



November 13, 2023

Atlanta Wealth Building Initiative, Inc. 504 Fair Street Atlanta, GA 30303 Attention: Courtney Collins

Courtney:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN - GEORGIA COPY:

One copy of the return should be signed and dated by an officer or trustee of the organization. Mail the copy to:

Georgia Department of Revenue P.O. Box 740395 Atlanta, GA 30374-0395

The Georgia filing should be mailed by November 15, 2023.

We prepared returns from information you furnished us without verification. Upon examination of the returns by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

Tiffany T. Orr, CPA

**g**g

Department of the Treasury Internal Revenue Service

Form

# EXTENDED TO NOVEMBER 15, 2023 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.



ΑF	or the	e 2022 calendar year, or tax year beginning and e	ending					
B c	Check if	C Name of organization		D Employer identific	cation number			
	Addres change	ATLANTA WEALTH BUILDING INITIATIVE, IN	с.					
	Name chang	Doing business as						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	Final return/	504 FAIR STREET		404-537-2				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,186,982.			
	Ameno return	ATLANTA, GA 30303		H(a) Is this a group re				
	Applic tion pendir	F Name and address of principal officer: DR • OANELLE WILLIAM	IS, PH	for subordinates	? Yes 🔀 No			
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions			
	Nebsit			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 2019 N	State of legal domicile: GA			
Pa	art I	Summary		<u> </u>				
ė		Briefly describe the organization's mission or most significant activities: AWBI						
anc	1	PROSPERITY THE ATLANTA WAY BY SUPPORTING						
Activities & Governance	1	Check this box if the organization discontinued its operations or dispose						
Š					<u> </u>			
ن حە		Number of independent voting members of the governing body (Part VI, line 1b)						
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			<u> </u>			
ivit		Total number of volunteers (estimate if necessary)						
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year			
				2,163,444.	2,186,982.			
ne		Contributions and grants (Part VIII, line 1h)		2,105,444.	2,100,902.			
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,300.	0.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,164,744.	2,186,982.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		429,500.	205,000.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	205,000.			
		Benefits paid to or for members (Part IX, column (A), line 4)		354,041.	708,595.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)153,52	25.	0.				
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		517,169.	759,125.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,300,710.	1,672,720.			
		Revenue less expenses. Subtract line 18 from line 12		864,034.	514,262.			
OL				ginning of Current Year	End of Year			
ets c	20	Total assets (Part X, line 16)		2,092,526.	2,184,441.			
Assets Assets	21			427,067.	4,720.			
Vet ,	-	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,665,459.	2,179,721.			
Pa	art II	Signature Block	••••••	_,000,100.				
		ties of neriury. I declare that I have examined this return including accompanying schedules	and stateme	nts and to the best of my	knowledge and helief it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	DocuSigned by:			11/21/2025					
Sign	Signature of officer			Date					
Here	,	, PRESIDENT/CEO							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	TIFFANY T. ORR, CPA	TIFFANY T. ORR,	CPA 11/13	/23 self-employed	P10559478	8			
Preparer	Firm's name CARR, RIGGS & ING	RAM, LLC		Firm's EIN 72-	1396621				
Use Only	Firm's address 4004 SUMMIT BLVD	NE, SUITE 800							
	ATLANTA, GA 30319			Phone no. $770$ .	394.8000				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions IX Yes No								
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239585 Page
Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: AWBI EXISTS TO MAKE SHARED PROSPERITY THE ATLANTA WAY BY SUPPORTING
	THE ENGAGEMENT, CAPACITY, AND LEADERSHIP NECESSARY TO ADDRESS
	ATLANTA'S RACIAL WEALTH DIVIDE. WE ACTIVELY REIMAGE ECONOMIC REALITIES
	TO PRODUCE AN OPPORTUNITY-RICH FUTURE FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	ADVANCE JUST USE OF LAND & PROPERTY
	THERE IS A SIGNIFICANT DEMAND FOR COMMERCIAL KITCHEN SPACE AMONG
	BLACK-OWNED BUSINESSES IN ATLANTA. MANY BLACK-OWNED BUSINESSES HAVE LIMITED ACCESS TO CAPITAL, YET THE HIGH RENTAL AND OWNERSHIP COSTS OF A
	COMMERCIAL KITCHEN SPACE PREVENT BUSINESSES FROM SCALING THEIR BUSINESS
	BEYOND A HOME-BASED OPERATION OR GROWING TO SERVE BEYOND THEIR EXISTING
	NEIGHBORHOODS. SHARED COMMERCIAL KITCHEN SPACES HELP REDUCE BUSINESS
	DISPLACEMENT, SUPPORT BUSINESSES IN SCALING, AND INCREASE REVENUE BY
	PROVIDING AFFORDABLE COMMERCIAL SPACE TO DEVELOP PRODUCTS.
	- URBAN OAK INITIATIVE: SHARED COMMERCIAL KITCHEN TO REDUCE BUSINESS
	DISPLACEMENT AND SUPPORT BUSINESS GROWTH
	- THE URBAN OAK INITIATIVE IS A 501(C)(3) NONPROFIT ORGANIZATION THAT
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,101,035.
32002	Form 990 (2022 2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)
311	2 13 794202 60-14294.000 2022.05000 ATLANTA WEALTH BUILDING I 60-1-

	990 (2022) ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239	585	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	 X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	A	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>–</b> –		
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
9	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 donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	<u>X</u>	L
232003	12-13-22	Form	990	(2022)

	990 (2022) ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239 t IV Checklist of Required Schedules (continued)	585	Р	age <b>4</b>
l u	checklist of hequired conclutes (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, 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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X X
31 22	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ĺ
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<b>V</b>	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a20Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	1		
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
232004	1 12-13-22		990	(2022)
	4			. –/

<sup>2022.05000</sup> ATLANTA WEALTH BUILDING I 60-14291

	990 (2022) ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-223	9585	P	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	9		
		_		v
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1.		х
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		<u></u>
a	If "Yes," enter the name of the foreign country			
Fo		5a		х
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ua		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
b		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
'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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
U	to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	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?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	-	000	(0000)
232005	12-13-22	Forn	ן <b>990</b> ו	(2022)

800	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management	<u></u>		X
Sec	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 15		165	
iu	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
2	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
~	persons other than the governing body?	7b		x
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	Х	
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 on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>.</u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
20	COURTNEY COLLINS - 404-537-1831 504 FAIR STREET, ATLANTA, GA 30313			

		-								
								IATIVE, INC.		585 <sub>Page</sub> 7
Part VII Compensation of Officers, D	•			s, r	(ey	En	nplo	byees, Highest Co	mpensated	
Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
<ul> <li>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.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>										
Enter -0- in columns (D), (E), and (F) if no compensation was paid.										
• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."										
• List the organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.										
<ul> <li>List all of the organization's former officers.</li> </ul>						comp	ens	ated employees who re	ceived more than \$100	),000 of
<ul> <li>reportable compensation from the organization ar</li> <li>List all of the organization's former directo</li> <li>more than \$10,000 of reportable compensation fr</li> </ul>	<b>rs or trustees</b> om the organiz	tha zatic	it rec	ceive	ed, ii				or or trustee of the org	anization,
See the instructions for the order in which to list t	•									
Check this box if neither the organization ne		orga I	iniza			nper	Isate	i <i>í</i>		
(A)	(B)			( Pos	C)	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated amount of
	hours per week					is both pr/trus		compensation from	compensation from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			bensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ial tru:	onal t		ployee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LATRESA MCLAWHORN RYAN	40.00	-	=	9	<u> </u>	포늄	Fc			
EXECUTIVE DIRECTOR		-		x				154,200.	0.	14,316.
(2) COURTNEY COLLINS	40.00							101/2000		
000				x				125,000.	0.	0.
(3) KIM ANDERSON	40.00									
INTERIM EXECUTIVE DIRECTOR				x				50,706.	0.	0.
(4) ALAN FERGUSON	2.00									
DIRECTOR		Х						0.	0.	0.
(5) DALE ROYAL	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JAMES WAHLS	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JANELLE WILLIAMS	2.00									
PRESIDENT/CEO		Х		Х				0.	0.	0.
(8) JON THOMPSON	2.00									
DIRECTOR		Х						0.	0.	0.
(9) LESLEY GRADY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) NONET SYKES	2.00								_	<u>^</u>
DIRECTOR	0.00	X						0.	0.	0.
(11) RONALD GALVIN	2.00							_	<u> </u>	<u>^</u>
DIRECTOR (12) TENE TRAYLOR	2.00	X	-		-	-		0.	0.	0.
LIC/ IENE INAILUR		1	1	1	1	1	1	1	1	

DIRECTOR		X		0.	0.
(13) WILL LAMBE	2.00				
DIRECTOR		X		0.	0.
(14) JOLI COOPER	2.00				
DIRECTOR		X		0.	0.
(15) ANNE KAISER	2.00				
DIRECTOR		X		0.	0.
(16) AMY LANCASTER-KING	2.00				
DIRECTOR		X		0.	0.
(17) RAY PENNIE	2.00				
DIRECTOR		X		0.	0.
232007 12-13-22					
			7		

2.00

# 12431113 794202 60-14294.000

2022.05000 ATLANTA WEALTH BUILDING I 60-14291

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Form 990 (2022)

	WEALTH E	BUI	LD	ENG	; IN	113	CIATIVE, INC.	. 46-223	1 <b>9585</b> Pag	ge <b>8</b>
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	oloy	ees, a	and H	Highe	st C	compensated Employee	es (continued)		
(A)	(B)			(C)			(D)	(E)	(F)	
Name and title	Average			ositi			Reportable	Reportable	Estimated	
	hours per				ore than on is bot		compensation	compensation	amount of	
	week				ctor/true		from	from related	other	
	(list any	tor					the	organizations	compensatio	on
	hours for	direc			5		organization	(W-2/1099-MISC/	· · ·	511
	related	ee or	stee		nsate		(W-2/1099-MISC/	1099-NEC)	organizatio	n
	organizations	ruste	al tru:		/ee mbei		1099-NEC)		and related	
	below	dual t	rtion	_	st co	ы 100	· · ·		organization	
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee Highest compensated employee	Former				
(18) AMY RUSSELL	2.00	_			<u> ×   + «</u>	,				
DIRECTOR	2.00	х					0.	0		0.
DIRECTOR		~		_	_	_	0.	0	•	0.
						_				
						-				
		-								
										_
1b Subtotal							329,906.		. 14,31	6.
c Total from continuation sheets to Part							0.	0		0.
d Total (add lines 1b and 1c)							329,906.	0	. 14,31	6.
2 Total number of individuals (including bu							eceived more than \$100	000 of reportable	•	
compensation from the organization					,					2
compensation non the organization									Yes	No
										10
<b>3</b> Did the organization list any <b>former</b> offic								•		
line 1a? If "Yes," complete Schedule J fo									3	<u>X</u>
4 For any individual listed on line 1a, is the										
and related organizations greater than \$	150,000? If "Yes,	" со	mplet	e Sc	hedul	e J f	for such individual		. 4 X	
5 Did any person listed on line 1a receive of										
rendered to the organization? If "Yes." c							C C		5	Х
Section B. Independent Contractors		001	01 540	<u></u>	// 50//				·	
1 Complete this table for your five highest	componented inc	lono	ndont	con	tracto	re ti	hat received more than	100 000 of compor	sation from	
	-								Isation nom	
the organization. Report compensation f	or the calendar ye	eare	enaine	y with	n or w			rear.	(0)	
(A) Name and busine							(B)		(C)	
							Description of s	Services	Compensation	
BLAZE LEADERSHIP DEVELO	-									
553 LAWTON BRIDGE ROAD	SW, SMYRN	A,	GA	<u> </u>	008	2	STRATEGIC CO	NSULTING	132,50	0.
2 Total number of independent contractors	s (including but p	ot lir	nited	to th	iose lie	sted	above) who received m	ore than		
\$100,000 of compensation from the orga				ui	1					
	anzation				-				Form <b>990</b> (20	100
									Form 330 (20	122)

