

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

|  |  |            |  |
|--|--|------------|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b>                       |            | <b>D</b> Employer identification number<br><b>58-1785484</b>   |
|  | Doing business as  |            | <b>E</b> Telephone number<br><b>404-659-5437</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                           | Room/suite | <b>G</b> Gross receipts \$ <b>4,339,082.</b>   |
|  | <b>275 CENTENNIAL OLYMPIC PARK DR, NW</b>  |            | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>ATLANTA, GA 30313</b> |            | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| <b>F</b> Name and address of principal officer: <b>EDWIN LINK</b><br><b>275 CENTENNIAL OLYMPIC PARK DR, NW, ATLANTA,</b>   |  |            | <b>H(c)</b> Group exemption number<br>If "No," attach a list. See instructions   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |            |  |
| <b>J</b> Website: <b>WWW.CHILDRENSMUSEUMATLANTA.ORG</b>  |  |            |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  |            | <b>L</b> Year of formation: <b>1988</b>  |
|  |  |            | <b>M</b> State of legal domicile: <b>GA</b>  |

## Part I Summary

|   |  |                                  |                     |
|---|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO CHANGE THE WORLD BY SPARKING EVERY CHILD'S IMAGINATION, SENSE OF DISCOVERY AND LEARNING THROUGH</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>27</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>27</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | <b>5</b>                         | <b>80</b>           |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>75</b>           |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | <b>4,797.</b>       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11     | <b>7b</b>  | <b>0.</b>                        |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>2,268,466.</b>                | <b>1,375,672.</b>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>1,361,785.</b>                | <b>1,960,160.</b>   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>5,974.</b>                    | <b>35,465.</b>      |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>506,306.</b>                  | <b>502,819.</b>     |
|   |  | <b>4,142,531.</b>                | <b>3,874,116.</b>   |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>0.</b>                        | <b>0.</b>           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>                        | <b>0.</b>           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>1,906,346.</b>                | <b>2,311,426.</b>   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>                        | <b>0.</b>           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | <b>388,884.</b>                  |                     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>1,576,583.</b>                | <b>1,828,855.</b>   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>3,482,929.</b>  | <b>4,140,281.</b>                |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>659,602.</b>  | <b>-266,165.</b>                 |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>7,234,962.</b>                | <b>7,231,107.</b>   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>908,383.</b>                  | <b>1,088,112.</b>   |
|   | <b>6,326,579.</b>  | <b>6,142,995.</b>                |                     |

