZATION GRANT |
| GERMAN AMERICAN CHAMBER OF COMMERCE OF THE SOUTHERN UNITED STATES, INC 1170 HOWELL MILL ROAD - ATLANTA, GA 30318 | 58-2203456 | 501(C)(6) | 12,500. | 0 | | | SUPPORTED ORGANIZATION GRANT |
| KENNESAW STATE UNIVERSITY 1000 CHASTAIN ROAD NO 9101 KENNESAW, GA 30144 | 23-7034345 | 501(C)(3) | 18,000, | .0 | | | SUPPORTED ORGANIZATION GRANT |
| MASSACUSETS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE NE49-3142 - CAMBRIDGE, MA 02139 | 04-2103594 | 501(C)(3) | 35,000. | 0 | | | SUPPORTED ORGANIZATION GRANT |
| OGLETHORPE UNIVERSITY, INC. 4484 PEACHTREE ROAD, NE ATLANTA, GA 30319 | 58-0568698 | 501(C)(3) | 20,000. | 0 | | | SUPPORTED ORGANIZATION GRANT |
| WALDORF SCHOOL OF ATLANTA 827 KIRK ROAD DECATUR, GA 30030 | 58-1741907 | 501(C)(3) | 10,000. | 0. | | | SUPPORTED ORGANIZATION GRANT |
| WASHINGTON AND LEE UNIVERSITY UNIVERSITY PLACE LEXINGTON, VA 24450 | 54-0505977 | 501(C)(3) | 25,000. | 0. | | | SUPPORTED ORGANIZATION GRANT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | Schedule I (Form 990) |

58-6201529

Schedule I (Form 990) (2011) THE HALLE FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States.

| Part III can be duplicated if additional space is needed | | | | | |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| | | | | | |
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| | | | | | , |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information | n required in Part I, | line 2, and any other | additional information. | |
| SCHEDULE I, PART I, LINE 2: GRANTS | S ARE MADE | E ONLY TO | ORGANIZATIONS | ONS EITHER | |
| SPECIFICALLY STATED AS BEING SUPPORTED | BY | THE FOUNDA | FOUNDATION IN ITS | S ORGANIZING | |
| DOCUMENTS OR OTHER UNIVERSITIES AND | TD COLLEGES | AND/OR | OTHER NOT-FOR-PROFIT | FOR-PROFIT | |
| ORGANIZATIONS AS IDENTIFIED BY THE | BY THE BOARD OF | F TRUSTEES | AS SEEKING | 3 THE SAME | |
| GOALS AS THE FOUNDATION. THE BOAR | BOARD NOTES | THE DISCUSSIONS | AND | APPROVALS OF | |
| ALL GRANTS IN ITS MEETINGS' "MINUTES" | ES". THE | E BOARD DOES NOT | ES NOT REQ | REQUIRE SPECIFIC | |
| EXPENDITURE RESPONSIBILITY FOR EACH | GRANT | AS IT HAS | SPENT EXTE | EXTENSIVE TIME | |
| RESEARCHING THE SIMILARITY OF THE | THE MISSION | OF THE GRA | GRANTEE WITH ITS | ITS OWN | |
| BEFORE APPROVING THE GRANT. | | | | | |
| 132102 01-27-12 | | 24 | | | Schedule I (Form 990) (2011) |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization

THE HALLE FOUNDATION

Employer identification number 58-6201529

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE HALLE FOUNDATION SEEKS TO PROMOTE INTERNATIONAL PEACE AND UNDERSTANDING, KNOWLEDGE, AND FRIENDSHIP BETWEEN THE PEOPLE OF GERMANY, AS SEEN IN ITS EUROPEAN CONTEXT, AND THOSE OF THE UNITED STATES. THE FOUNDATION SUPPORTS INITIATIVES IN THE FIELDS OF CULTURE, SCIENCE, TECHNOLOGY, COMMERCE, LANGUAGE, SCHOLARSHIP, AND INTERNATIONAL RELATIONS THAT TAKE PLACE UNDER THE AUSPICES OF EMORY UNIVERSITY AND OTHER UNIVERSITIES AND COLLEGES, THE SOUTHERN CENTER FOR INTERNATIONAL STUDIES, THE ROBERT W. WOODRUFF ARTS CENTER, ATLANTIK BRUCKE, THE AMERICAN COUNCIL ON GERMANY, THE GEORGIA ROTARY STUDENT PROGRAM, CDS INTERNATIONAL, INC., AND OTHER NOT-FOR-PROFIT INSTITUTIONS WHICH THE TRUSTEES MAY SELECT FROM TIME TO TIME THAT SEEK THE SAME GOALS AS THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 8B: N/A - NO INDIVIDUAL COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD EXIST FOR THIS ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: WITH APPROVAL OF THE BOARD OF
TRUSTEES, THE EXECUTIVE DIRECTOR ENGAGES AN INDEPENDENT ACCOUNTING FIRM TO
PREPARE THE FORM 990 ANNUALLY. A COPY OF THE FORM 990 IS PROVIDED IN
ELECTRONIC FORM BY THE PREPARER TO THE BOARD OF TRUSTEES AND EXECUTIVE
DIRECTOR. THE BOARD OF TRUSTEES AND EXECUTIVE DIRECTOR REVIEW THE
ELECTRONIC COPY. ONCE THE RETURN HAS BEEN APPROVED BY THE BOARD OF TRUSTEES
AND EXECUTIVE DIRECTOR, THE CHAIRMAN OF THE BOARD SIGNS THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: POTENTIAL AND/OR PERCEIVED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