232008 12-13-22

			2022) ATI		WEALT	H BUILDI	NG INITIAT	IVE, INC.	46-2239	585 Page 9
Га	Part VIII       Statement of Revenue         Check if Schedule O contains a response or note to any line in this Part VIII									
			Check if Schedule O	contains a	a response	or note to any lin	<u>e in this Part VIII</u> . (A)	(B)	(C)	
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
ŝ	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	-									
ß,			Fundraising events							
iifts ar A			Related organizations							
s, G mila			Government grants (conti		1e					
rsi		f	All other contributions, gifts,	grants, and	d					
the			similar amounts not included	d above 📖	1f 2	<u>,186,982.</u>				
d Ot		g	Noncash contributions included in	lines 1a-1f	1g \$					
ы С		h	Total. Add lines 1a-1f	<u></u>			2,186,982.			
						Business Code				
ce	2	а								
er vi		b								
n S		С								
gram Serv Revenue		d								
Program Service Revenue		e								
Δ.		f	All other program service							
	3	g	Total. Add lines 2a-2f Investment income (inclue							
	3									
	<ul><li>other similar amounts)</li><li>Income from investment of tax-exempt bond proc</li></ul>								+	
	5 Royalties									
	Ŭ				(i) Real	(ii) Personal				
	6	а	Gross rents	6a	()		1			
			Less: rental expenses							
			Rental income or (loss)	6c						
			Net rental income or (loss	s)						
	7	а	Gross amount from sales of	(i) :	Securities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ani			and sales expenses				-			
venue		С	Gain or (loss)	7c						
Other Re			Net gain or (loss)			<u></u>				
ther	8	а	Gross income from fundraisi							
ō			including \$							
			contributions reported on	-						
		<b>I</b> -	Part IV, line 18				-			
			Less: direct expenses							
			Net income or (loss) from Gross income from gamir		-					
	3	a	Part IV, line 19	-						
		b	Less: direct expenses							
			Net income or (loss) from			· · · · · · · · · · · · · · · · · · ·				
			Gross sales of inventory,							
			and allowances			а				
		b	Less: cost of goods sold			b				
			Net income or (loss) from							
(0						Business Code				
Miscellaneous Revenue	11	а							<b></b>	
ellaneo evenue		b							<b></b>	
cell Veve		с							<b></b>	
Misc			All other revenue							
_			Total. Add lines 11a-11d							
	12		Total revenue. See instruction	ons			2,186,982.	0.	0.	0.
23200	9 12-	13-	22							Form <b>990</b> (2022)

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232009 12-13-22

#### ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239585 Page 10 Form 990 (2022) 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) Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 205,000. 205,000. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 187,876. 329,907. 84,562. 57,469. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 308,260. 175,549. 79,013. 53,698. Other salaries and wages 7 8 Pension plan accruals and contributions (include 5,700. 3,246. 1,461. 993. section 401(k) and 403(b) employer contributions) 10,305. 4,638. 18,095. 3,152. Other employee benefits 9 46,633. 26,557. 11,953. 8,123. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 9,362. 4,681. 4,681. b Legal 90.144. 45,072. 45,072. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 99,026. 345,667. 246,641. column (A), amount, list line 11g expenses on Sch 0.) 53,880. 26,940. 26,940. Advertising and promotion 12 46,440. 30,269. 16,171. Office expenses 13 72,925. 58,372. 14,553. Information technology 14 15 Royalties 16 Occupancy 11,578. 3,793. 7,785. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 42,891. 10,723. 53,614. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 1,310. 1,048. 262. Depreciation, depletion, and amortization 22 3,287. 2,630. 657. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 30,595. 4,911. 25,684. DUES & SUBSCRIPTIONS а FUNDRAISING EXPENSE 30,090. 30,090. h 5,600. 4,481. 1,119. MISCELLANEOUS С STAFF DEVELOPMENT 4,633. 4,633. d All other expenses е 1,672,720. 1,101,035. 418,160. 153,525. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

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Form 990 (2022)

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Form	990 (2	2022) ATLANTA WEALTH BUILDING INITIA	ATIVE, INC.	46-	2239585 Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,096,605.	1	2,128,707.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	50,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a7,206Less: accumulated depreciation10b1,472	•		
	b	Less: accumulated depreciation 10b 1,472	• 921.	10c	5,734.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,092,526.		2,184,441.
	17	Accounts payable and accrued expenses	227,067.	17	4,720.
	18	Grants payable		18	
	19	Deferred revenue	200,000.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	427,067.	25	4,720.
	26	Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here       X	427,007.	26	4,720.
ŝ		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
nce	27		972,959.	27	566,971.
ala	28	Net assets without donor restrictions	692,500.	28	1,612,750.
Б	20	Organizations that do not follow FASB ASC 958, check here	05275000	20	1/012//000
Fun		and complete lines 29 through 33.			
p	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,179,721.
Z	33	Total liabilities and net assets/fund balances	2,092,526.	33	2,184,441.

Form **990** (2022)

	ATLANTA WEALTH BUILDING INITIATIVE, INC.	46-22	239585	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,18	6,9	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,67	2,7	20.
3	Revenue less expenses. Subtract line 2 from line 1	3	51	4,2	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,66	5,4	59.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,17	9,7:	21.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

SCHEDULE A				Dublic Cha	rity Status an	d Duk	lia Qu	innort		OMB No. 1545-0047
(Form 990)			Public Charity Status and Public Support nplete if the organization is a section 501(c)(3) organization or a section					2022		
					47(a)(1) nonexempt cha					LULL
		nt of the Treasury evenue Service			ttach to Form 990 or Fo					Open to Public Inspection
Na	ne o	of the organizati		Go to www.irs.gov/	Form990 for instructior	is and the	latest init	ormation.	Employer	r identification number
110		in the erganizati		NTA WEALTH	BUILDING INI	TTAT	VE. I	NC.		6-2239585
Pa	art	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction		
The	org				For lines 1 through 12, cl					
1		A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).		
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat	-							
5			-		llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
6		-		Complete Part II.)	antal unit described in	soction 17	0(h)(1)(A)	( <sub>1</sub> )		
7	X	-		-	nental unit described in secribed in second				ne deneral i	oublic described in
•		- 0		complete Part II.)		om a gove	innentar		ie general j	
8		- ·			(1)(A)(vi). (Complete Parl	: 11.)				
9		¬ ·			in section 170(b)(1)(A)(		ed in conju	nction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the 1	name, city	, and state of	the college	e or
	_	university:								
10					than 33 1/3% of its supp					
					t to certain exceptions; a					-
					(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
11		7		mplete Part III.)	vely to test for public sat	oty Soo	soction 50	0(a)(4)		
12			•	-	vely for the benefit of, to	•			rry out the	purposes of one or
	L	-	•	-	d in section 509(a)(1) o	-			•	
				-	f supporting organization					
i	a [		-	• •	upervised, or controlled				-	giving
		the suppor	ted organizatio	on(s) the power to rea	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
	_	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
I	b [			-	or controlled in connect			•		-
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	. Г			t complete Part IV,						- 1 211-
(	<b>&gt;</b> L		-	• • • •	g organization operated ). You must complete F				ly integrate	ea with,
	a [		0	.,.	orting organization oper			-	ted organia	zation(s)
			-	• •	ation generally must sati				•	
					nplete Part IV, Sections					
(	<b>)</b>		-		written determination from				II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
	fΕ	nter the number	of supported o	organizations						
	jР			n about the supporte		(iv) Is the orga	nization listed	() A manual a		(ui) Amount of other
		(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o <sup>.</sup> support (see ir		(vi) Amount of other support (see instructions)
			-		above (see instructions))	Yes	No		,	
Tot	al									

Sch	edule A (Form 990) 2022 A		ALTH BIITI	DING INIT	ראיידעים דו	NC. 46-223	9585 Page <b>2</b>
	Irt II Support Schedule for						
	(Complete only if you checke	-		-			-
	fails to qualify under the tests			-			
Se	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(0) 2010	(0) 2020			(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")			1919839.	2273444.	2186982.	6380265.
2	Tax revenues levied for the organ-						00002001
~	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
л	Total. Add lines 1 through 3			1919839.	2273444.	2186982.	6380265.
5	The portion of total contributions			19190391	22/3111	21003021	00002001
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
							2695975.
~							3684290.
	Public support. Subtract line 5 from line 4.						3004230.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022	
	Amounts from line 4	(a) 2010	(b) 2019	(c) 2020 1919839.	(d) 2021 2273444.	(e) 2022 2186982.	(f) Total 6380265.
8	Gross income from interest,			1919039.	22/5444	2100902.	05002051
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
~	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						6200265
11	Total support. Add lines 7 through 10						6380265.
12	Gross receipts from related activities,	-				12	1,300.
13	First 5 years. If the Form 990 is for the	•					
80	organization, check this box and sto						X
	ction C. Computation of Public			. (7)			
14	Public support percentage for 2022 (I					14	%
15	Public support percentage from 2021					15	%
16a	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies						
C	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	-	-				
b	10% -facts-and-circumstances test	-	-				IU% Or
	more, and if the organization meets the						[]
40	organization meets the facts-and-circ		•		•		
18	Private foundation. If the organization	IT UIU HOT CHECK &	13, 16 NOX ON INC.	0a, 100, 17a, 0r 17b	, CHECK THIS DOX A	nd see Instructions	·

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

Schedule A (Form 990) 2022

232022 12-09-22

#### Schedule A (Form 990) 2022 ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239585 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support				-	-	
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
Section C. Computation of Publ						
<b>15</b> Public support percentage for 2022 (		•	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves						
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from</li></ul>			line 13, column (f))		17 18	<u>%</u>
19a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	lifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2021. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The org	anization qualifies	as a publicly supp	orted organizat	tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
232023 12-09-22			_		Sched	ule A (Form 990) 2022
		15	5			

## Schedule A (Form 990) 2022 ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239585 Page 4

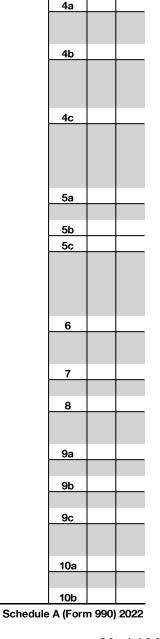
# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



Yes No

1

2

3a

3b

3c

16

#### Schedule A (Form 990) 2022 ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239585 Page 5 Part IV Supporting Organizations (continued)

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised.	or controllea the	e supporting or	janization.
Section C. Ty	pe II Suppor	ting Organi	zations

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

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

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>	).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22 Yes No 2a ... 2b ... 3a ... 3b ...

Yes

2

No

Schedule A (Form 990) 2022

12431113 794202 60-14294.000

Sche	edule A (Form 990) 2022 ATLANTA WEALTH BUILDING			6-2239585 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally		ted Type III supporting organ	nization (see
		5 -	,, ,, ,, ,, ,,	

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

_	Schedule A (Form 990) 2022 ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239585 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022		
_1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
C	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
<u>    i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						

Schedule A (Form 990) 2022

Part IV, Section A, Ines 1, 2, 30, 54, 40, 45, 85, 89, 80, 56, 178, 170, and 110, 241 IV, Section B, Ines 1, and 21, Part V, Section C, Ines 1, 52, 40, 34, 55, 40, 24, 53, 40, 41, 52, 42, 53, 43, 415, 200 V, Uine T, Fart V, Section B, Ines 1, 2, 2, 30, and 30, 200 V, Uine T, Fart V, Section B, Ines 1, 2, 2, 30, and 30, 200 V, Uine T, Fart V, Section C, Ines 5, 4, 40, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5	Schedule A (Form 990)					UILDING						Page 8
20 Schedule A (form 990)2022	Part IV, Se line 1; Part Section D,	ction A, lines 1, IV, Section D, li lines 5, 6, and 8	2, 3b, 3c, 4 ines 2 and 3	b, 4c, 5a, 6, 3; Part IV, Se	9a, 9b, 90 ection E, li	c, 11a, 11b, a nes 1c, 2a, 2l	nd 11c; Par o, 3a, and 3	t IV, Section b; Part V, line	B, lines 1 e 1; Part V,	and 2; Part IV Section B, li	/, Section ( ne 1e; Part	C, V,
20	(See instru	ctions.)										
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Schedule B (Form 990)	<b>Schedule of Contributors</b> Attach to Form 990 or Form 990-PF.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	2022
Name of the organization		Employer identification number
A'	TLANTA WEALTH BUILDING INITIATIVE, INC.	46-2239585
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

ATLANTA WEALTH BUILDING INITIATIVE, INC.