## Part II Signature Block

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

|                               |                                       |                            |                 |   |                  |
|-------------------------------|---------------------------------------|----------------------------|-----------------|---|------------------|
| <b>Sign Here</b>              | Signature of officer                  |                            | Date            |   |                  |
|                               | <b>EDWIN LINK, EXECUTIVE DIRECTOR</b> |                            |                 |   |                  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name            | Preparer's signature       | Date            | Check if self-employed <input type="checkbox"/> | PTIN             |
|                               | <b>TIFFANY T. ORR, CPA</b>            | <b>TIFFANY T. ORR, CPA</b> | <b>02/05/24</b> |   | <b>P01559485</b> |
| <b>Preparer Use Only</b>      | Firm's name                           | Firm's EIN                 |                 |   |                  |
|                               | <b>CARR, RIGGS &amp; INGRAM, LLC</b>  | <b>72-1396621</b>          |                 |   |                  |
|                               | Firm's address                        | Phone no.                  |                 |   |                  |
|                               | <b>4004 SUMMIT BLVD NE, SUITE 800</b> | <b>770.394.8000</b>        |                 |   |                  |
|                               | <b>ATLANTA, GA 30319</b>              |                            |                 |   |                  |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO CHANGE THE WORLD BY SPARKING EVERY CHILD'S IMAGINATION, SENSE OF DISCOVERY AND LEARNING THROUGH THE POWER OF PLAY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,510,487. including grants of \$ ) (Revenue \$ 1,960,160. ) CHILDREN'S MUSEUM OF ATLANTA (CMA) OPERATES AS AN INSTITUTION OF INFORMAL LEARNING FOR YOUNG CHILDREN, THEIR PARENTS, CAREGIVERS, AND TEACHERS. THROUGH INTERACTIVE EXHIBITS, PROGRAMS, WORKSHOPS, AND EXTENSIVE OUTREACH. THE MUSEUM OFFERS OPPORTUNITIES TO ADDRESS SUBJECTS AND ISSUES THAT ARE IMPORTANT AND RELEVANT TO SCHOOLS, FAMILIES, AND THE COMMUNITY. THE TOTAL NUMBER OF MUSEUM VISITORS AND CHILDREN WHO HAVE VISITED THE MUSEUM HAS SURPASSED 3,500,000 SINCE OPENING IN 2003. THE EXHIBITS AND PROGRAMS BELOW WERE PRESENTED THROUGHOUT THE FISCAL YEAR. VIRTUAL PROGRAMMING CONTINUED TO ENSURE ACCESS AND EQUITY TO CMA PROGRAMS. THE MUSEUM CHANGED IN-PERSON REQUIREMENTS TO ALIGN WITH THE CENTER FOR DISEASE CONTROL'S GUIDANCE AND PROVIDE GUESTS ACCESS TO IN-PERSON PROGRAMMING.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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 3,510,487.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>  |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 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.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  |     | 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? <i>If "Yes," complete Schedule D, Part IX</i>   | X   |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | 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)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions   |     | 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? <i>If "Yes," complete Schedule G, Part II</i>   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i>  |     | X  |



**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | 1a 27  |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b 27  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  |     | X  |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</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? |     |    |

**Section 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 only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**CHRISTY COSTELLO - 404-659-5437**  
**275 CENTENNIAL OLYMPIC PARK DR, NW, ATLANTA, GA 30313**

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                         | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| (1) CHRISTY COSTELLO<br>FINANCE DIRECTOR      | 40.00   |   |                       | X       |              |                              | 93,091. | 0.  | 7,418.   |   |
| (2) EDWIN LINK<br>EXECUTIVE DIRECTOR          | 40.00   |   |                       | X       |              |                              | 69,548. | 0.  | 7,418.   |   |
| (3) ANDREW CHANG<br>BOARD CHAIR               | 3.00  | X   |                       | X       |              |                              | 0.      | 0.  | 0.   |   |
| (4) SERENA LEVY<br>BOARD CHAIR-ELECT          | 3.00  | X   |                       | X       |              |                              | 0.      | 0.  | 0.   |   |
| (5) BRAD J. GATES<br>SECRETARY                | 3.00  | X   |                       | X       |              |                              | 0.      | 0.  | 0.   |   |
| (6) JAMES R. SUMMER III<br>TREASURER          | 3.00  | X   |                       | X       |              |                              | 0.      | 0.  | 0.   |   |
| (7) SARAH HESS MACKENZIE<br>GENERAL COUNSEL   | 3.00  | X   |                       | X       |              |                              | 0.      | 0.  | 0.   |   |
| (8) ASHISH ARYA<br>BOARD MEMBER               | 1.00  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (9) HEATHER BALKEMA<br>BOARD MEMBER           | 1.00  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (10) KATHERINE BRADLEY-BOWLIN<br>BOARD MEMBER | 1.00  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (11) STEVE BROTHERS<br>BOARD MEMBER           | 1.00  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (12) BRANDON T. DUANY<br>BOARD MEMBER         | 1.00  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (13) JASON ESTEVES<br>BOARD MEMBER            | 1.00  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (14) ADRIENNE HOYT<br>BOARD MEMBER            | 1.00  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (15) JENNIFER IDE<br>BOARD MEMBER             | 1.00  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (16) JOHN JACKSON<br>BOARD MEMBER             | 1.00  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (17) SHAMIKA LACKEY<br>BOARD MEMBER           | 1.00  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
| (18) JEFF E. MOKROS<br>BOARD MEMBER                            | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (19) MARISSA PACE<br>BOARD MEMBER                              | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (20) AUSTIN D. PADGETT<br>BOARD MEMBER                         | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (21) BHARATH PARTHASARATHY<br>BOARD MEMBER                     | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (22) MELISSA M PROCTOR<br>BOARD MEMBER                         | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (23) DERETTA RHODES<br>BOARD MEMBER                            | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (24) CASEY H RIVERA<br>BOARD MEMBER                            | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (25) CHIRAG SHAH<br>BOARD MEMBER                               | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (26) MARY SPANBURGH<br>BOARD MEMBER                            | 1.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 162,639. | 0.  | 14,836.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 162,639. | 0.  | 14,836.  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                           | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| INEXGA, INC<br>2645 N. BERKELEY LAKE RD., DULUTH, GA 30096 | MAINTENANCE                    | 118,682.            |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Brian Williams, Wonya Lucas, and Allan Tanenbaum.

