Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

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

C Name of organization: NATIONAL BLACK MBA ASSOCIATION ATL
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 245 N HIGHLAND AVE STE 230-249
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: ATLANTA, GA 30308

D Employer identification number: 58-2484039

E Telephone number: (404)307-0520

G Gross receipts: $ 408,079

F Name and address of principal officer:

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

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

H(c) Group exemption number

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

J Website: ATLMBA.ORG

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

L Year of formation: 1999

M State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CREATION OF INTELLECTUAL AND ECONOMIC WEALTH THROUGH PROVIDING EDUCATION, PROGRAMMING, AND ENGAGEMENT ACTIVITIES AROUND: EDUCATION, CAREER, LEADERSHIP, ENTREPRENEURSHIP, AND LIFESTYLE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		313,180
9	Program service revenue (Part VIII, line 2g)	47,204	94,899
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,186	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,390	408,079

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	180,124	432,441
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	180,124	432,441
19	Revenue less expenses. Subtract line 18 from line 12	(50,734)	(24,362)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	271,695	220,442
21	Total liabilities (Part X, line 26)		0
22	Net assets or fund balances. Subtract line 21 from line 20	271,695	220,442

Part II Signature Block

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

Sign Here

ERIC HARRISON
Signature of officer — Date

ERIC HARRISON, VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LaShaundra Halphen	LaShaundra Halphen			XXXXXXXXX

Firm's name: HALPHEN & ASSOCIATES LLC — Firm's EIN:
Firm's address: 401 WESTPARK COURT STE 200, Peachtree City GA 30269 — Phone no. 770-470-0037

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

EEA

Client Copy