CONFLICTS OF INTEREST ARE PRESENTED AND DISCUSSED AT SCHEDULED BOARD

MEETINGS. IF A CONFLICT OF INTEREST APPEARS TO EXIST, THE INTERESTED PARTY
SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE

TRANSACTION OR ARRANGEMENT WHICH RESULTS IN A POSSIBLE CONFLICT OF

INTEREST. THE CHAIRMAN OF THE BOARD OR AN APPOINTED DISINTERESTED PERSON,
SHALL INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION. THE BOARD

SHALL THEN DETERMINE BY A MAJORITY VOTE OF DISINTERESTED PARTIES WHETHER

THE TRANSACTION IS IN VIOLATION OF THE POLICY. VIOLATIONS OF THE POLICY

WILL RESULT IN APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION TAKEN BY THE
BOARD OF TRUSTEES. TO DATE, DISCUSSIONS OF POSSIBLE CONFLICTS OF INTEREST

HAVE INVOLVED TRUSTEES AND/OR THE EXECUTIVE DIRECTOR SERVING ON OTHER

ORGANIZATION'S BOARDS AND ADVISORY BOARDS. NO CONFLICTS OF INTEREST HAVE

BEEN IDENTIFIED.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING

COMPENSATION OF THE EXECUTIVE DIRECTOR AND CHAIRMAN OF THE BOARD INCLUDES

APPROPRIATE COMPARABILITY DATA FROM NATIONAL AND LOCAL SALARY SURVEYS OF

COMPARABLE INSTITUTIONS COMPILED BY THE NATIONAL COUNCIL ON FOUNDATIONS AND

THE SOUTHEASTERN COUNCIL OF FOUNDATIONS; DATA IS RETAINED IN THE FILES OF

THE FOUNDATION. ALL BOARD MEMBERS VOTE ON SALARY DECISIONS, NONE OF THEM

ARE DISQUALIFIED PERSONS WITHIN THE MEANING OF SECTION 4958 OF THE CODE.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE HOUSED AT THE OFFICES OF
THE FOUNDATION AND ARE AVAILABLE TO THE PUBLIC UPON WRITTEN OR ORAL REQUEST
TO THE EXECUTIVE DIRECTOR.

FORM 990, PART VII: RELATED ORGANIZATION COMPENSATION FOR TRUSTEES

132212 01-23-12

| Schedule O (Form 990 or 990-EZ) (2011) | Fage 2 |
|---|---|
| Name of the organization THE HALLE FOUNDATION | Employer identification number 58-6201529 |
| OF THE 4 TRUSTEES, THREE RECEIVE COMPENSATION FROM RELATE | D ENTITIES AS |
| DEFINED WITH RESPECT TO SUPPORTED ORGANIZATIONS. NONE OF | THE 3 |
| RECEIVES COMPENSATION FROM THE HALLE FOUNDATION AND ALL 3 | ARE BOUND BY |
| THE FOUNDATION'S CONFLICT OF INTEREST POLICY. PER EACH I | N RESPONSE TO |
| DISCLOSING THEIR COMPENSATION FROM THE RELATED ENTITY: | |
| | |
| MR. BANKOFF'S COMPENSATION IS LISTED ON ROBERT W. WOODRUF | F ARTS |
| CENTER'S 990 AS FILED. | |
| | |
| DR. MAGEE'S COMPENSATION IS LISTED ON EMORY UNIVERSITY'S | 990 AS FILED. |
| | |
| DR. PAPP'S COMPENSATION INFORMATION IS AVAILABLE AT | |
| HTTP://WWW.OPEN.GEORGIA.GOV/STA/SEARCH.AUD . | |
| | |
| | |
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: | |
| NET UNREALIZED LOSSES ON INVESTMENTS: | -329,811. |
| ROUNDING | 1. |
| TOTAL TO FORM 990, PART XI, LINE 5 | -329,810. |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. | |
| | |
| | |
| FORM 990, LINE B: NAME CHANGE | |
| WHEN THE FOUNDATION WAS ESTABLISHED IN 1986, THE INITIAL | TRUST |
| AGREEMENT LISTED THE NAME OF THE FOUNDATION AS "HALLE FOU | NDATION TRUST |
| DTD 102486". SUBSEQUESTLY, IN 1994 THE TRUST AGREEMENT W 132212 01-23-12 Sched | |
| 01-23-12 Sched | lule O (Form 990 or 990-EZ) (2011) |