Total to Part VII, Section A, line 1c .....

**Part VIII Statement of Revenue**

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

|  |  |  | (A)                  | (B)                                | (C)                        | (D)  |  |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
|  |  |  | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a  | Federated campaigns  |                      |                                    |                            |  |  |
|  | b  | Membership dues  | 520,693.             |                                    |                            |  |  |
|  | c  | Fundraising events   |                      |                                    |                            |  |  |
|  | d  | Related organizations  |                      |                                    |                            |  |  |
|  | e  | Government grants (contributions)  | 138,605.             |                                    |                            |  |  |
|  | f  | All other contributions, gifts, grants, and similar amounts not included above | 716,374.             |                                    |                            |  |  |
|  | g  | Noncash contributions included in lines 1a-1f                                  | \$ 8,762.            |                                    |                            |  |  |
|  | h  | <b>Total.</b> Add lines 1a-1f  |                      | 1,375,672.                         |                            |  |  |
| Program Service Revenue                                | 2 a  | <b>ADMISSIONS</b>  | Business Code 713990 | 1,854,794.                         | 1,854,794.                 |  |  |
|  | b  | <b>PROGRAM FEES</b>  | 713990               | 105,366.                           | 105,366.                   |  |  |
|  | c  |  |                      |                                    |                            |  |  |
|  | d  |  |                      |                                    |                            |  |  |
|  | e  |  |                      |                                    |                            |  |  |
|  | f  | All other program service revenue  |                      |                                    |                            |  |  |
|  | g  | <b>Total.</b> Add lines 2a-2f  |                      | 1,960,160.                         |                            |  |  |
| Other Revenue  | 3  | Investment income (including dividends, interest, and other similar amounts)   |                      | 35,465.                            |                            | 35,465.  |  |
|  | 4  | Income from investment of tax-exempt bond proceeds                             |                      |                                    |                            |  |  |
|  | 5  | Royalties  |                      |                                    |                            |  |  |
|  | 6 a  | Gross rents  | (i) Real             | 12,249.                            |                            |  |  |
|  |  |  | (ii) Personal        |                                    |                            |  |  |
|  |  |  | 6a                   | 12,249.                            |                            |  |  |
|  | 6 b  | Less: rental expenses  | 0.                   |                                    |                            |  |  |
|  | 6 c  | Rental income or (loss)  | 12,249.              |                                    |                            |  |  |
|  | d  | Net rental income or (loss)  |                      | 12,249.                            |                            | 12,249.  |  |
|  | 7 a  | Gross amount from sales of assets other than inventory                         | (i) Securities       |                                    |                            |  |  |
|  |  |  | (ii) Other           |                                    |                            |  |  |
|  |  |  | 7a                   |                                    |                            |  |  |
|  |  |  | 7b                   |                                    |                            |  |  |
| 7 c  | Less: cost or other basis and sales expenses   |  |                      |                                    |                            |  |  |
| 7 d  | Gain or (loss)   |  |                      |                                    |                            |  |  |
| 7 e  | Net gain or (loss)   |  |                      |                                    |                            |  |  |
| 8 a  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a   | 574,027.             |                                    |                            |  |  |
|  |  | 8b   | 328,228.             |                                    |                            |  |  |
|  |  | 8a   | 574,027.             |                                    |                            |  |  |
| 8 b  | Less: direct expenses  | 328,228.   |                      |                                    |                            |  |  |
| c  | Net income or (loss) from fundraising events   |  | 245,799.             |                                    | 245,799.                   |  |  |
| 9 a  | Gross income from gaming activities. See Part IV, line 19  | 9a   |                      |                                    |                            |  |  |
|  |  | 9b   |                      |                                    |                            |  |  |
