Form **990**

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

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning , 2024, 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 AVENUE STE 230-249
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: ATLANTA, GA 30307

D Employer identification number: 58-2484039

E Telephone number: (678)361-2719

G Gross receipts: $ 441,703

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 2024 (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)	122,450	298,200
9	Program service revenue (Part VIII, line 2g)	230,543	143,503
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)	184,501	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	537,494	441,703

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)	671,065	378,144
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	671,065	378,144
19	Revenue less expenses. Subtract line 18 from line 12	(133,571)	63,559

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	86,871	150,430
21	Total liabilities (Part X, line 26)		0
22	Net assets or fund balances. Subtract line 21 from line 20	86,871	150,430

Part II Signature Block

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

Sign Here

ERIC HARRISON
Signature of officer — Date

ERIC HARRISON, VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
LaShaundra Halphen CFE EA	LaShaundra Halphen CFE EA	07-15-2025	[ ]	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** (2024)

EEA

Client Copy