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 58-6201529

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. THE HALLE FOUNDATION Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

| 9 | Direct controlling entity | | | | | | | plated tax oxempt |
|-------------|---|--|--|--|--|--|--|--|
| (e) | End-of-year assets | | | | | | | r bad one or more |
| 9 | Total income | | | | | | | 31 FOOD 34 POOL 1 |
| (၁) | Legal domicile (state or foreign country) | | | | | | | O 000 mice of "Account |
| (q) | Primary activity | | | | | | | to contact of the opposite of |
| (a) | Name, address, and EIN of disregarded entrty | | | | | | | Harmitian for Every More and Tour Commission (Commission of the every compact of the every co |

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

| (a) | (q) | (0) | (p) | (e) | 3 | (b) | 100 |
|--|------------------------|--------------------------|-------------|--------------------|----------------------------|------------|----------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | controlled | Z(D) IS) |
| of related organization | | foreign country) | section | status (if section | entity | entity? | 77 |
| | | | | 501(c)(3)) | | Yes | No |
| AGNES SCOTT COLLEGE - 58-0566116 | | | | | | | |
| 141 EAST COLLEGE AVE. | | | | | | | |
| DECATUR, GA 30030 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 2 | | | × |
| THE AMERICAN COUNCIL ON GERMANY, INC | | | | | | | |
| 13-1889074, 14 EAST 60TH STREET, NEW YORK, | 1 | | | | | | |
| NY 10022 | SUPPORTED ORGANIZATION | NEW YORK | 501(C)(3) | LINE 7 | | | × |
| ATLANTA BRUCKE, YOUTH FOR UNDERTANDING USA, | | | | | | | |
| INC 02-0557010, 6400 GOLDSBORO ROAD, STE. | | | | | | | |
| 100, BETHESDA, MD 20817 | SUPPORTED ORGANIZATION | MARYLAND | 501(C)(3) | LINE 2 | | | × |
| CDS INTERNATIONAL, INC 13-6275141 | | | | | | | |
| 440 PARK AVE. SOUTH, 2ND FLOOR | | | | | | | |
| NEW YORK, NY 10016 | SUPPORTED ORGANIZATION | NEW YORK | 501(C)(3) | LINE 7 | | | × |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | ns for Form 990. | | • | : | Schedule R (Form 990) 2011 | Form 990 |) 2011 |

132161 01-23-12 LHA

Schedule R (Form 990)

| Organizations |
|-----------------|
| Tax-Exempt |
| n of Related |
| f Identificatio |
| Continuation of |
| Part II |

| (a) | (q) | (0) | (p) | (ə) | (J) | (6) |) |
|--|------------------------|--------------------------|-------------|--------------------|--------------------|---------------|--------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | controlled | olled |
| of related organization | | foreign country) | section | status (if section | entrly | organization? | ation? |
| - 1 | | | | ((£)(2)10¢ | | Yes | No |
| EMORY UNIVERSITY - 58-0566256 | | | | | | | |
| 1599 CLIFTON RD., 3RD FLOOR | BOD APPOINTMENT & | | | | | | |
| ATLANTA, GA 30322 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 2 | | | × |
| FRIENDS OF GOETHE, INC 58-2198618 | | | | | | | |
| 1197 PEACHTREE STREET | | | | | | | |
| ATLANTA, GA 30361 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 9 | | | × |
| GEORGIA STATE UNIVERSITY - 58-6002050 | | | | | | | |
| ONE PARK PLACE, STE. 533 | | | | | | | |
| ATLANTA, GA 30303 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 2 | | | × |
| GERMAN AMERICAN CHAMBER OF COMMERCE OF THE | | | | | | | |
| SOUTHERN UNITED STATES, INC 58, 1170 | | | | | | | |
| HOWELL MILL RD., ATLANTA, GA 30318 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(6) | | | | × |
| GEORGIA INSTITUTE OF TECHNOLOGY - 58-6043294 | | | | | | | |
| 760 SPRING STREET, STE. 400 | | | | | | | |
| ATLANTA, GA 30308 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 2 | | | × |
| GEORGIA ROTARY STUDENT PROGRAM, INC | | | | | | | |
| 58-6032415, PO BOX 61327, SAVANNAH, GA | | | | | | | |
| 31420 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 9 | | | × |
| KENNESAW STATE UNIVERSITY - 23-7034345 | | | | | | | |
| 1000 CHASTAIN ROAD, NO. 9101 | | | | | | | |
| KENNESAW, GA 30144 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 2 | | | × |
| MASSACHUSSETTS INSTITUTE OF TECHNOLOGY - | | | | | | | |
| 04-2103594, 77 MASSECHUSSETS AVE., NE, | | | | | | | |
| 49-3142, CAMBRIDGE, MA 02139 | SUPPORTED ORGANIZATION | MASSACHUSETTS | 501(C)(3) | LINE 2 | | | × |
| OGLETHORPE UNIVERSITY, INC 58-0568698 | | | | | | | |
| 4484 PEACHTREE ROAD | | | | | | | |
| ATLANTA, GA 30319 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 2 | | | × |
| THE SOUTHERN CENTER FOR INTERNATIONAL | | | ! | | | | |
| STUDIES, INC 58-1285654, 320 WEST PACES | BOD APPOINTMENT & | | | | | | |
| FERRY ROAD, ATLANTA, GA 30305 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 6 | | | × |
| - 58-1741907 | | | | | | | |
| 827 KIRK ROAD | | | | | | | |
| 30030 | SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 2 | | | × |
| ON & LEE UNIVERSITY - 58-0505977 | | | | ı | | | |
| | - | | | | | | |
| LEXINGTON, VA 24450 | SUPPORTED ORGANIZATION | VIRGINIA | 501(C)(3) | LINE 2 | | | × |
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THE HALLE FOUNDATION