|  |  | 9a   |                      |                                    |                            |  |  |
| 9 b  | Less: direct expenses  |  |                      |                                    |                            |  |  |
| c  | Net income or (loss) from gaming activities  |  |                      |                                    |                            |  |  |
| 10 a   | Gross sales of inventory, less returns and allowances  | 10a  | 217,632.             |                                    |                            |  |  |
|  |  | 10b  | 136,738.             |                                    |                            |  |  |
|  |  | 10a  | 217,632.             |                                    |                            |  |  |
| 10 b   | Less: cost of goods sold   | 136,738.   |                      |                                    |                            |  |  |
| c  | Net income or (loss) from sales of inventory   |  | 80,894.              | 4,797.                             | 76,097.                    |  |  |
| Miscellaneous Revenue                                  | 11 a   | <b>FILMING</b>   | Business Code 900099 | 156,560.                           |                            | 156,560.   |  |
|  | b  | <b>REIMBURSEMENT</b>   | 900099               | 4,354.                             |                            | 4,354.   |  |
|  | c  | <b>OTHER INCOME</b>  | 900099               | 2,963.                             |                            | 2,963.   |  |
|  | d  | All other revenue  |                      |                                    |                            |  |  |
|  | e  | <b>Total.</b> Add lines 11a-11d  |                      | 163,877.                           |                            |  |  |
| 12   | <b>Total revenue.</b> See instructions   |  | 3,874,116.           | 1,960,160.                         | 4,797.                     | 533,487.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations 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 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 239,193.              | 189,148.                        | 12,433.                                | 37,612.                     |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 1,721,734.            | 1,361,508.                      | 89,490.                                | 270,736.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits .....  | 193,704.              | 166,792.                        | 12,169.                                | 14,743.                     |
| 10 Payroll taxes .....   | 156,795.              | 135,010.                        | 9,851.                                 | 11,934.                     |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  |                       |                                 |  |                             |
| c Accounting .....   |                       |                                 |  |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 109,341.              | 93,839.                         | 11,124.                                | 4,378.                      |
| 12 Advertising and promotion .....   | 335,290.              | 297,022.                        | 29,764.                                | 8,504.                      |
| 13 Office expenses .....   | 171,906.              | 157,983.                        | 7,367.                                 | 6,556.                      |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 213,670.              | 186,452.                        | 12,972.                                | 14,246.                     |
| 17 Travel .....  | 22,048.               | 17,401.                         | 1,982.                                 | 2,665.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| 20 Interest .....  | 28,124.               | 25,571.                         | 1,986.                                 | 567.                        |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 255,823.              | 232,603.                        | 18,060.                                | 5,160.                      |
| 23 Insurance .....   | 64,334.               | 58,782.                         | 4,318.                                 | 1,234.                      |
| 24 Other expenses. Itemize expenses not covered 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 O.)   |                       |                                 |  |                             |
| a <b>REPAIR AND MAINTENANCE</b>  | 260,882.              | 236,492.                        | 18,690.                                | 5,700.                      |
| b <b>EXHIBIT RENT</b>  | 227,051.              | 227,051.                        |  |                             |
| c <b>TRANSACTION FEE</b>   | 105,735.              | 96,138.                         | 7,464.                                 | 2,133.                      |
| d <b>DUE AND SUBSCRIPTIONS</b>   | 15,014.               | 11,113.                         | 1,921.                                 | 1,980.                      |
| e All other expenses   | 19,637.               | 17,582.                         | 1,319.                                 | 736.                        |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 4,140,281.            | 3,510,487.                      | 240,910.                               | 388,884.                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |



**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 1,449,040.               | <b>1</b>   | 1,556,830.         |
|   | <b>2</b> Savings and temporary cash investments .....  | 158,826.                 | <b>2</b>   | 161,109.           |
|   | <b>3</b> Pledges and grants receivable, net .....  | 176,971.                 | <b>3</b>   | 137,286.           |
|   | <b>4</b> Accounts receivable, net .....  | 30,561.                  | <b>4</b>   | 10,161.            |
|   | <b>5</b> 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 ..... |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use .....   | 16,206.                  | <b>8</b>   | 21,825.            |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 222,292.                 | <b>9</b>   | 227,792.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 11,639,732.   |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 7,358,071.    | <b>10c</b> | 4,281,661.         |
|   | <b>11</b> Investments - publicly traded securities .....   | 127,662.                 | <b>11</b>  | 129,217.           |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 579,300.                 | <b>15</b>  | 705,226.           |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 7,234,962.   | <b>16</b>                | 7,231,107. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 113,732.                 | <b>17</b>  | 149,413.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   | 230,345.                 | <b>19</b>  | 280,878.           |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 564,306.                 | <b>23</b>  | 542,734.           |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|   | <b>25</b> 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 .....  | 0.                       | <b>25</b>  | 115,087.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 908,383.                 | <b>26</b>  | 1,088,112.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 5,896,713.               | <b>27</b>  | 5,736,597.         |
|   | <b>28</b> Net assets with donor restrictions .....   | 429,866.                 | <b>28</b>  | 406,398.           |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 6,326,579.               | <b>32</b>  | 6,142,995.         |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 7,234,962.               | <b>33</b>  | 7,231,107.         |

**Part 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  | 3,874,116. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 4,140,281. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -266,165.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 6,326,579. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 82,581.    |
| 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 | 6,142,995. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
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? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     | X  |
|    |     |    |
| 2b |     | X  |
|    |     |    |
| 2c |     |    |
|    |     |    |
| 3a |     | X  |
|    |     |    |
| 3b |     |    |

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization THE CHILDREN'S MUSEUM OF ATLANTA, INC. Employer identification number 58-1785484

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

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

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [ ] A school described in section 170(b)(1)(A)(ii).
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [ ] An organization organized and operated exclusively to test for public safety.
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations [ ]
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 1675923. | 1326256. | 2439306. | 2268466. | 1375672. | 9085623.  |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3   | 1675923. | 1326256. | 2439306. | 2268466. | 1375672. | 9085623.  |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          | 629,945.  |
| 6 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          | 8455678.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4   | 1675923. | 1326256. | 2439306. | 2268466. | 1375672. | 9085623.                 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 60,394.  | 50,136.  | 33,146.  | 15,010.  | 47,714.  | 206,400.                 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on  |          | 99,869.  | 156,786. | 440,089. | 249,595. | 946,339.                 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  | 135,865. | 261,375. | 71,678.  | 56,181.  | 76,096.  | 601,195.                 |
| 11 <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 10839557.                |
| 12 Gross receipts from related activities, etc. (see instructions)  |          |          |          |          | 12       | 7,358,857.               |
| 13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  | 14                                  | 78.01 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14   | 15                                  | 80.57 % |
| 16a <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  | <input checked="" type="checkbox"/> |         |
| b <b>33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   | <input type="checkbox"/>            |         |
| 17a <b>10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization    | <input type="checkbox"/>            |         |
| b <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/>            |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | <input type="checkbox"/>            |         |

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| 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)? <i>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.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i> |     |    |
| <b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