Schedule	В	(Form	990)	(2022)

Name of organization

Employer identification number

46-2239585

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNIE E. CASEY FOUNDATION 702 ST. PAUL STREET BALTIMORE, MD 21202	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DANIEL P. AMOS FOUNDATION POST OFFICE BOX 5346 COLUMBUS, GA 31906	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE KENDEDA FUND 112 KROG STREET ATLANTA, GA 30307	\$444,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	W.K. KELLOGG FOUNDATION ONE MICHIGAN AVENUE EAST BATTLE CREEK, MI 49017	\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NATHAN CUMIMNGS FOUNDATION 475 10TH AVE FL 14 NEW YORK, NY 10018	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 11-15	J.B. FUQUA FOUNDATION 3350 RIVERWOOD PKWY SE ATLANTA, GA 30339	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B	(Form 990)	(2022)

Name of organization

#### Employer identification number

ATLAN	-2239585		
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PRUDENTIAL FOUNDATION 751 BROAD STREET, 15TH FLOOR NEWARK, NJ 07102-3777	- \$\$720,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WESTFIELD INS FOUNDATION ONE PARK CIRCLE WESTFIELD CENTER, OH 44251	- \$ <u>100,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	TRUIST FOUNDATION 303 PEACHTREE ST NE, 8TH FLOOR ATLANTA, GA 30308	- \$ <u>350,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	RSF SOCIAL FINANCE (RSF) P.O. BOX 2007 SAN FRANCISCO, CA 94126	- \$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THE ROCKET SCIENCE GROUP, LLC 512 MEANS ST NW ATLANTA, GA 30318	- \$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 223452 11-15	ANTARES CAPITAL 7000 CENTRAL PKWY STE 450 SANDY SPRINGS, GA 30328	\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)	Page
Name of organization	Employer identification number
ATLANTA WEALTH BUILDING INITIATIVE, INC.	46-2239585

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (See instructions.) (c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. Farti       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       (d) Description of how gift is held         (a) No. Farti       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Farti       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Farti       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Farti       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Farti       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Farti       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       (f) Transfer of gift       Schedu B (Form 90) (2022		(e) Transfer of gift								
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       Image: Second Se		Transferee's name, address, a	nd ZIP + 4	Relationship of transferor	to transferee					
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       Image: Second Se										
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       Image: Second Se										
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       Image: Second Se	(a) No.									
(a) No. (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Transferee's name, address, and ZIP + 4 (f) Transfer of gift (f) Transferee's name, address, and ZIP + 4 (f) Transfer of gift (f) Transfer of gift (f) Transferee's name, address, and ZIP + 4 (f) Transfer of gift (f) Transferee's name, address, and ZIP + 4 (f) Transfer of gift (f) Transferee's name, address, and ZIP + 4 (f) Transfer of gift (f) Transferee's name, address, and ZIP + 4 (f) Transferee's name, address, addre	from	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held					
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (e) Transfer of gift       Stedule B (Form 990) (2022										
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (e) Transfer of gift       Stedule B (Form 990) (2022										
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (e) Transfer of gift       Stedule B (Form 990) (2022										
(a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held		(e) Transfer of gift								
(a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held		Transforce's name address a	nd <b>ZI</b> D + 4	Polationship of transforor	to transforce					
Part I     Image: Constraint of the cons	-	Transieree's name, auuress, a								
Part I     Image: Constraint of the cons										
Part I     Image: Constraint of the cons			[							
Part I     Image: Constraint of the cons	(a) No.	(b) Durpage of gift	(a) Llos of sift	(d) Description	of how gift in hold					
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee	Part I	(b) Fulpose of gift								
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee										
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee										
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee	┝									
223454 11-15-22 Schedule B (Form 990) (2022		(e) Transfer of gift								
	Ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor	to transferee					
			[							
	223454 11-15-2	22	26		Schedule B (Form 990) (2022)					

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SCHEDULE C	Po	litical Campaign	and Lobbyin	ng Activities	OMB No. 154	15-0047
(Form 990)	For Ora	anizations Exempt From Incon	ne Tax Under section	501(c) and section 52	<sup>7</sup> 202	22
Department of the Treasury Internal Revenue Service	Complete	f the organization is described to www.irs.gov/Form990 for i	below. Attach to F	Form 990 or Form 990-		ublic
If the organization answ	vered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Campa	aign Activities), then	
		plete Parts I-A and B. Do not co	•			
( ) (		1(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part	I-B.	
Section 527 organiza		,				
		Form 990, Part IV, line 4, or Fo				
		nave filed Form 5768 (election ur nave NOT filed Form 5768 (electi		•	•	<b>`</b>
		Form 990, Part IV, line 5 (Prox	•		•	
Γax) (See separate instr		1 0111 330, Fait 14, inte 5 (Froz	y Tax) (See Separate		550-LZ, Fait <b>v</b> , inte 550	, (FTONY
<ul> <li>Section 501(c)(4), (5),</li> </ul>		ions: Complete Part III.				
Name of organization		·		1	Employer identification	numbe
		WEALTH BUILDING			46-22395	85
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 527	7 organization.	
Part I-B       Complete         1       Enter the amount of         2       Enter the amount of         3       If the organization in         4a       Was a correction mail         b       If "Yes," describe in         Part I-C       Complete         1       Enter the amount di         2       Enter the amount of exempt function act         3       Total exempt function         ine 17b	ete if the org any excise tax any excise tax auy excise tax acurred a section ade? Part IV. Ete if the org rectly expended the filing organi ivities on expenditures	ures gn activities anization is exempt unden ncurred by the organization unconcurred by organization manage of 4955 tax, did it file Form 4720 anization is exempt under by the filing organization for sea zation's funds contributed to ot Add lines 1 and 2. Enter here a 1120-POL for this year?	er section 501(c)( ler section 4955 ers under section 4955 for this year? er section 501(c), ction 527 exempt func her organizations for se nd on Form 1120-POL	3).	\$Yes \$Yes 	
made payments. Fo contributions receive	r each organizat ed that were pro	ployer identification number (Ell ion listed, enter the amount pair omptly and directly delivered to a additional space is needed, prov	d from the filing organiz a separate political org	zation's funds. Also ente anization, such as a sep	er the amount of politica	
<b>(a)</b> Name		(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	n's contributions rece	eived and lirectly eparate zation.

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 A	TLANTA WEA	LTH BUILDIN	G INITIATIVE	E, INC 46-2	239585 Page 2					
Part II-A Complete if the organ section 501(h)).										
	•	• • •	Part IV each affiliated	group member's nam	e, address, EIN,					
expenses, and share of <b>B</b> Check if the filing organizatio	, .	• •	wisions apply							
Limits	on Lobbying Expe			(a) Filing organization's	<b>(b)</b> Affiliated group totals					
				totals						
1a Total lobbying expenditures to influer										
<b>b</b> Total lobbying expenditures to influer	0	, , , , , ,								
c Total lobbying expenditures (add line										
<ul> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures (a)</li> </ul>		٠								
f Lobbying nontaxable amount. Enter t										
If the amount on line 1e, column (a) or (l		bying nontaxable am								
Not over \$500,000		the amount on line 1e.								
Over \$500,000 but not over \$1,000,0		00 plus 15% of the exc								
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc								
Over \$1,500,000 but not over \$17,00	· · · · · · · · · · · · · · · · · · ·	00 plus 5% of the exce	· · · · ·							
Over \$17,000,000										
	\$1,000,									
g Grassroots nontaxable amount (enter	25% of line 1f)									
h Subtract line 1g from line 1a. If zero c	or less, enter -0-									
i Subtract line 1f from line 1c. If zero o	r less, enter -0									
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiza	ation file Form 4720							
reporting section 4911 tax for this year	ar?			[	Yes No					
		eraging Period Under	.,							
(Some organizations that		01(h) election do not l ate instructions for lir		of the five columns be	elow.					
	•	nditures During 4-Yea								
	Loppying Exper									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d</b> ) 2022	(e) Total					
2a Lobbying nontaxable amount										
b Lobbying ceiling amount										
(150% of line 2a, column(e))										
c Total lobbying expenditures										
· · · ·										
d Grassroots nontaxable amount										
e Grassroots ceiling amount										
(150% of line 2d, column (e))										
f Grassroots lobbying expenditures										

Schedule C (Form 990) 2022

232042 11-08-22

# Schedule C (Form 990) 2022 ATLANTA WEALTH BUILDING INITIATIVE, INC 46-2239585 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a	Volunteers?	v			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	v			E 2 4
-	Other activities?	X			534.
	Total. Add lines 1c through 1i		17		534.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5	), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n 501(c)(5	), or sec		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?	ontiour	4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par			J		
instru PAI	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information. TII-B, LINE 1, LOBBYING ACTIVITIES:				
<u>GR</u>	ASSROOTS LOBBYING TO ADVOCATE FOR HB 78, THE GEORGIA	ECONO	MIC G	KOMILH	

ACT.

Schedule C (Form 990) 2022

232043 11-08-22

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(Form 990) (Form 990) SCHEDULE D (Form 990) (Form 990)						No. 1545-0047				
	ment of the Treasury	A	ttach to Form 990.			en to Public				
	I Revenue Service e of the organization	Go to www.irs.gov/Form99	U for instructions an	d the latest information.	Employer identified	pection				
Nam	e of the organizatio	46-222								
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the									
	organization	n answered "Yes" on Form 990, Part IV, lin		1						
			(a) Donor adv	vised funds	(b) Funds and other a	ccounts				
1		nd of year								
2	Aggregate value of									
3	Aggregate value of									
4 5		t end of year on inform all donors and donor advisors in v			de					
5	-	on's property, subject to the organization's	-			s No				
6		on inform all grantees, donors, and donor a								
-	•	oses and not for the benefit of the donor o	•	•						
	impermissible priva				•	s 🗌 No				
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered '	'Yes" on Form 990, Part IV	line 7.					
1	Purpose(s) of cons	servation easements held by the organization	on (check all that app	ly).						
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of a histo	prically important land	l area				
	Protection o	f natural habitat		Preservation of a cert	fied historic structure	1				
		of open space								
2		through 2d if the organization held a qualif	ied conservation con	tribution in the form of a co						
	day of the tax year					l of the Tax Year				
a		onservation easements			2a					
b	-				2b					
с с		vation easements on a certified historic stru			2c					
a		vation easements included in (c) acquired a isted in the National Register			2d					
3		isted in the National Register			· · · ·					
Ū	year			or terminated by the organ	zation danng the tax					
4	-	where property subject to conservation easies	sement is located							
5		tion have a written policy regarding the per	-	ection, handling of						
	violations, and enfo	orcement of the conservation easements it	holds?	· •	Υε	es 🗌 No				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations	, and enforcing conservation	on easements during t	he year				
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservation ea	sements during the ye	ear				
8		vation easement reported on line 2(d) abov			~	<u> </u>				
•		(4)(B)(ii)?				es 🔄 No				
9		be how the organization reports conservation		•						
		d include, if applicable, the text of the footr ounting for conservation easements.	lote to the organizatio	on's financial statements th	at describes the					
Pa	t III Organiza	ations Maintaining Collections of	Art. Historical T	reasures, or Other S	imilar Assets.					
		the organization answered "Yes" on Form								
1a	-	elected, as permitted under FASB ASC 95		revenue statement and bal	ance sheet works					
	6	easures, or other similar assets held for put	, ,							
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that	describes these items.	·					
b	<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>									
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,									
	provide the following	ng amounts relating to these items:								
		ded on Form 990, Part VIII, line 1								
		ed in Form 990, Part X								
2	•	received or held works of art, historical trea		•	provide					
	-	unts required to be reported under FASB A	-		<b>^</b>					
		on Form 990, Part VIII, line 1								
		Form 990, Part X				Corm (000) 0000				
	-	eduction Act Notice, see the Instructions	5 IOF FORM 990.		Schedule D (F	Form 990) 2022				
23205	1 09-01-22		30							