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 | (f) Direct controlling entity | Section 512(b)(13) controlled organization? | 2(b)(13) lled tion? |
|--|--|---|-------------------------|---------------------------------------|-------------------------------|---|---------------------------|
| ROBERT W. WOODRUFF ARTS CENTER, INC 58-0633971, 1280 PEACHTREE ST, NE, ATLANTA, E GA 30309 | BOD APPOINTMENT & SUPPORTED ORGANIZATION | GEORGIA | 501(C)(3) | LINE 7 | | Yes | o × |
| | | | | | | | |
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58-6201529 Page 2

Schedule R (Form 990) 2011 THE HALLE FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under | income elated, tax under | (f) Share of total income | (g) Share of end-of-year assets | oortion- | (a) Code V-UBI amount in box 20 of Schedule | General or managing partner? | (j) (k) General or Percentage managing partner? |
|--|--|------------------------------|--------------------------------|---|---|--|--|---------------------------------|--|--|---|
| | | country) | | sections 512 | 2-514) | | | Ves No | K-1 (Form 1065 | Ves No | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year | ganizations Taxable as rporation or trust during | s a Corpo | rration or Trust (Co /ear) | mplete if the c | organizatio | ion or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related) | to Form 990, Par | t IV, line 34 | because it had | one or mo | re related |
| (a) Name, address, and EIN of related organization | Z ic | | (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 |
| | | | | | | | | | | | |
| | | | | | | | | | , | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 132162 01-23-12 | ı | | | 32 | | | | | Schedu | le R (Forn | Schedule R (Form 990) 2011 |

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Yes

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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

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

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s) h Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

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n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

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

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------|------------------------|---|
| (1) AGNES SCOTT COLLEGE | В | 51,626. | |
| (2) THE AMERICAN COUNCIL ON GERMANY | В | 10,000. | |
| (3) CDS INTERNATIONAL, INC. | В | 110,000. | |
| (4) EMORY UNIVERSITY | Д | 33,000. | |
| (5) FRIENDS OF GOETHE, INC. | В | 30,000. | |
| (6) GEORGIA INSTITUTE OF TECHNOLOGY | В | 25,000. | |
| | • | | |

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| CHARLES CONTRESSITY B 26,200. | (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|--------------------------------|----------------------------------|------------------------|---|
| SITY B SITY B OTE OF TECHNOLOGY B B A B ERSITY B | STATE UNIVERSITY | М | 26,200. | |
| UTE OF TECHNOLOGY B A ERSITY B ERSITY B THE STAND B | CHAMBER OF COMMERCE | m | 12,500. | |
| UTE OF TECHNOLOGY B A A B ERSITY B A B A B B B B B B B B B B B B B B B | (9)KENNESAW STATE UNIVERSITY | Д | 18,000. | |
| A B B ERSITY B | INSTITUTE OF | В | 35,000. | |
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Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

| (b) (c) (d) | (9) | (6) | (b) | (9) | 9) | (6) | 3 | 9 | 9 | (8) |
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| name, address, and Ein of entity | Frimary activity | Legal domicile (state or foreign | (related, unrelated, 501(c)(3) | 501(c)(3) | Share of total | Snare of end-of-year | tionate tionate | tonate amount in box 20 managing ownership | managing partner? | Percentage |
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35