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

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |     |    |
| <b>a</b> 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? <i>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.</i> | Yes | No |
| <b>b</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? <i>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.</i>  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |     |    |
| <b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>   |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |
| <b>2a</b>   |     |    |
| <b>2b</b>   |     |    |
| <b>3a</b>   |     |    |
| <b>3b</b>   |     |    |

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

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

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

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |



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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2022 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|---|---|--|---|
| 1   | Distributable amount for 2022 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2022 (reasonable 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   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2022 distributable amount  |  |   |
| i   | Carryover from 2017 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2022 from Section D, line 7: \$   |  |   |
| a   | 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   | <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2018  |  |   |
| b   | Excess from 2019  |  |   |
| c   | Excess from 2020  |  |   |
| d   | Excess from 2021  |  |   |
| e   | Excess from 2022  |  |   |

Schedule A (Form 990) 2022

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**THE CHILDREN'S MUSEUM OF ATLANTA, INC.**

Employer identification number

**58-1785484**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 ..... \$ \_\_\_\_\_

**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).

|   |   |
|---|---|
| Name of organization<br><br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b> | Employer identification number<br><br><b>58-1785484</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>50,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>50,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>40,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>34,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>60,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>55,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b> | Employer identification number<br><br><b>58-1785484</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | _____<br>_____<br>_____           | \$ <u>106,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | _____<br>_____<br>_____           | \$ <u>50,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | _____<br>_____<br>_____           | \$ <u>55,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | _____<br>_____<br>_____           | \$ <u>48,605.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | _____<br>_____<br>_____           | \$ <u>75,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | _____<br>_____<br>_____           | \$ <u>55,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b> | Employer identification number<br><br><b>58-1785484</b> |
|---|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b> | Employer identification number<br><br><b>58-1785484</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **THE CHILDREN'S MUSEUM OF ATLANTA, INC.** Employer identification number **58-1785484**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 2 Aggregate value of contributions to (during year) .....   |                              |                              |
| 3 Aggregate value of grants from (during year) .....  |                              |                              |
| 4 Aggregate value at end of year .....  |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2022



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 127,662.         | 148,863.       | 114,564.           |                      |                     |
| b Contributions                                  |                  |                |                    | 105,000.             |                     |
| c Net investment earnings, gains, and losses     | 15,177.          | -21,201.       | 34,299.            | 9,564.               |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 13,622.          |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 129,217.         | 127,662.       | 148,863.           | 114,564.             |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 22.6108 %
  - b Permanent endowment 77.3891 %
  - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      | 8,017,191.                      | 3,913,700.                   | 4,103,491.     |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 3,596,354.                      | 3,418,184.                   | 178,170.       |
| e Other  |                                      | 26,187.                         | 26,187.                      | 0.             |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 4,281,661.     |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) <b>ASSETS HELD BY COMMUNITY FOUNDATION</b>                            | 590,139.       |
| (2) <b>OPERATING LEASE RIGHT OF USE ASSETS</b>                            | 115,087.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 705,226.       |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>OPERATING LEASE LIABILITIES</b>                                    | 115,087.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 115,087.       |

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

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

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

|   |   |    |          |            |
|---|---|----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1        | 4,607,982. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 82,581.  |            |
| b | Donated services and use of facilities  | 2b | 186,319. |            |
| c | Recoveries of prior year grants   | 2c |          |            |
| d | Other (Describe in Part XIII.)  | 2d | 464,966. |            |
| e | Add lines 2a through 2d   | 2e |          | 733,866.   |
| 3 | Subtract line 2e from line 1  | 3  |          | 3,874,116. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |          |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |          |            |
| b | Other (Describe in Part XIII.)  | 4b |          |            |
| c | Add lines 4a and 4b   | 4c |          | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |          | 3,874,116. |

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

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

|   |  |    |          |            |
|---|--|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1        | 4,791,566. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |            |
| a | Donated services and use of facilities   | 2a | 186,319. |            |
| b | Prior year adjustments   | 2b |          |            |
| c | Other losses   | 2c |          |            |
| d | Other (Describe in Part XIII.)   | 2d | 464,966. |            |
| e | Add lines 2a through 2d  | 2e |          | 651,285.   |
| 3 | Subtract line 2e from line 1   | 3  |          | 4,140,281. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |          |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |          |            |
| b | Other (Describe in Part XIII.)   | 4b |          |            |
| c | Add lines 4a and 4b  | 4c |          | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |          | 4,140,281. |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

TO PROVIDE A PREDICTABLE AND SUSTAINABLE STREAM OF FUNDING FOR PROFESSIONAL DEVELOPMENT AWARDS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT.