<sup>12431113 794202 60-14294.000</sup> 

<sup>2022.05000</sup> ATLANTA WEALTH BUILDING I 60-14291

		WEALTH B							9585		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	Art, Histo	rical Tre	asures, or	Other S	Similar As	sets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other reco	rds, check a	any of the f	following that	make sign	ificant use c	of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌 L	oan or exc	hange progra	m					
b											
с											
4											
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma	aintained as part o	f the organi	zation's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang							rt IV, lir	ne 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an or other interme	ediary for co	ontribution	s or other ass	ets not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		•	Ũ						Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on Fo						?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					•					]
Par											-
	· · · · · · · · · · · · · · · · · · ·	(a) Current year		ior year	(c) Two year		) Three years	back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
a	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balar	nce (line 1a	column (a	)) held as:						
_ a	Board designated or quasi-endowment		%		,,						
b	Permanent endowment	%	/								
		%									
-	The percentages on lines 2a, 2b, and 2c sho	.^ -									
3a	Are there endowment funds not in the posse		ization that	are held ar	nd administer	ed for the					
	organization by:	eelen er alle ergalli		ure nera u					Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requ	uired on Scl	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 9	90, Part IV,	line 11a. S	ee Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or	r other	(b) Cost	or other	(c) Acc	umulated	(	( <b>d)</b> Book	value	е
		basis (inves		• •	(other)	• •	eciation	`			
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				7,206.		1,472.	,	5	5,73	34.
	Other									-	
	. Add lines 1a through 1e. (Column (d) must e		rt X. colum	1 (B), line 1	0c.)				5	5,73	34.
		<u> </u>							D (Form	990)	2022

232052 09-01-22

Part VII	(Form 990) 2022		LTH BUILDING	INITIATIVE,	INC.	46-2239585	Page
			on Form 990, Part IV, line				
( <b>a)</b> Descrip	tion of security or catego	Dry (including name of security)	(b) Book value	(c) Method of val	uation: Cost or	r end-of-year market va	alue
Closely	held equity interests						
Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G) (H)							
	b) must equal Form 990,	Part X col (B) line 12)					
art VIII	Investments - P	Program Related.	on Form 990, Part IV, line	11c. See Form 990. Pa	ert X line 13		
	(a) Description of in		(b) Book value			r end-of-year market va	alue
(1)	.,		, ,	,,,		,, ,,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
tal. (Col. (I	b) must equal Form 990,	Part X, col. (B) line 13.)					
Part IX	Other Assets.						
	Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Pa	art X, line 15.		
		(a)	Description			(b) Book va	ue
(1)							
(1) (2)							
(2)							
(2) (3) (4) (5)							
(2) (3) (4) (5) (6)							
(2) (3) (4) (5) (6) (7)							
(2) (3) (4) (5) (6) (7) (8)							
(2) (3) (4) (5) (6) (7) (8) (9)							
(2) (3) (4) (5) (6) (7) (8) (9) tal. ( <u>Colu</u>	mn (b) must equal For	m 990, Part X, col. (B) line	e 15.)				
(2) (3) (4) (5) (6) (7) (8) (9) tal. ( <u>Colu</u>	Other Liabilities	5.			190 Part X lin		
(2) (3) (4) (5) (6) (7) (8) (9) tal. ( <u>Colu</u>	Other Liabilities Complete if the orga	S. nization answered "Yes"	e 15.)on Form 990, Part IV, line		190, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) tal. <i>(Colu.</i> <b>art X</b>	Other Liabilities Complete if the orga (a) Des	5.			190, Part X, line	= 25. (b) Book val	
(2) (3) (4) (5) (6) (7) (8) (9) tal. <i>(Colu.</i> <b>art X</b> (1) Fed	Other Liabilities Complete if the orga	S. nization answered "Yes"			990, Part X, line		ue
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu. art X (1) Fed (2)	Other Liabilities Complete if the orga (a) Des	S. nization answered "Yes"			190, Part X, line		ue
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu eart X (1) Fed (2) (3)	Other Liabilities Complete if the orga (a) Des	S. nization answered "Yes"			90, Part X, line		ue
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu.) Part X (9) tal. (Colu.) (2) (3) (4)	Other Liabilities Complete if the orga (a) Des	S. nization answered "Yes"			190, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu. (7) (8) (9) tal. (Colu. (2) (1) Fed (2) (3) (4) (5)	Other Liabilities Complete if the orga (a) Des	S. nization answered "Yes"			190, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu. 'art X (1) Fed (2) (3) (4) (5) (6)	Other Liabilities Complete if the orga (a) Des	S. nization answered "Yes"			190, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (7) (6) (7) (6) (7)	Other Liabilities Complete if the orga (a) Des	S. nization answered "Yes"			190, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu. (a) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Other Liabilities Complete if the orga (a) Des	S. nization answered "Yes"			190, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Fed (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities Complete if the orga (a) Des leral income taxes	S. nization answered "Yes"	on Form 990, Part IV, line				

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Schedule D (Form 990) 2022

_	dule D (Form 990) 2022 ATLANTA WEALTH BUILDING			2239585 Page <b>4</b>					
Par	t XI Reconciliation of Revenue per Audited Financial Stat		ie per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.							
1			1	2,186,982.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a							
а	Net unrealized gains (losses) on investments								
b	Donated services and use of facilities								
С	Recoveries of prior year grants								
d	Other (Describe in Part XIII.)								
е	Add lines <b>2a</b> through <b>2d</b>			0.					
3	Subtract line <b>2e</b> from line <b>1</b>			2,186,982.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
С	Add lines 4a and 4b			0.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,186,982.						
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Returi	า.					
	Complete if the organization answered "Yes" on Form 990, Part IV, lin								
1	Total expenses and losses per audited financial statements		1	1,672,720.					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1							
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
с	Other losses	2c							
d	Other (Describe in Part XIII.)	2d							
е	Add lines 2a through 2d		2e	0.					
3	Subtract line 2e from line 1			1,672,720.					
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 XIII.)	4b							
с	Add lines 4a and 4b		4c	0.					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	<u>}_)</u>	5	1,672,720.					
Pa	rt XIII Supplemental Information.	-							
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; F	۲ Part V, line 4; Part	K, line 2; Part XI,					
	lines 2d and 4b: and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.								

PART X, LINE 2:

UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS EXEMPT

FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THE

ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER

31, 2022 AND 2021.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX

POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN

IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON

EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR

DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN

232054 09-01-22

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ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239585 Page 5 Schedule D (Form 990) 2022 Part XIII Supplemental Information (continued) INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2022 AND 2021, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. Schedule D (Form 990) 2022