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

| ● If v | ou are filing for an Automatic 3-Month Extension, comple | te only Pa | ert I and check this box | | | ightharpoons X | |
|---|--|----------------|--|---|------------------------------|---------------------------------------|--|
| | ou are filing for an Additional (Not Automatic) 3-Month Ex | | | this form) | | | |
| • | ot complete Part II unless you have already been granted | | | | rm 8868. | | |
| Flect | ronic filing (e-file). You can electronically file Form 8868 if y | ou need a | 3-month automatic extension of tir | ne to file (6 | 6 months for a co | rooration | |
| | red to file Form 990-T), or an additional (not automatic) 3-moi | | | | | | |
| | e to file any of the forms listed in Part I or Part II with the exc | | | | | | |
| | anal Benefit Contracts, which must be sent to the IRS in pap | | | | | | |
| | www.irs.gov/efile and click on e-file for Charities & Nonprofits | | (see instructions). For more details | on the elec | zaoriic ming or an | 3 101111, | |
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| | poration required to file Form 990-T and requesting an autor | | | | - · · · | | |
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| | only her corporations (including 1120-C filers), partnerships, REM | IICs and t | rusts must use Form 7004 to reques | st an eyter | ision of time | <u> </u> | |
| | income tax returns. | ros, and t | | st un exten | anon or time | | |
| Type | ype or Name of exempt organization or other filer, see instructions. | | | Employer identification number (EIN) or | | | |
| print | | | | | - FO 6004 FOO | | |
| File by | THE HALLE FOUNDATION | | | X | 58-62015 | 529 | |
| due dat filing yo | e for Number, street, and room or suite no. If a PO box, s | ee instruc | tions | Social se | Social security number (SSN) | | |
| return (Instruct | 500 | oreign add | ress see instructions | <u> </u> | | | |
| | ATLANTA, GA 31139 | oreigit add | ress, see instructions. | | | | |
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| Enter | the Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 | |
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| Form 990-BL Form 990-EZ | | | Form 4720 09 | | | | |
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| Form 990-T (sec 401(a) or 408(a) trust) | | | Form 6069 | | | 11 | |
| Form 990-T (trust other than above) | | | | | | 12 | |
| 01111 | | DER.] | EXECUTIVE DIRECTOR | | | | |
| • Th | e books are in the care of > 3110 PACES MILI | | | | | | |
| Te | lephone No ► (770) 437-1000 | | FAX No. ▶ | | | · · · · · · · · · · · · · · · · · · · | |
| | he organization does not have an office or place of business | s in the Un | | | | | |
| | his is for a Group Return, enter the organization's four digit | | | If this is fo | r the whole group | check this | |
| | ▶ ☐ . If it is for part of the group, check this box ▶ ☐ | | | | | | |
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| • | | | tion return for the organization nam | | The extension | | |
| | is for the organization's return for: | · 3 | | | | | |
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| | tax year beginning | . an | d ending | | | | |
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| 2 | If the tax year entered in line 1 is for less than 12 months, c Change in accounting period | heck reas | on Initial return | Fınal retur | n | | |
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, o | or 6069, e | nter the tentative tax, less any | | | | |
| | nonrefundable credits. See instructions | | | 3a | \$ | 0. | |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and | | | _ | |
| | estimated tax payments made. Include any prior year overp | | | 3b | \$ | 0. | |
| С | Balance due. Subtract line 3b from line 3a. Include your pa | - | · · | | | _ | |
| | by using EFTPS (Electronic Federal Tax Payment System). | | | Зс | \$ | 0. | |
| Cauti | on. If you are going to make an electronic fund withdrawal v | vith this Fo | orm 8868, see Form 8453-EO and F | orm 8879- | EO for payment in | nstructions | |

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

AMENDED AND RESTATED DECLARATION OF TRUST

OF

THE HALLE FOUNDATION EFFECTIVE JANUARY 1, 1994

STATE OF GEORGIA COUNTY OF FULTON

WHEREAS, CLAUS M. HALLE and MARIANNE H. HALLE (the "Donors"), are German citizens who have lived in the United States of America for about one-half of their adult lives, and

WHEREAS, the Donors have come to know, understand and love the two countries that have been home to them for so long, and

WHEREAS, the Donors have witnessed and concluded that there exists a lack of knowledge and understanding in the United States and in Germany of the respective other country's people, society, geography, culture, sports, political and legal systems, as well as habits and customs, and

WHEREAS, the Donors have observed and concluded that greater knowledge and better understanding in the aforementioned fields will lead to increased friendship between the two peoples and improved relations between the two nations, thereby helping the cause of world peace, and

WHEREAS, the Donors are determined to work at increasing such knowledge and understanding and, to accomplish this, had previously established The Halle

Foundation pursuant to a Declaration of Trust, dated October 24, 1986 and previously amended by an amendment dated March 26, 1991, and

WHEREAS, the Donors wish to further define the purposes and modus operandi of The Halle Foundation in order to avoid building a potentially costly staff and operational structure while existing other institutions have the right people and structures and experience to successfully carry out projects initiated and funded in part or fully by The Halle Foundation, and

WHEREAS, some of the institutions particularly qualified to work with The Halle Foundation in international and specifically German-American projects are: The Southern Center for International Studies, The Robert W. Woodruff Arts Center, Atlantik Brücke, The American Council on Germany, The Georgia Rotary Student Program and CDS International, Inc., and

WHEREAS, the Donors desire to invite executives of The Southern Center for International Studies and of The Robert W. Woodruff Arts Center to serve as Trustees of The Halle Foundation so that the Foundation would be governed by publicly supported organizations and thus become a supporting organization for United States tax purposes;

THEREFORE, pursuant to the power to amend reserved in Item V of the Declaration of Trust referred to above, the Donors hereby amend and restate said Declaration of Trust, effective January 1, 1994, so that from and after that date it shall read in its entirety as follows:

ITEM I

This trust shall be called The Halle Foundation, and shall be referred to hereinafter as "the Foundation."