**PART X, LINE 2:**

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE MUSEUM IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. UNRELATED BUSINESS INCOME RESULTS FROM THE SALE OF CERTAIN GIFT SHOP MERCHANDISE.

THE MUSEUM UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING

Part XIII Supplemental Information (continued)

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 INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2023 AND 2022, THE MUSEUM HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include FUNDRAISING EVENT DIRECT EXPENSE (328,228), COGS (72,318), ALLOCATE TO UBIT (64,420), and TOTAL TO SCHEDULE D, PART XI, LINE 2D (464,966).

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include FUNDRAISING EVENT DIRECT EXPENSE (328,228), COGS (72,318), ALLOCATE TO UBIT (64,420), and TOTAL TO SCHEDULE D, PART XII, LINE 2D (464,966).

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public  
Inspection

|  |   |
|--|---|
| Name of the organization<br><b>THE CHILDREN 'S MUSEUM OF ATLANTA, INC.</b> | Employer identification number<br><b>58-1785484</b> |
|--|---|

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

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

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

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   |   |

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

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

|                 |  | (a) Event #1  | (b) Event #2                       | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|------------------------------------|------------------------|--|
|                 |  | IMAGINATION<br>BALL<br>(event type)                         | GOLF<br>TOURNAMENT<br>(event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts  | 359,327.                           | 214,700.               | 574,027.   |
|                 | 2  | Less: Contributions   |                                    |                        |  |
|                 | 3  | Gross income (line 1 minus line 2)                          | 359,327.                           | 214,700.               | 574,027.   |
| Direct Expenses | 4  | Cash prizes   |                                    |                        |  |
|                 | 5  | Noncash prizes  |                                    |                        |  |
|                 | 6  | Rent/facility costs   |                                    |                        |  |
|                 | 7  | Food and beverages  |                                    |                        |  |
|                 | 8  | Entertainment   |                                    |                        |  |
|                 | 9  | Other direct expenses                                       | 228,464.                           | 99,764.                | 328,228.   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                                    |                        | 328,228.   |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                                    | 245,799.               |  |

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

|                 |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
|                 |  |   |   |   |   |
| Revenue         | 1  | Gross revenue   |   |   |   |
|                 | 2  | Cash prizes   |   |   |   |
| Direct Expenses | 3  | Noncash prizes  |   |   |   |
|                 | 4  | Rent/facility costs   |   |   |   |
|                 | 5  | Other direct expenses   |   |   |   |
| 6               | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |   |

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

THE CHILDREN'S MUSEUM OF ATLANTA, INC.

Employer identification number

58-1785484

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE POWER OF PLAY.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**EXHIBITS & PROGRAMMING:**

**PRESENTED THE FOLLOWING FEATURE EXHIBITS:**

-WILD KRATZ: CREATURE POWER (JUNE SEPTEMBER 2022) THIS ADVENTUROUS EXHIBIT WAS BASED ON THE POPULAR PBS KIDS SERIES WHICH FOCUSED ON CULTIVATING STEM SKILLS IN CHILDREN AGES 3 TO 9. KIDS AND FAMILIES WERE ASKED TO EXPLORE ANIMAL HABITATS FROM AROUND THE GLOBE, DISCOVER INCREDIBLE CREATURE POWERS AND GO ON A MISSION TO FOIL THE VILLAINS' NEFARIOUS PLANS. KIDS AND FAMILIES GOT THE CHANCE TO LEARN ABOUT AND TRY OUT VARIOUS CREATURE POWERS SUCH AS: SNEAKING THROUGH THE FOREST USING THE STEALTH OF A JAGUAR, SWINGING THROUGH THE TREES LIKE A SPIDER MONKEY, TESTING THEIR HOPS AGAINST A KANGAROO, AND MUCH MORE;