232055 09-01-22

(From 1990)         Convertments, and Individuals in the United States.         20222           Departed to the regardation answered "Vee" on Form 980, Part IV, line 21 or 22.         March to Form 980, Part IV, line 21 or 22.         Convertice of the regardation         Departed to the regardation         Convertice of the regardation and salitance         Convertice of the regardation and salitance         Convertice of the regardation and convert of the gardation and converts of the gardation and colspan="2">Convertice of the regardation and colspan= "2"         Convertice of the regardation	SCHEDULE I Grants and Other Assistance to Organizations,							OMB No. 1545-0047
Description of the trace of the totage of the tot	(Form 990)							2022
ATLANTA WEALCH BUILDING INITIATIVE, INC.       46-2239585         Part General Information on Grants and Assistance.       Image: Control of Con		Comp	_	Attach to Form	990.			Open to Public
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substance?       Image: Comparison maintain records to records to records to records to records to records to records			IDING INITAT					
1       Desche organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection incretain used to award the grants or assistance?       Image: Content of Content o			LDING INITIA	ATIVE, INC	•			40-2239585
1       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Image: Complete in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Image: Complete in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Image: Complete in Part IV the organization on Complete in Part IV the Organization on Complete in Part IV the organization or government.       Image: Complete in Part IV the organization on Complete in Part IV the Organization on Complete in Part IV the organization or government.       Image: Complete in Part IV the organization on Complete in Part IV the Organization on Complete in Part IV the organization or government.       Image: Complete in Part IV the organization on Complete in Part IV the Organization on Complete in Part IV the organization or government.       Image: Complete in Part IV the Organization on Complete in Part IV the Organization on Complete in Part IV the organization or government.       Image: Complete in Part IV the Organization on Complete in Part IV the Organization Organizatin Part IV the Organizatine Complete in Part IV the Org			amount of the grants	or assistance, the	araptoos' oligibility	for the grante or assis	stance, and the selecti	
2         Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.           PartII         Grants and Other Assistance to Domestic Organization and Domestic Governments. Complete If the organization answered 'Yes' on Form 990, Part IV, Ine 21, for any needed.           1 (a) Name and address of organization or government         (b) EIN         (c) IRC section         (a) Anount of cash assistance         (f) Method of within 50,000 is readed.         (f) Description of norasha sistance         (f) Description of norasha assistance         (f) Description of norassi Description of norasof assistance         (f	-		-			-		
Part II         Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         (f) Amount of cash grant         (g) Amount of cash grant         <	2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the I Inited	States			
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.           1 (a) Name and address of organization or government         (b) EIN (if applicable)         (c) IRC Section (if applicable)         (d) Amount of cash grant         (d) Method of noncash assistance         (g) Description of noncash assistance         (b) Purpose of grant or assistance           THE KE'NEKF/GEORGIA MICRO ENTERTRISE NETWORK, INC 504 FAIR ST SW - ATLANTA, GA 30313         B0-0030897         501(C) (3)         40,000.         0.         FMC applicable)         CONMENT YANE SW ALLENTA VE SW           THE URBAN OAK INITIATIVE S22 UNIVERSITY AVE SW         B0-0030897         501(C) (3)         40,000.         0.         FMC applicable)         FMC applicable)         CONMUNITY AND SMALL           COMMONITY MOVEMENT BUILDERS 730 WELH ST SW ATLANTA, GA 30310         43-1751803         501(C) (3)         40,000.         0.         FMC applicable)         FME applicable)         FME applicable)         F						anization answered "Y	es" on Form 990, Part	IV. line 21, for any
The first and address of digatization or government     (b) First Section (ff applicable)     (b) Proceeding (ff applic		•						
THE KE'NEKT/GEORGIA MICRO       BANKING IN BLACK' EVENTS         ENTERFISE NETWORK, INC 504       ATMED AT FOSTERING         FAIR ST SW - ATLANTA, GA 30313       80-0030897 \$01(C)(3)       40,000.       0.         THE URBAN OAK INITIATIVE       Discovery THE BUILD OF A       NEW 1,347 \$QUARE FOOT         S22 UNIVERSY AVE SW       ATLANTA, GA 30310       43-1761803 \$01(C)(3)       40,000.       0.         COMMUNITY NOVEMENT BUILDERS       NEW 1,347 \$QUARE FOOT       MOUNTY AND SMALL         ATLANTA, GA 30310       43-1761803 \$01(C)(3)       40,000.       0.         COMMUNITY NOVEMENT BUILDERS       NO SUPPORT A COOPERATIVE         AQUAPONIC AND SEA MOSS       PROGRAM, THE GRANT TO BE         ATLANTA, GA 30310       47-4653915 \$01(C)(3)       40,000.       0.         PORTRAIT COFFEE LLC       DISCOVERY INTO THE BUILD OT       DF THE PORTRAIT COFFEE         1065 RALPH DAVID ABERNATHY BLVD SW       ATLANTA, GA 30310       84-444404       40,000.       0.         ATLANTA, GA 30310       84-444404       40,000.       0.       DISCOVERY INTO THE LEGACY         PO RETRAIT TEROR STUDY, KEITH       NAN POWELL       DISCOVERY INTO THE LEGACY       DISCOVERY INTO THE LEGACY         SWIM LIFE FITNESS       YALANTA, GA 30316       59-448004       20,000.       0.       ENTERFISHENCE	.,	<b>(b)</b> EIN		1	noncash	valuation (book, FMV, appraisal,		
ENTERPRISE NETWORK, INC 504 FAIR ST SW - ATLANTA, GA 30313 80-0030897 501(C)(3) 40,000. 0. THE URBAN OAK INITIATIVE 352 UNIVERSITY AVE SW ATLANTA, GA 30310 43-1761803 501(C)(3) 40,000. 0. TO SUPPORT THE BUILDOF A MEW 1,347 SQUARE POOT COMMUNITY AND SMALL BUSINESS - BASEM MEBERSHIP COMMUNITY AND SMALL BUSINESS - BASEM MEBERSHIP ATLANTA, GA 30310 47-4653915 501(C)(3) 40,000. 0. TO SUPPORT THE BUILDERS 790 WELCH ST SW ATLANTA, GA 30310 47-4653915 501(C)(3) 40,000. 0. TO SUPPORT THE BUILD OUT PORTRAIT COFFEE LLC 105 FRALPH DAVID ABERNATHY BLVD SW ATLANTA, GA 30310 84-444404 40,000. 0. HISTORIC LOTTIE WATKINS SE UNIT #3352 - ATLANTA, GA 30316 59-4480004 20,000. 0. SWIM LIFE FITNESS 721 MCGILL PARK AVENUE ATLANTA, GA 30312 83-4011034 25,000. 0. 25,000. 0. 25,000								THE SUPPORT THREE
FAIR ST SN - ATLANTA, GA 30313         80-0030897         501(C)(3)         40,000.         0.         CONNECTIONS BETWEEN           THE URBAN OAK INITIATIVE 352 UNIVERSITY AVE SN ATLANTA, GA 30310         43-1761803         501(C)(3)         40,000.         0.         NEW 1,347 SQUARE FOOT COMMUNITY AND SMALL           ATLANTA, GA 30310         43-1761803         501(C)(3)         40,000.         0.         BUSINESS-BASED MEMBERSHIP ACCOMMUNITY MOVEMENT BUILDERS           790 WELCH ST SW         TO SUPPORT A COOPERATIVE ACTANTA, GA 30310         47-4653915         501(C)(3)         40,000.         0.           PORTRAIT COFFEE LLC         TO SUPPORT THE BUILD OF ATLANTA, GA 30310         47-4653915         501(C)(3)         40,000.         0.           PORTRAIT COFFEE LLC         TO SUPPORT THE BUILD OT PORTRAIT COFFEE LLC         TO SUPPORT THE BUILD OT PO THE PORTRAIT COFFEE         TO SUPPORT THE SUPPORT THE SUBJECT PORTRAITS         DISCOURT WITH PO THE PORTATIONE PORTATIONE         PORTATIONE PORTATIONE           RACIAL WEALTH TERROR STUDY, KEITH ANN POWELL - 880 GLENWOOD AVENUE SE UNIT ¥3352 - ATLANTA, GA 30316         59-4480004         20,000.         0.	THE KE'NEKT/GEORGIA MICRO							BANKING IN BLACK" EVENTS
THE URBAN OAK INITIATIVE       TO SUPPORT THE BUILD OF A         S12 UNIVERSITY AVE SW       ATLANTA, GA 30310       43-1761803 501(C)(3)       40,000.       0.         COMMUNITY MOVEMENT BUILDERS       TO SUPPORT A COOPERATIVE COMMUNITY MOVEMENT BUILDERS       TO SUPPORT A COOPERATIVE AQUAPONIC AND SEA MOSS         790 WELCH ST SW       ATLANTA, GA 30310       47-4653915 501(C)(3)       40,000.       0.         PORTRAIT COPFEE LLC       TO SUPPORT THE BUILD OT DF       DF THE FORTAIT COPFEE       NEW THE BUILD OT DF         1055 RALPH DAVID ABERNATHY BLVD SW       A4-444404       40,000.       0.       DF THE FORTAIT COPFEE         1055 RALPH DAVID ABERNATHY BLVD SW       A4-444404       40,000.       0.       DF THE FORTAIT COPFEE         1055 RALPH DAVID ABERNATHY BLVD SW       A4-444404       40,000.       0.       DF THE FORTAIT COPFEE         1055 RALPH DAVID ABERNATHY BLVD SW       A4-444404       40,000.       0.       DF THE FORTAIT COPFEE         1055 RALPH DAVID ABERNATHY BLVD SW       A4-444404       40,000.       0.       DF THE FORTAIT COPFEE         1055 RALPH DAVID ABERNATHY BLVD SW       A4-444404       40,000.       0.       DISCOVERY THE WATKINS         ATLANTA, GA 30310       84-444404       40,000.       0.       DISCOVERY THE WATKINS       DISCOVERY THE WATKINS         SWIM	ENTERPRISE NETWORK, INC 504							AIMED AT FOSTERING
THE URBAN OAK INITIATIVE       NEW 1,347 SQUARE FOOT         352 UNIVERSITY AVE SW       A1-1761803 501(C)(3)       40,000.       0.         ATLANTA, GA 30310       43-1761803 501(C)(3)       40,000.       0.         COMMUNITY MOVEMENT BUILDERS       DUSINESS-BASED MEMBERSHIP       NEW 1,347 SQUARE FOOT         COMMUNITY MOVEMENT BUILDERS       TO SUPERFAIL       COOPERATIVE         ATLANTA, GA 30310       47-4653915 501(C)(3)       40,000.       0.         ATLANTA, GA 30310       47-4653915 501(C)(3)       40,000.       0.         PORTRAIT COFFEE LLC       DS SUPPORT THE BUILD OUT       OF THE PORTRAIT COFFEE         1065 RALPH DAVID ABERNATHY BLVD SW       A4-4444404       40,000.       0.         ATLANTA, GA 30310       84-4444404       40,000.       0.         ATLANTA, GA 30310       84-444404       40,000.       0.         ATLANTA, GA 30310       84-444404       40,000.       0.         MATLANTA, GA 30310       59-4480004       20,000.       0.         SWIM LIPE TITNESS       S9-4480004       20,000.       0.         SWIM LIPE FITNESS       TO SUPPORT THE SENSORY       TO SUPPORT THE SENSORY         YILMOGILL PARK AVENURE       83-4011034       25,000.       0.         YILANTA, GA 30312	FAIR ST SW - ATLANTA, GA 30313	80-0030897	501(C)(3)	40,000.	0.			
352 UNIVERSITY AVE SW       ATLANTA, GA 30310       43-1761803 501(C)(3)       40,000.       0.       EVENTSHIP         ATLANTA, GA 30310       43-1761803 501(C)(3)       40,000.       0.       EVENTSHIP       AQUAPONIC AND SBALL         COMMUNITY MOVEMENT BUILDERS       AQUAPONIC AND SSED MEMBERSHIP       AQUAPONIC AND SSED MEMBERSHIP       AQUAPONIC AND SSEN MOSS         790 WELCH ST SW       ATLANTA, GA 30310       47-4653915 501(C)(3)       40,000.       0.       USED FOR TECHNICAL         PORTRAIT COFFEE LLC       TO SUPPORT THE BUILD OUT       FOR SUPPORT THE BUILD OUT       OF THE PORTRAIT COFFEE         1655 RAILPH DAVID ABERNATHY BLVD SW       ATLANTA, GA 30310       84-444404       40,000.       0.         ATLANTA, GA 30310       84-444404       40,000.       0.       HISTORIC LOTTIE WATKINS         ATLANTA, GA 30310       84-444404       40,000.       0.       HISTORIC LOTTIE WATKINS         ATLANTA, GA 30310       84-444404       40,000.       0.       HISTORIC LOTTIE WATKINS         ATLANTA, GA 30316       84-444404       40,000.       0.       HISTORIC LOTTIE WATKINS         ATLANTA, GA 30316       84-444404       40,000.       0.       HISTORIC LOTTIE WATKINS         SE UNIT #3352 - ATLANTA, GA 30316       59-4480004       20,000.       0.       ENERTIO								TO SUPPORT THE BUILD OF A
ATLANTA, GA 30310       43-1761803       \$01(C)(3)       40,000.       0.       BUSINESS-BASED MEMBERSHIP         COMMUNITY MOVEMENT BUILDERS       AQUAPONIC AND SEA MOSS       PROGRAM. THE GRANT OB E       AQUAPONIC AND SEA MOSS         790 WELCH ST SW       ATLANTA, GA 30310       47-4653915       501(C)(3)       40,000.       0.         PORTRAIT COFFEE LLC       DISD FOR TECHNICAL       DO SUPPORT THE BUILD OUT       DF THE PORTRAIT COFFEE         1065 RALPH DAVID ABERNATHY BLVD SW       ATLANTA, GA 30310       84-444404       40,000.       0.         ATLANTA, GA 30310       B4-444404       40,000.       0.       HISTORIC LOTTIE WATKINS         ATLANTA, GA 30310       B4-444404       40,000.       0.       DISCOVERY INTO THE LEGACY         NO F ACIAL WEALTH TERROR STUDY, KEITH       DISCOVERY INTO THE LEGACY       DISCOVERY INTO THE LEGACY         SE UNIT #3352 - ATLANTA, GA 30316       59-4480004       20,000.       0.         SWIM LIFE FITNESS       STALMTA, GA 30312       83-4011034       25,000.       0.         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.	THE URBAN OAK INITIATIVE							NEW 1,347 SQUARE FOOT
COMMUNITY MOVEMENT BUILDERS       TO SUPPORT A COOPERATIVE         790 WELCH ST SW       AQUAPONIC AND SEA MOSS         ATLANTA, GA 30310       47-4653915 501(C)(3)       40,000.       0.         PORTRAIT COFFEE LLC       DSUPPORT TECHNICAL       DSUPPORT TECHNICAL         1065 RALPH DAVID ABERNATHY BLVD SW       ATLANTA, GA 30310       84-444404       40,000.       0.         ATLANTA, GA 30310       84-444404       40,000.       0.       CAPE LOCATED IN THE         ATLANTA, GA 30310       84-444404       40,000.       0.       HISTORIC LOTTIE WATKINS         ATLANTA, GA 30310       84-444404       40,000.       0.       HISTORIC LOTTIE WATKINS         RACIAL WEALTH TERROR STUDY, KEITH       DISCOVERY INTO THE LEGACY       OF RACIAL TERROR AND ITS         ANN POWELL - 880 GLENWOOD AVENUE       S9-4480004       20,000.       0.         SWIM LIFE FITNESS       TO SUPPORT THE SENSORY       DISCOVERY THE SENSORY         721 MCGILL PARK AVENUE       83-4011034       25,000.       0.         ATLANTA, GA 30312       83-4011034       25,000.       0.         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.         3       Enter total number of other organizations listed in the line 1 table       3.	352 UNIVERSITY AVE SW							COMMUNITY AND SMALL
COMMUNITY MOVEMENT BUILDERS       AQUAPONIC AND SEA MOSS         790 WELCH ST SW       ATLANTA, GA 30310       47-4653915       501(C)(3)       40,000.       0.       USED FOR TECHNICAL         PORTRAIT COFFEE LLC       DF THE OFTRAIT COFFEE       DF THE OFTRAIT COFFEE       DF THE OFTRAIT COFFEE         1065 RALPH DAVID ABERNATHY BLVD SW       A4444404       40,000.       0.       OR       HISTORIC LOTTIE WATKINS         ATLANTA, GA 30310       84-444404       40,000.       0.       HISTORIC LOTTIE WATKINS       DISCOVERY INTO THE LEGACY         ANN POWELL - 880 GLENNOOD AVENUE       SE UNIT #3352 - ATLANTA, GA 30316       59-4480004       20,000.       0.       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       To SUPPORT THE SENSORY       H20 AQUATIC PROGRAM.         2       Enter total number of other organizations listed in the line 1 table       3.	ATLANTA, GA 30310	43-1761803	501(C)(3)	40,000.	0.			
790 WEICH ST SW       AT-4653915 501(C)(3)       40,000.       0.       PROGRAM. THE GRANT TO BE         ATLANTA, GA 30310       47-4653915 501(C)(3)       40,000.       0.       0.       USED FOR TECHNICAL         PORTRAIT COFFEE LLC       TO SUPPORT THE BUILD OUT       OF THE PORTRAIT COFFEE       CAFE LOCATED IN THE         1065 RALPH DAVID ABERNATHY BLVD SW       84-444404       40,000.       0.       HISTORIC LOTTIE WARKINS         ATLANTA, GA 30310       84-444404       40,000.       0.       HISTORIC LOTTIE WARKINS         ATLANTA, GA 30310       84-444404       40,000.       0.       HISTORIC LOTTIE WARKINS         ATLANTA, GA 30310       84-444404       40,000.       0.       HISTORIC LOTTIE WARKINS         ANN POWELL - 880 GLENWOOD AVENUE       SUM LIFE FITNESS       DISCOVERY INTO THE LEGACY       OF RACIAL TERROR AND ITS         SWIM LIFE FITNESS       SWIM LIFE FITNESS       FO SUPPORT THE SENSORY       FO SUPPORT THE SENSORY         721 MCGILL PARK AVENUE       83-4011034       25,000.       0.       H20 AQUATIC PROGRAM.         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.         3       Enter total number of other organizations listed in the line 1 table       3.       3.								
ATLANTA, GA 30310       47-4653915       501(C)(3)       40,000.       0.       USED FOR TECHNICAL         PORTRAIT COFFEE LLC       IN SUPPORT THE BUILD OUT       OF THE PORTRAIT COFFEE       IN SUPPORT THE BUILD OUT       OF THE PORTRAIT COFFEE         1065       RALPH DAVID ABERNATHY BLVD SW       A40,000.       0.       IN STORIC LOTTIE WARKINS         ATLANTA, GA 30310       84-444404       40,000.       0.       INSTORIC LOTTIE WARKINS         RACIAL WEALTH TERROR STUDY, KEITH       IN POWELL - 880 GLENWOOD AVENUE       DISCOVERY INTO THE LEGACY       OF RACIAL TERROR AND ITS         SE UNIT #3352 - ATLANTA, GA 30316       59-4480004       20,000.       0.       SENERATIONAL WEALTH GAP         SWIM LIFE FITNESS       IN COULD ABERNATIVE       SENERATIONAL WEALTH GAP       IN SUPPORT THE SENSORY         721 MCGILL PARK AVENUE       83-4011034       25,000.       0.       IN POOR THE SENSORY         ATLANTA, GA 30312       83-4011034       25,000.       0.       IN POOR THE SENSORY         ATLANTA, GA 30312       83-4011034       25,000.       0.       IN POOR THE SENSORY         ATLANTA, GA 30312       83-4011034       25,000.       0.       IN POOR THE SENSORY         3       Enter total number of other organizations listed in the line 1 table       3.       3.   <								~
PORTRAIT COFFEE LLC       TO SUPPORT THE BUILD OUT         1065 RALPH DAVID ABERNATHY BLVD SW       84-444404       40,000.       0.         ATLANTA, GA 30310       84-444404       40,000.       0.         RACIAL WEALTH TERROR STUDY, KEITH       BISCOVERY INTO THE LEGACY       DISCOVERY INTO THE LEGACY         RACIAL WEALTH TERROR STUDY, KEITH       DISCOVERY INTO THE LEGACY       OF RACIAL TERROR AND ITS         RAUN POWELL - 880 GLENWOOD AVENUE       SUIT #3352 - ATLANTA, GA 30316       59-4480004       20,000.       0.         SWIM LIFE FITNESS       TO SUPPORT THE SENSORY       TO SUPPORT THE SENSORY       TO SUPPORT THE SENSORY         721 MCGILL PARK AVENUE       83-4011034       25,000.       0.       H20 AQUATIC PROGRAM.         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.	790 WELCH ST SW							
PORTRAIT COFFEE LLC       OF THE PORTRAIT COFFEE         1065 RALPH DAVID ABERNATHY BLVD SW       Attanta, GA 30310       84-444404       40,000.       0.         ATLANTA, GA 30310       84-444404       40,000.       0.       DISCOVERY INTO THE LEGACY         RACIAL WEALTH TERROR STUDY, KEITH       DISCOVERY INTO THE LEGACY       OF RACIAL TERROR AND ITS         RAN POWELL - 880 GLENWOOD AVENUE       59-4480004       20,000.       0.         SWIM LIFE FITNESS       59-4480004       20,000.       0.         721 MCGILL PARK AVENUE       83-4011034       25,000.       0.       UPORT THE SENSORY         ATLANTA, GA 30312       83-4011034       25,000.       0.       3.         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.	ATLANTA, GA 30310	47-4653915	501(C)(3)	40,000.	0.			
1065 RALPH DAVID ABERNATHY BLVD SW       Ad. 444404       40,000.       0.       CAFE LOCATED IN THE         ATLANTA, GA 30310       84-444404       40,000.       0.       DISCOVERY INTO THE LEGACY         RACIAL WEALTH TERROR STUDY, KEITH       DISCOVERY INTO THE LEGACY       OF RACIAL TERROR AND ITS         ANN POWELL - 880 GLENWOOD AVENUE       S9-4480004       20,000.       0.       SENERATIONSHIP TO THE         SWIM LIFE FITNESS       Senerational wealth gap       TO SUPPORT THE SENSORY       TO SUPPORT THE SENSORY         A1LANTA, GA 30312       83-4011034       25,000.       0.       125,000.       3.         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.       3.								
ATLANTA, GA 30310       84-444404       40,000.       0.       HISTORIC LOTTIE WATKINS         RACIAL WEALTH TERROR STUDY, KEITH       DISCOVERY INTO THE LEGACY       DISCOVERY INTO THE LEGACY         ANN POWELL - 880 GLENWOOD AVENUE       59-4480004       20,000.       0.       BELATIONSHIP TO THE         SWIM LIFE FITNESS       59-4480004       20,000.       0.       GENERATIONAL WEALTH GAP         721 MCGILL PARK AVENUE       83-4011034       25,000.       0.       H20 AQUATIC PROGRAM.         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.								
ACLAL WEALTH TERROR STUDY, KEITH       DISCOVERY INTO THE LEGACY         ANN POWELL - 880 GLENWOOD AVENUE       OF RACIAL TERROR AND ITS         SE UNIT #3352 - ATLANTA, GA 30316       59-4480004       20,000.       0.         SWIM LIFE FITNESS       GENERATIONAL WEALTH GAP       TO SUPPORT THE SENSORY         ATLANTA, GA 30312       83-4011034       25,000.       0.         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.         3       Enter total number of other organizations listed in the line 1 table       3.								
RACIAL WEALTH TERROR STUDY, KEITH       of RACIAL TERROR AND ITS         ANN POWELL - 880 GLENWOOD AVENUE       59-4480004       20,000.       0.       RELATIONSHIP TO THE         SE UNIT #3352 - ATLANTA, GA 30316       59-4480004       20,000.       0.       0.       GENERATIONAL WEALTH GAP         SWIM LIFE FITNESS       721 MCGILL PARK AVENUE       83-4011034       25,000.       0.       0.       H20 AQUATIC PROGRAM.         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.       3.	ATLANTA, GA 30310	84-444404		40,000.	0.			
ANN POWELL - 880 GLENWOOD AVENUE       SELATIONSHIP TO THE         SE UNIT #3352 - ATLANTA, GA 30316       59-4480004       20,000.       0.       GENERATIONAL WEALTH GAP         SWIM LIFE FITNESS       TO SUPPORT THE SENSORY       TO SUPPORT THE SENSORY         ATLANTA, GA 30312       83-4011034       25,000.       0.       H2O AQUATIC PROGRAM.         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.								
SE UNIT #3352 - ATLANTA, GA 30316       59-4480004       20,000.       0.       GENERATIONAL WEALTH GAP         SWIM LIFE FITNESS       Image: Constraint of the sensory atlanta, GA 30312       83-4011034       25,000.       0.       Image: Constraint of the sensory atlanta sensory atlanta sensory atlanta, GA 30312         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.         3       Enter total number of other organizations listed in the line 1 table       3.	,							
SWIM LIFE FITNESS         721 MCGILL PARK AVENUE         ATLANTA, GA 30312         83-4011034         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table         3 Enter total number of other organizations listed in the line 1 table								
721 MCGILL PARK AVENUE       TO SUPPORT THE SENSORY         ATLANTA, GA 30312       83-4011034       25,000.       0.       10.         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.       3.         3 Enter total number of other organizations listed in the line 1 table       3.       3.       3.	SE UNIT #3352 - ATLANTA, GA 30316	59-4480004		20,000.	0.			GENERATIONAL WEALTH GAP
721 MCGILL PARK AVENUE       TO SUPPORT THE SENSORY         ATLANTA, GA 30312       83-4011034       25,000.       0.       10.         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.       3.         3 Enter total number of other organizations listed in the line 1 table       3.       3.       3.	CWIM LIFE FIMNECC							
ATLANTA, GA 30312       83-4011034       25,000.       0.       H20 AQUATIC PROGRAM.         2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       3.       3.         3       Enter total number of other organizations listed in the line 1 table       3.								TO SUBDODE THE SENSORY
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table     3     Enter total number of other organizations listed in the line 1 table     3		83-4011034		25 000	0			
3 Enter total number of other organizations listed in the line 1 table 3.				,				3