ITEM II

The Trustees may receive and accept property, whether real or personal, by way of gift, bequest or devise, from any person, firm, trust or corporation, to be held, administered and disposed of in accordance with and pursuant to the provisions of this Declaration of Trust; but no gift, bequest or devise of any such property shall be received and accepted if it is conditioned or limited in such manner as to require the disposition of the income or its principal to any person or organization other than a "charitable organization" or for other than "charitable purposes" within the meaning of such terms as defined in Item III of this Declaration of Trust, or as shall in the opinion of the

Trustees jeopardize the federal income tax exemption of this Foundation pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as now in force or afterwards amended (hereinafter referred to as the "Code") or its status as a supporting organization pursuant to Section 509(a)(3) of the Code.

ITEM III

The principal and income of all property received and accepted by the Trustees to be administered as a part of the Foundation shall be held in accordance with the provisions of this Declaration of Trust. Except for the payment of reasonable expenses and costs of administration of the Foundation, the Trustees shall pay out or use the income or principal, or both, exclusively for such charitable purposes, within the meaning of that term as defined in paragraph (c) hereinbelow and in such amounts and to or for the use of such charitable organizations, within the meaning of that term as defined in paragraph (d) hereinbelow, as may from time to time be determined by the Trustees. No part of the net earnings of the property of the Foundation shall inure or be payable to or for the benefit of any private shareholder or individual, and no substantial part of the activities of the Foundation shall

be the carrying on of propaganda, or otherwise attempting to influence legislation. No part of the activities of the Foundation shall be the participation in, or intervention in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office.

- (b) The Donors intend that the Foundation have perpetual duration, but if for any reason its existence must be terminated, then, upon such termination, the Foundation as then constituted shall be distributed to or for the use of such charitable organizations, in such amounts and for such charitable purposes, as the Trustees shall designate in writing.
- amendments to it, the term "charitable purposes" shall refer to purposes which serve to promote international peace and understanding, particularly between the United States and Germany, through cultural, travel, language, scholarship, sports and other charitable and educational programs which are for the benefit of, perform the functions of or carry out the purposes of charitable organizations (as hereinafter defined) which themselves carry on programs to promote international peace and understanding; provided that all such purposes and activities are proper purposes and

activities for organizations exempt from taxation under Section 501(c)(3) of the Code.

(d) In this Declaration of Trust and in any amendments to it, references to "charitable organizations" or "charitable organization" shall refer to organizations the purposes of which include the promotion of international peace and understanding, specifically including, but not limited to, The Southern Center for International Studies, Inc., The Robert W. Woodruff Arts Center, Inc., Atlantik Brücke, The American Council on Germany, The Georgia Rotary Student Program, CDS International, Inc., and universities and colleges. Each organization qualifying as a charitable organization hereunder must be one which is organized and operated exclusively for charitable purposes, no part of the net earnings of which inures or is payable to or for the benefit of any private shareholder or individual, no substantial part of the activities of which is carrying on propaganda or otherwise attempting to influence legislation, and which does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office and, in the case of organizations to foster national and international amateur sports competition, no

part of the activities of which involves the provision of athletic facilities or equipment, except as permitted under Section 501(j) of the Code. Such organizations shall also be limited to those organizations, domestic or foreign, which are described in Sections 501(a)(1) or (2) of the Code, or are treated as so described for purposes of Section 509(a)(3) or, in the case of foreign organizations, which would be so described if they were organized and operated in the United States.

(e) The Trustees shall advise each charitable recipient of funds from the Foundation that the gift was made from The Halle Foundation.

ITEM IV

one of whom shall be Claus M. Halle or his successor appointed as hereinafter provided, another of whom shall be a person appointed by the chief executive officer of the Robert W. Woodruff Arts Center, Inc. and the third of whom shall be a person appointed by the chief executive officer of The Southern Center for International Studies, Inc. Each of the latter two members shall serve at the pleasure of the chief executive officer of the organization which he or she represents. Claus M. Halle shall serve as a Trustee until

his death, resignation or an adjudication of his legal incapacity, and, upon the occurrence of any of those events, his successor shall be the person designated by Claus M. Halle either during his lifetime by instrument in writing delivered to the other Trustees or at his death by his Last Will and Testament. Any such designation may specify alternate successors and may specify the order in which they shall serve. Each such successor shall likewise serve until death, resignation or an adjudication of his or her legal incapacity. If Claus M. Halle or a successor fails or ceases to serve, and he or a successor has failed to designate a successor who is willing and able to serve, MARIANNE H. HALLE shall serve as the successor Trustee. she and all of the persons designated by Claus M. Halle should fail or cease to serve, the successor shall be designated by the last preceding successor to Claus M. Halle who has served as a Trustee, by instrument in writing delivered to the other Trustees or at death by that successor's Last Will and Testament, but if no such person has been designated or if all such persons are unable or unwilling to serve, the successor Trustee to Claus M. Halle shall thereafter be appointed by the remaining Trustees and shall serve such term as shall be fixed at the time of his or her appointment.

- (b) Except as otherwise provided in this

 Declaration of Trust, the decision of a majority of the

 Trustees shall control as to all matters on which they have
 the power to act hereunder, and the Trustees may act by
 unanimous written consent without a meeting.
- (c) No Trustee serving hereunder shall be required to furnish any bond or surety or to furnish any reports, returns or receipts to any court. No Trustee serving hereunder shall be responsible or liable for the acts or omissions of any predecessor Trustee or of a custodian, agent, depositary or counsel selected with reasonable care. No Trustee serving hereunder shall be required to inquire into or audit the acts or doings of any predecessor Trustee, or to make any claims against such predecessor or the estate of such predecessor.
- (d) Claus M. Halle shall not receive any compensation for services as Trustee hereunder. Any other person serving as Trustee of this Foundation may receive such reasonable compensation for services as Trustee hereunder, if any, as shall be agreed upon by the Trustees, by unanimous vote. Any Trustee shall be reimbursed for out-of-pocket expenses reasonably incurred in the administration of this Foundation.

- (e) Any Trustee may give to any Co-Trustee power of attorney to act for or to sign the name of such Trustee to any paper, and any action taken pursuant to such power of attorney shall be valid for all purposes as if done or signed in person by the Trustee giving such power of attorney. Any such power of attorney may be general or may be limited to certain acts or instruments or may contain conditions and restrictions and may be changed or revoked at any time by the Trustee who gave such power giving notice of its change or revocation to the Co-Trustee.
- a Trustee should cease to exist or cease to qualify as a tax-exempt organization described in Section 501(c)(3) of the Code or as a publicly-supported organization described in Section 509(a)(1) or (2) of the Code or if either of such organizations should cease to carry on or support substantial programs to advance international peace and understanding consistent with the purposes of the Foundation as set forth in Item III and the preamble to this Declaration of Trust, the Trustees other than the Trustee representing that organization shall have the power and duty to remove that organization and substitute another organization having all of the foregoing qualifications. Such removal and substitution shall be effected by unanimous

vote of the Trustees other than the Trustee representing the organization being removed, and by written notice to the organization being removed and to the substituted organization. Following such removal and substitution, the chief executive officer of the substituted organization shall select a Trustee to serve in the place of the Trustee representing the predecessor organization, and Trustees representing the substituted organization shall thereafter serve under the same terms and conditions as if the substituted organization had originally been named hereunder as an organization represented by a Trustee.

ITEM V

This Declaration of Trust may be amended at any time or times by written instrument or instruments signed and sealed by a majority of the Trustees, provided that no amendment shall authorize the Trustees to change the essential purposes of the Trust as set forth in Item III and explained in the preamble of this Declaration of Trust or to conduct the affairs of the Trust in any manner or for any purpose contrary to the provisions of Section 501(c)(3) of the Code. Any amendment of provisions of this Item V (or any amendment to it) shall be valid only if and to the extent that such amendment further restricts the amending

power of the Trustees; provided that this Declaration of Trust may be amended in any respect necessary to cause the Trust to qualify as a charitable organization which is exempt under Section 501(c)(3) of the Code and not a private foundation under Section 509(a) of the Code. All instruments amending this Declaration of Trust shall be noted upon or attached to the executed original of this Declaration of Trust held by the Trustees.

ITEM VI

In extension and not in limitation of the common law and statutory powers granted in this Declaration of Trust, the Trustees shall have the following discretionary powers:

(a) To invest and reinvest the principal and income of the Foundation in such property, real or personal, and in such manner as the Trustees shall deem proper, and from time to time change investments as the Trustees shall deem advisable; to invest in or retain any stocks, shares, bonds, notes, obligations, or personal or real property (including without limitation any interests in or obligations of any corporation, association, business trust, investment trust, common trust fund or investment company) although some or all of the property so acquired or retained

is of a kind or size which but for this express authority would not be considered proper and although all of the trust funds are invested in the securities of one company. No principal or income, however, shall be loaned, directly or indirectly, to any Trustee or to anyone else, corporate or otherwise, who has at any time made a contribution to this trust, nor (except where such loan serves a charitable purpose) to anyone except on the basis of an adequate charge and with adequate security.

- (b) To sell, lease or exchange any personal or real property, at public auction or by private contract, for such consideration and on such terms as to credit or otherwise, and to make such contracts and enter into such undertakings relating to the Foundation property, as the Trustees consider advisable, whether or not such leases or contracts may extend beyond the duration of the Foundation.
- (c) To borrow money for such periods, at such rates of interest, and upon such terms as the Trustees consider advisable, and as security for such loans to mortgage or pledge any real or personal property with or without power of sale; to acquire or hold any real or personal property, subject to any mortgage or pledge on or of property acquired or held by the Foundation.