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

#### Schedule I (Form 990) 2022 ATLANTA WEALTH BUILDING INITIATIVE, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

THE KE'NEKT/GEORGIA MICRO ENTERPRISE NETWORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SUPPORT THREE "BANKING IN BLACK"

EVENTS AIMED AT FOSTERING CONNECTIONS BETWEEN BLACK-OWNED BUSINESSES IN

THE 30310 ZIP CODE AND LENDERS. THE GRANT FUNDS WILL ALSO BE USED FOR A

TECHNICAL ASSISTANCE SUPPORT PROGRAM WHICH WILL CREATE OFFICE HOURS AT

THE KE'NEKT WHERE BUSINESS OWNERS CAN RECEIVE EXPERT HELP IN COMPLETING

#### GRANT AND LOAN APPLICATIONS.

46-2239585 Page 2

Schedule I (Form 990) ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239585 Page 2 Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE URBAN OAK INITIATIVE (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BUILD OF A NEW 1,347 SQUARE FOOT COMMUNITY AND SMALL BUSINESS-BASED MEMBERSHIP SHARED COMMERCIAL KITCHEN AND FOOD HUB THAT WILL BE LOCATED INSIDE OF THE PITTSBURGH YARDS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY MOVEMENT BUILDERS (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COOPERATIVE AQUAPONIC AND SEA MOSS PROGRAM. THE GRANT TO BE USED FOR TECHNICAL SUPPORT, PRODUCTION FACILITY RENTAL SPACE, SUPPLIES, TRAINING, STIPEND FOR WORKER-OWNER, SALARY POSITION, BY-LAWS DEVELOPMENT, AND BUSINESS STRUCTURE SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: PORTRAIT COFFEE LLC (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BUILD OUT OF THE PORTRAIT COFFEE CAFE LOCATED IN THE HISTORIC LOTTIE WATKINS BUILDING (1065 RALPH DAVID ABERNATHY BLVD)

NAME OF ORGANIZATION OR GOVERNMENT:

RACIAL WEALTH TERROR STUDY, KEITH ANN POWELL

(H) PURPOSE OF GRANT OR ASSISTANCE: DISCOVERY INTO THE LEGACY OF RACIAL

TERROR AND ITS RELATIONSHIP TO THE GENERATIONAL WEALTH GAP IN THE CITY OF

ATLANTA, WITH A HYPER-FOCUS ON THE LASTING EFFECTS ON THE QUALITY OF LIFE

IN ATLANTA'S BLACK COMMUNITIES BASED ON THE FOLLOWING INDICATORS:

DISTRIBUTION OF INCOME IN SOCIETY, LIFE EXPECTANCY, EDUCATION STANDARDS,

HOUSING, SOCIAL INVESTMENT VS. PRESENT CONSUMPTION.