- (d) To execute and deliver deeds, assignments, transfers, mortgages, pledges, leases, covenants, contracts, promissory notes, releases and other instruments, sealed or unsealed, incident to any transaction in which the Trustees engage.
- (e) To vote, to give proxies, to participate in the reorganization, merger or consolidation of any concern, or in the sale, lease, disposition or distribution of Foundation assets; to join with other security holders in acting through a committee, depositary or trustees and to deposit securities with them or transfer securities to them; to pay assessments levied on securities or to exercise subscription rights in respect of securities.
- (f) To employ a bank or trust company, brokerage house or other such agent as custodian of any funds or securities and to delegate to it such powers as the Trustees deem appropriate; to hold the Foundation property without indication of fiduciary capacity but only in the name of a registered nominee, provided the Foundation property is at all times identified as such on the books of the Trustees; to keep any or all of the Foundation property or funds in any place or places in the United States of America;

to employ employees or agents and to delegate to them such duties and responsibilities, whether ministerial or discretionary, as the Trustees consider necessary or expedient, to employ lawyers, accountants, investment counsel, investment agents, brokers and any special services, and to pay the reasonable compensation and expenses of all such persons in addition to the compensation of the Trustees, if any.

ITEM VII

The Trustees' powers are exercisable solely in a fiduciary capacity consistent with and in furtherance of the charitable purposes of the Foundation as specified in Item III of this Declaration of Trust, and not otherwise.

ITEM VIII

Any person may rely on a copy, certified by a notary public, of the executed original of this Declaration of Trust held by the Trustees, and of any of the notations on it and writings attached to it, as fully as such person might rely on the original documents themselves. Any such person may rely fully on any statements of fact certified by anyone who appears from such original documents or from such certified copy to be a Trustee under this Declaration of

Trust. No one dealing with the Trustees need inquire concerning the validity of anything the Trustees purport to do or see to the application of anything paid or transferred to or upon the order of the Trustees. Without limiting the generality of the foregoing, persons dealing with the Trustees may presume without inquiry that all actions of the Trustees have been duly authorized by the requisite of Trustees, in all cases where the Trustees are required by the provisions of this Declaration of Trust to act in accordance with directions or authorizations from the requisite number of Trustees.

ITEM IX

This Declaration of Trust and the administration of the Foundation are to be governed in all respects by the laws of the State of Georgia.

IN WITNESS WHEREOF, Claus M. Halle and MARIANNE H. HALLE, as Donors, and the Trustees named or appointed as

provided in Item IV have hereunto set their hands and affixed their seals to this amendment and restatement of the Declaration of Trust of The Halle Foundation, this 23 day of December, 1993.

Slavo M. Dang CLAUS M. HALLE, as Donor Marianne H. Halle, as Donor MARIANNE H. HALLE, as Donor

CHARLES E. GLASSICK, as Trustee

JULIA JOHNSON WHITE, as Trustee

Signed, sealed and delivered this Adday of December, 1993 in the presence of:

Unofficial Witness

Marrite B. Calder

Notary Public

Notary Public, Cobb County, Georgia My Commission Expires Jan. 15, 1994 STATE OF GEORGIA
COUNTY OF FULTON

Designation of Successor Trustee of THE HALLE FOUNDATION

I, CLAUS M. HALLE, in accordance with the provisions of Item IV of the Amended and Restated Declaration of Trust of The Halle Foundation effective January 1, 1994, do hereby designate my cousin, MANFRED KUHLMANN, as my successor as a Trustee of The Halle Foundation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 30 % day of Oeplembor, 1995.

CLAUS M. HALLE (SEAL)

Receipt of this Designation of Successor Trustee is hereby acknowledged this <u>form</u> day of <u>october</u>, 1995.

CHARLES E. GLASSICK, as Trustee of The Halle Foundation

JULIA JOHNSON WHITE, as Trustee

of The Halle Foundation

AMENDMENT TO DECLARATION OF TRUST OF THE HALLE FOUNDATION

Acting pursuant to Item V of the Amended and Restated Declaration of Trust of The Halle Foundation, which became effective January 1, 1994, the undersigned Trustees of said Foundation hereby amend the first two sentences of paragraph (a) of Item IV to read in their entirety as follows:

The Trustees shall consist of four persons, one of whom shall be Claus M. Halle or his successor appointed as hereinafter provided, and each of the chief executive officers of the Robert W. Woodruff Arts Center, Inc., The Southern Center for International Studies, Inc., and Emory University shall have the power to appoint one of the other three Trustees. Each person appointed to represent an institution shall serve at the pleasure of the chief executive officer of that institution.

This amendment shall be effective as of January 1, 1999.

In witness whereof, the Trustees of The Halle Foundation have executed this Amendment on the date or dates set forth opposite their names.

| <u>121/12/98</u> Date | Elaus M. Dans Claus M. Halle |
|--------------------------|---------------------------------|
| | Beauchamp C. Carr |
| | Julia Johnson White |

STATE OF GEORGIA
COUNTY OF FULTON

Designation of Successor Trustee of THE HALLE FOUNDATION

I, CLAUS M. HALLE, in accordance with the provisions of Item IV of the Amended and Restated Declaration of Trust of The Halle Foundation effective January 1, 1994, as amended, do hereby designate EIKE WOLFGANG JORDAN as my successor as a Trustee of The Halle Foundation, and do hereby revoke all designations of such a successor that I have previously made.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15 kday of January, 2004.

Slaw M. StarsEAL)
CLAUS M. HALLE