Schedule I (Form 990)

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SCHEDU	LE J   Compensation Information	OMB No	1545-00	47		
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2022			
	Compensated Employees	<b>2</b>		-		
Department of t	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Open	to Publ	ic		
Internal Revenu	ine medadary	Insp	ection			
Name of the	e organization En	mployer identificat		mber		
	ATLANTA WEALTH BUILDING INITIATIVE, INC.	46-223958	35			
Part I	Questions Regarding Compensation					
		_	Yes	No		
1a Check	the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	),				
Part V	I, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	irst-class or charter travel	use				
	ravel for companions Payments for business use of personal reside	ence				
	ax indemnification and gross-up payments Health or social club dues or initiation fees					
	iscretionary spending account Personal services (such as maid, chauffeur, c	;hef)				
-	of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	Irsement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>				
	e organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustee	es, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?					
3 Indicat	a which if any of the following the organization used to establish the compensation of the organization's					
	e which, if any, of the following the organization used to establish the compensation of the organization's executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	to				
		.0				
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract						
	ompensation committee     Written employment contract       idependent compensation consultant     Compensation survey or study					
	orm 990 of other organizations $X$ Approval by the board or compensation comr	mittee				
· '		Inittee				
4 Durino	the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	zation or a related organization:					
-	e a severance payment or change-of-control payment?	4a		X		
	pate in or receive payment from a supplemental nonqualified retirement plan?	4		X		
		4.		X		
c Participate in or receive payment from an equity-based compensation arrangement?						
Only s	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5 For pe	rsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	gent on the revenues of:					
a The or	ganization?	5a		X		
<b>b</b> Any re	lated organization?			X		
	" on line 5a or 5b, describe in Part III.					
6 For pe	rsons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
contin	gent on the net earnings of:					
a The or	ganization?	6a		X		
	lated organization?			X		
If "Yes	" on line 6a or 6b, describe in Part III.					
	rsons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	scribed on lines 5 and 6? If "Yes," describe in Part III			X		
	any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
				X		
	on line 8, did the organization also follow the rebuttable presumption procedure described in					
	tions section 53.4958-6(c)?			<u> </u>		
LHA For P	aperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	) 2022		

232111 10-18-22

## Schedule J (Form 990) 2022 ATLANTA WEALTH BUILDING INITIATIVE, INC. 46-2239585

Page **2** 

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

<b>(A)</b> Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LATRESA MCLAWHORN RYAN	(i)	154,200.	0.	0.	3,546.	10,770.	168,516.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

## Schedule J (Form 990) 2022 ATLANTA WEALTH BUILDING INITIATIVE, INC.

## Part III Supplemental Information

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

Schedule J (Form 990) 2022

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047					
Name of the organizatio	ATLANTA WEALTH BUILDING INITIATIVE, INC.		dentification number 39585					
FORM 990, PA	FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
AND LEADERSH	IP NECESSARY TO ADDRESS ATLANTA'S RACIAL WEALT	H DIVID	E. WE					
ACTIVELY REI	MAGE ECONOMIC REALITIES TO PRODUCE AN OPPORTUN	ITY-RIC	H					
FUTURE FOR A	LL.							
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:						
FIGHTS OBESI	TY, DIABETES, AND OTHER CHRONIC ILLNESSES THRO	UGH						
INNOVATIVE,	KID-FRIENDLY PROGRAMS. PROGRAMS ARE DESIGNED T	O ADDRE	SS					
MANY OF THE	ISSUES FACING COMMUNITIES FACE TODAY, INCLUDIN	G FOOD						
SECURITY, NU	TRITION, AND SOCIOECONOMIC OPPORTUNITY. FOR TH	E PAST	THREE					
YEARS, URBAN	OAK HAS DONE PLACE-BASED WORK IN THE CITY OF	ATLANTA						
NEIGHBORHOOD	PLANNING UNIT V, A GEOGRAPHIC HOME TO OVER 15	,000						
RESIDENTS. THIS PREDOMINANTLY BLACK COMMUNITY HAS EXPERIENCED LONG								
STANDING DISINVESTMENT AND ISOLATION FROM ECONOMIC OPPORTUNITY AND FOOD								
ACCESS. IN P	ARTNERSHIP WITH AWBI, URBAN OAK INITIATIVE IS	BUILDIN	G A					
<u>NEW 1,347 SQ</u>	UARE FOOT SHARED COMMERCIAL KITCHEN AND FOOD H	UB THAT	WILL					
BE LOCATED INSIDE OF PITTSBURGH YARDS DEVELOPMENT.								
- KEY OUTCOM	ES:							
- SIGNED A LEASE AND BEGAN THE DEVELOPMENT OF A COMMUNITY-BASED SHARED								
COMMERCIAL KITCHEN IN THE PITTSBURGH YARDS DEVELOPMENT WITH AN EXPECTED								
COMPLETION DATE OF SUMMER/FALL 2023								
- ON TARGET TO INCREASE REVENUES BY 100%								
- HIRED AND TRAINED 1 PART-TIME PERSON WHO RECEIVED ENTREPRENEURIAL								
TRAINING AND IS ON TARGET TO START THEIR OWN BUSINESS WITHIN THE NEXT								
12 MONTHS								
- WITH ASSISTANCE FROM OTHER GRANTS PROVIDED 800 SENIOR PLANT-BASED								
LHA For Paperwork R 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedu	ule O (Form 990) 2022					

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 Schedule O (Form 990) 2022
 Page 2

 Name of the organization
 Employer identification number 46-2239585

 MEALS TO DATE
 GROW AND SCALE BLACK OWNED BUSINESSES & PREVENT DISPLACEMENT

 ATLANTA'S HISTORIC WEST END NEIGHBORHOOD HAS A RICH HISTORY OF BLACK

 ENTREPRENEURSHIP AND CULTURE. IT IS ALSO EXPERIENCING RAPID

 REVITALIZATION THAT HAS UNFORTUNATELY RESULTED IN THE DISPLACEMENT OF

BLACK AND BROWN ENTREPRENEURS

- PORTRAIT COFFEE: INCREASE BUSINESS CAPACITY TO PREVENT DISPLACEMENT

AND SUPPORT COMMUNITY REVITALIZATION

- PORTRAIT COFFEE IS A BLACK-OWNED COFFEE ROASTER INTRODUCING SPECIALTY

COFFEE TO SOUTHWEST ATLANTA IN A SOCIALLY CONSCIOUS WAY. LOCATED IN THE

HISTORIC LOTTIE WATKINS BUILDING IN ATLANTA'S HISTORIC WEST END,

PORTRAIT COFFEE'S GOAL IS TO EMPOWER AND EQUIP ATLANTA NATIVES AND

RESIDENTS WITH GENUINE CAREER AND LIFE OPPORTUNITIES IN THE WORLD OF

COFFEE AND TO SERVE AS A CATALYST FOR NEW REPRESENTATION AND GROWTH.

- WITH SUPPORT FROM AWBI, PORTRAIT COFFEE IS BUILDING OUT A 2,000

SQUARE FOOT CAFE WITHIN THE HISTORIC BUILDING WHICH WILL CREATE A

COMMUNITY GATHERING SPACE, INCREASE WORKFORCE AND INCREASE THE CAPACITY

OF THE BUSINESS. PORTRAIT COFFEE WILL SERVE AS A CATALYST FOR BUSINESS

REVITALIZATION WITHIN THE COMMUNITY.

ALTERNATIVE OWNERSHIP MODELS

AWBI SEEKS TO BUILD AN INFRASTRUCTURE FOR INCLUSIVE ENTERPRISES BY

SUPPORTING SHARED OWNERSHIP MODELS INCLUDING COOPERATIVE DEVELOPMENT,

CONVERSION TO EMPLOYEE OWNERSHIP, AND PROGRESSIVE PROCUREMENT

STRATEGIES THAT SUPPORT THE ABILITY OF BUSINESSES TO GROW AND SCALE.

- COMMUNITY MOVEMENT BUILDERS: CREATING A SUSTAINABLE FOOD HUB THROUGH

A COOPERATIVE OWNERSHIP MODEL EMPLOYING BLACK WORKER-OWNERS
232212 10-28-22
42

12431113 794202 60-14294.000

Schedule O (Form 990) 2022	Page 2 Employer identification number
Name of the organization ATLANTA WEALTH BUILDING INITIATIVE, INC.	46-2239585
- COMMUNITY MOVEMENT BUILDERS (CMB) IS A MEMBER-BASED COLL	ECTIVE OF
COMMUNITY RESIDENTS AND ACTIVISTS DEDICATED TO CREATING SU	STAINABLE,
SELF-DETERMINING BLACK COMMUNITIES THROUGH COOPERATIVE ECO	NOMIC
ADVANCEMENT AND COMMUNITY ORGANIZING. CMB'S COOPERATIVE AQ	UAPONIC AND
SEA MOSS PROGRAM, THE AQUAPONIC, WORKS TO ADDRESS SOUTHWES	T ATLANTA'S
FOOD DESERT BY GROWING HEIRLOOM TOMATOES, RAISING FRESHWAT	ER SHRIMP AND
GROWING SEA MOSS. THE COOPERATIVE WILL SEEK TO SOURCE 6 LO	CAL
RESTAURANTS AND GROCERY STORES WITH SHRIMP AND TOMATOES. T	HE SEA MOSS
PRODUCTION WILL BE USED TO SUPPORT A YOUTH EDUCATION MICRO	-BUSINESS.
TWO LOCAL RETAIL STORES HAVE TENTATIVELY AGREED TO CARRY T	HE PRODUCTS.
AWBI'S FUNDING SUPPORTS WORKER-OWNER TRAINING, KITCHEN REN	TAL SPACE AND
SALARIES OVER THE NEXT YEAR AS THE COOPERATIVE WORKS TO BU	ILD AND
SUSTAIN ITS AQUAPONIC AND SEA MOSS BUSINESSES.	
- KEY OUTCOMES:	
- INCREASE BUSINESS REVENUE FROM \$48,000 TO \$100,000 BY AD	DING
ADDITIONAL RETAIL OUTLETS AND INCREASING ONLINE SALES INCR	
NUMBER OF WORKER OWNERS (CURRENTLY ONE WORKER-POTENTIAL OW	NER WHO MAKES
\$400 A MONTH)	
- INCREASE STIPENDS FROM \$800 TO \$1000	
- COMPLETE TRAININGS IN PRODUCTION, MARKETING, BUSINESS MA	NAGEMENT
- EACH NEW WORKER-OWNER WILL OWN APPROXIMATELY 5% TO 7% OF	
REMOVE BARRIERS TO PROCUREMENT	
ACCORDING TO THE 2021 PROGRESS IN PROCUREMENT: EQUITY IN F	EDERAL
CONTRACTING REPORT, ONLY 3% OF ALL CONTRACTS AWARDED IN TH	E 2021 FISCAL
YEAR WENT TO BLACK OWNED BUSINESSES. PROCUREMENT OPPORTUNI	TIES
REPRESENT IMPORTANT SOURCES OF ECONOMIC MOBILITY. WE SEEK	TO ENSURE
THAT HISTORICALLY NEGLECTED OR UNDERSERVED PARTS OF THE BU	
232212 10-28-22 43	Schedule O (Form 990) 2022

12431113 794202 60-14294.000

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization ATLANTA WEALTH BUILDING INITIATIVE, INC.	Employer identification number 46-2239585
COMMUNITY RECEIVE THE SUPPORT THEY NEED TO TAKE ADVANTAGE	OF THOSE
OPPORTUNITIES. IN 2022, AS PART OF OUR EFFORTS TO REMOVE B	ARRIERS TO
PROCUREMENT FOR BLACK OWNED BUSINESSES, AWBI:	
- WORKED WITH THE HENRY LOUIS AARON FUND AND MINORITY BASE	BALL
PROSPECTS TO PRESENT A BLACK BUSINESS MARKETPLACE AT THE H	BCU BASEBALL
ALL-STAR GAME HOSTED BY THE ATLANTA BRAVES TO CURATE A BLA	CK BUSINESS
MARKETPLACE AT TRUIST PARK;	
- HELPED LAUNCH THE INAUGURAL HOME RUN MARKET, A DEDICATED	RETAIL SPACE
TO DIVERSE BUSINESSES AT THE BRAVES STADIUM;	
- HOSTED DOZENS OF 1-1 STAKEHOLDERS MEETINGS WITH ATLANTA'	S FORTUNE
500, 1000 COMPANIES, PUBLIC ENTITIES AND NETWORKS, CREATIN	G POWERFUL
ALLIES ALLOWING US TO DOCUMENT THE EXISTING LIMITING POLIC	IES AND
PRACTICES REGARDING PROCUREMENT AND SUPPLIER DIVERSITY PRO	CESSES;
- RESEARCHED AND VETTED VARIOUS TECHNICAL SOLUTIONS TO IMP	ROVE
PROCUREMENT PROCESSES INCLUDING TWO SOFTWARE PLATFORMS AND	THE
PROSPECTIVE PROCUREMENT OF AN EXISTING EARLY STAGE BUSINES	S DATABASE;
- PILOTED AN ANCHOR PARTNER STRATEGY, WITH A NOTABLE CASE	STUDY OF
HELPING A BLACK WOMAN OWNED BUSINESS AVOID LOSS OF A CONTR	ACT FROM \$1M
<u>TO \$200K.</u>	
CAPITAL LANDSCAPE DISRUPTION	

FLEX FUND LOAN PROGRAM

- IN PARTNERSHIP WITH THE GEORGIA MICRO ENTERPRISE NETWORK (GMEN),

ESTABLISHED BY LOCAL INITIATIVES SUPPORT CORPORATION (LISC) WITH

FUNDING FROM JPMORGAN CHASE, AWBI LAUNCHED A FLEXIBLE AND ACCESSIBLE

LOAN PROGRAM FOR BLACK-OWNED SMALL BUSINESSES IN GEORGIA. THE PURPOSE

OF THIS WORK IS TO DEPLOY SMALL BUSINESS LOANS UNDER THE FLEX FUND LOAN
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Name of the organization ATLANTA WEALTH BUILDING INITIATIVE, INC.	Employer identification number $46 - 2239585$
PROGRAM TO PROVIDE BLACK-OWNED SMALL BUSINESSES ACCESS TO	CAPITAL. THE
GOAL IS FOR ALL PARTNER ORGANIZATIONS TO STRENGTHEN AND EX	PAND THEIR
DEVELOPMENT IN GEORGIA THROUGH LENDING, TECHNICAL ASSISTAN	CE, AND JOINT
OUTREACH ACTIVITIES WHILE SUPPORTING THE EXPANSION OF SMAL	L BUSINESSES.
- JMPC ESTABLISHED THE ATLANTA ENTREPRENEURS OF COLOR FLEX	IBLE LOAN
FUND WITH LISC GEORGIA MICRO ENTERPRISE NETWORK, LATIN AME	RICAN CHAMBER
OF COMMERCE, MOREHOUSE INNOVATION & ENTREPRENEURSHIP CENTE	R THAT WILL
DEPLOY \$500K IN REVOLVING LOANS INTO THE ECOSYSTEM AT \$10K	AND \$25K.
ATLANTA EQUITABLE CAPITAL PROVIDER CONVENINGS	
THROUGHOUT 2022, AWBI COORDINATED THE "EQUITABLE CAPITAL P	ROVIDER
CONVENINGS, " A SERIES OF GATHERINGS WITH A DIVERSE GROUP O	F CAPITAL
PROVIDER STAKEHOLDERS INCLUDING TRADITIONAL BANKS, CDFIS,	IMPACT FUNDS,
ANGEL INVESTORS, AND PHILANTHROPIC INSTITUTIONS TO DISCUSS	SOLUTIONS
AND PRODUCTS NEEDED TO IMPROVE ACCESS TO CAPITAL AND BUILD	A MORE
COHESIVE ENTREPRENEURIAL CAPITAL ECOSYSTEM FOR BLACK ENTRE	PRENEURS IN
ATLANTA. AWBI LED THE COORDINATION AND IMPLEMENTATION OF V	IRTUAL
CONVENINGS TO DISCUSS SOLUTIONS AND PRODUCTS NEEDED THROUG	HOUT THE
SOUTH TO SUPPORT WEALTH CREATION IN BLACK COMMUNITIES. THE	SE
DISCUSSIONS WERE ROOTED IN LOCAL RACIAL WEALTH GAP DATA, R	ESEARCH
RELATED TO MICRO AND MACRO INVESTMENTS.	
BLACK BUSINESS ROUNDTABLE	
IN 2022, AWBI ALSO HOSTED FOCUS GROUP SESSIONS WITH BLACK	BUSINESS
OWNERS AT THE AWBI BLACK BUSINESS ROUNDTABLE TO DISCUSS TH	EIR

EXPERIENCE SEEKING CAPITAL IN ATLANTA. THE OUTCOME WAS A RANGE OF

 COLLABORATIVE
 SOLUTIONS
 TO
 CLOSE
 THE
 CAPITAL
 ECOSYSTEM
 GAPS
 IN
 ATLANTA

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Name of the organization ATLANTA WEALTH BUILDING INITIATIVE, INC.	Employer identification number 46-2239585
INCLUDING:	
- DIVERSITY OF NETWORKING OPPORTUNITIES BASED ON BUSINESS	SIZE, STAGE
AND NEEDED RESOURCES AND SPACE FOR ENTREPRENEURS TO CONNEC	T AND CREATE
NETWORKS WITH OTHERS IN THE SAME STAGE OF BUSINESS;	
- CREATE NETWORKING OPPORTUNITIES THAT CREATE VIABLE OPPOR	TUNITIES FOR
LARGE CONTRACTS NEEDED TO SCALE;	
- DEVELOPMENT OF A PIPELINE OF SERVICES AVAILABLE TO ENTRE	PRENEURS AS
THEY GROW;	
- CREATE ACCESS TO DECISION-MAKERS, POLICYMAKERS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
WEALTH BUILDING THROUGH EMPLOYEE OWNERSHIP	
IN THE ATLANTA METRO REGION, ACCORDING TO A STUDY BY PROJE	CT EQUITY,
28,943 BUSINESSES ARE 20 YEARS OLD OR OLDER, ACCOUNTING FO	R OVER \$163
BILLION IN REVENUE. IN MAY 2022, AWBI, IN PARTNERSHIP WITH	PROJECT
EQUITY AND MOREHOUSE COLLEGE, LAUNCHED AN INITIATIVE TO RE	TAIN
BLACK-OWNED LEGACY BUSINESSES, PRESERVE JOBS IN ATLANTA, B	OLSTER THE
LOCAL ECONOMY, AND GENERATE WEALTH AS BUSINESS OWNERS RETI	RE. THE
INITIATIVE PRESENTS AN OPPORTUNITY TO THE NEARLY HALF OF B	USINESS
OWNERS IN THE REGION BEGINNING TO RETIRE. BY SELLING BUSIN	ESSES TO
THEIR EMPLOYEES, OWNERS CAN PRESERVE THEIR LEGACIES, KEEP	COMPANIES
ROOTED IN THE LOCAL ECONOMY, AND SUSTAIN QUALITY JOBS. IN	THE ATLANTA
METRO REGION, EMPLOYEE OWNERSHIP CAN HELP CLOSE THE RACIAL	WEALTH GAP
BY PROVIDING MANY MORE BLACK OR AFRICAN AMERICAN WORKERS T	HE
OPPORTUNITY TO PARTICIPATE IN AND BENEFIT FROM BUSINESS OW	NERSHIP. TO
ADVANCE A BROAD UNDERSTANDING OF EMPLOYEE OWNERSHIP AS A V	IABLE WEALTH

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BUILDING STRATEGY, IN 2022, AWBI:

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Name of the organization						Employer identification number
	ATLANTA	WEALTH	BUILDING	INITIATIVE,	INC.	46-2239585

- FACILITATED LISTENING SESSIONS TO DISCUSS NEEDS IN THE ATLANTA ECOSYSTEM WITH THE COMMUNITY OF PRACTICE, WITH 100 BUSINESS-SERVING AND WEALTH BUILDING ORGANIZATIONS IN ATTENDANCE. AWBI IS CRAFTING A COMPREHENSIVE PARTNERSHIP AGREEMENT WITH PROJECT EQUITY TO SUPPORT A COMPREHENSIVE SHARED OWNERSHIP PILOT IN ATLANTA.

- HOSTED PROJECT EQUITY AS PART OF THE COMMUNITY WEALTH BUILDING COMMITMENT SERIES TO SHARE THE COLLECTIVE BENEFITS OF EMPLOYEE OWNERSHIP. PROJECT EQUITY GUESTS INCLUDED: EVAN EDWARDS, CHIEF EXECUTIVE OFFICER AND TERRON FERGUSON, BLACK EMPLOYEE OWNERSHIP INITIATIVE.

EXPANDING ACCESS TO CAPITAL FOR ATLANTA'S "MISSING MIDDLE" THE ATLANTA WEALTH BUILDING INITIATIVE'S (AWBI) EQUITABLE ENTREPRENEURIAL CAPITAL ECOSYSTEM ASSESSMENT, PUBLISHED IN 2021, NOTES THERE IS A \$9-12 BILLION GAP IN FUNDING ANNUALLY IN THE ATLANTA MARKET FOR SMALL BUSINESSES BECAUSE OF STRUCTURAL BARRIERS TO ACCESSING CONVENTIONAL EQUITY AND DEBT. BASED ON THE FINDINGS OF THE ASSESSMENT, WHICH HIGHLIGHTS THAT THESE CAPITAL GAPS LEAVE A VAST AND GROWING "MISSING MIDDLE" OF PROMISING SMALL BUSINESSES THAT STRUGGLE TO ACCESS CREDIT, THE GOATL ECONOMIC INCLUSION FUND (GEI FUND), DEVELOPED BY THE COMMUNITY FOUNDATION FOR GREATER ATLANTA, WAS DESIGNED TO PROVIDE A UNIQUE SOURCE OF GROWTH CAPITAL TO THESE BUSINESSES, AIMING TO CLOSE GAPS IN ACCESS TO CAPITAL BOTH BY INVESTING IN MARGINALIZED ENTREPRENEURS AND BOLSTERING THE WORK OF ENTREPRENEUR SERVICE ORGANIZATIONS. THE GEI FUND LAUNCHES IN 2023 WITH A TOTAL CAPITAL GOAL OF \$25 MILLION, TO INCLUDE \$20 MILLION IN INVESTMENT CAPITAL AND \$5 Schedule O (Form 990) 2022 232212 10-28-22 47

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Name of the organization ATLANTA WEALTH BUILDING INITIATIVE, INC.	Employer identification number 46-2239585
MILLION IN PHILANTHROPIC CAPITAL, WHICH WILL BE USED FOR E	ESO GRANTS AND
TO FUND A LOAN LOSS RESERVE FOR THE FUND.	
OTHER IMPACT AREAS	
POLICY: HOUSE BILL 78, THE GA ECONOMIC GROWTH ACT	
IN FEBRUARY 2022, AWBI COLLABORATED WITH URBAN LEAGUE OF G	GREATER
ATLANTA CEO, NANCY FLAKE JOHNSON, REPRESENTATIVE ROGER BRU	JCE, AND 26
SISTER ORGANIZATIONS TO ADVOCATE FOR THE PASSAGE OF HB 78	BLL, THE GA
ECONOMIC GROWTH ACT. THE BILL PUSHES TO ESTABLISH A STATE	OF GA OFFICE
OF SUPPLIER DIVERSITY THAT WILL HOUSE A MINORITY AND WOMEN	I-OWNED
BUSINESS ENTERPRISES STATE-WIDE ADVOCATE. IF PASSED, THE E	BILL WILL OPEN
THE DOOR FOR GREATER PARTICIPATION BY MBEW'S IN STATE CONT	TRACTS. WHILE
THE BILL FAILED TO GET A VOTE IN THE HOUSE GOVERNMENTAL AF	FAIRS
COMMITTEE AND DIED IN THE 2022 LEGISLATIVE SESSION, AWBI A	AND OUR
PARTNERS ARE WAITING FOR THE ACT TO BE REINTRODUCED IN 202	24.

KIM ANDERSON, INTERIM EXECUTIVE DIRECTOR, AND LESLEY GRADY, BOARD DIRECTOR, HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS REVIEW THE POLICY ANNUALLY AND SIGN.

FORM 990, PART VI, SECTION B, LINE 15:

AWBI ENGAGES PROFESSIONAL RECRUITING FIRMS TO SUPPORT THIS WORK.

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Schedule O (Form 990) 2022 Name of the organization ATLANTA WEALTH BUILDING INITIATIVE, INC.	Page 2 Employer identification number 46-2239585
COMPENSATION WAS NOTED IN A WRITTEN OFFER LETTER.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	246,641.
MANAGEMENT AND GENERAL EXPENSES	99,026.
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	345,667.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	345,667.

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