-PAW PATROL: ADVENTURE PLAY (SEPTEMBER 2022 JANUARY 2023) THE MAIN IDEA BEHIND THIS SPECIAL EXHIBIT IS HOW THE PUPPY HEROES OF PAW PATROL INSPIRE US TO TEAM UP TO OVERCOME CHALLENGES, TAKE HEROIC ACTION, AND HELP OTHERS. CHILDREN WILL LEARN ABOUT: HELPING OTHERS IN BIG AND SMALL WAYS TO STRENGTHEN FRIENDSHIPS, COMMUNITIES, AND OUR WORLD; SELF-CONFIDENCE AND A CAN-DO ATTITUDE TO EMPOWER THEM TO TAKE POSITIVE ACTION; AND HOW THEY CAN COMBINE THEIR UNIQUE SKILLS AND RESOURCES TO MAKE A PLAN AND OVERCOME CHALLENGES. CHILDREN AND THEIR FAMILIES WILL

VISIT ADVENTURE BAY WITH A GROUP OF EIGHT RESCUE PUPS. EACH PUP IS

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

Schedule O (Form 990) 2022

|   |   |
|---|---|
| Name of the organization<br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b> | Employer identification number<br><b>58-1785484</b> |
|---|---|

INSPIRED BY A REAL-WORLD JOB, FAMILIES WORK TOGETHER TO SAVE THE DAY, AND KIDS LEARN ABOUT DIFFERENT JOBS WITHIN A COMMUNITY AND HOW THOSE REAL-LIFE PROFESSIONALS COORDINATE TO KEEP PEOPLE SAFE AND HAPPY. THE HANDS-ON, IMMERSIVE PAW PATROL: ADVENTURE PLAY EXHIBIT IS A FUN WAY FOR THE WHOLE FAMILY TO LEARN BRAVERY AND HEROISM, WITH EXCITING STORIES. FAMILIES WILL LEARN HOW TO COMBINE THEIR SKILLS TO PROBLEM-SOLVE TOGETHER AND SAVE THE DAY; AND

-SPLASH AND BUBBLES: DIVE IN, LEND A FIN! (JANUARY- APRIL 2023) THIS EXHIBIT IS BASED ON THE POPULAR PBS KIDS TV SHOW, SPLASH AND BUBBLES, A HIT ANIMATED SERIES THAT ENCOURAGES CHILDREN TO EXPLORE OCEAN SCIENCE AND MARINE BIOLOGY THROUGH CHARACTER-DRIVEN COMEDY. THE SERIES IS CO-PRODUCED BY THE JIM HENSON COMPANY AND HERSCHEND ENTERTAINMENT STUDIOS. THE NEW EXHIBITION BUILDS ON KIDS' CONNECTIONS TO THE CHARACTERS AND THEIR HABITATS, IMMERSING THEM IN A LARGER-THAN-LIFE MARINE ENVIRONMENT AND INTRODUCING THEM TO THE INCREDIBLE WORLD OF OCEAN EXPLORATION. WHILE EXPLORING THE EARLY CHILDHOOD STEM BASED EXHIBIT, CHILDREN WILL BE ENCOURAGED TO BUILD BOTH SCIENTIFIC INQUIRY AND SOCIAL-EMOTIONAL SKILLS AS THEY LEARN HOW TO PROTECT THE OCEAN AND ITS ECOSYSTEMS. OCEAN CONSERVATION IS A KEY MESSAGE WITHIN THE EXHIBIT, ENCOURAGING FAMILIES TO UNDERSTAND THAT THEY CAN CREATE "A SMALL RIPPLE TO HELP OUR BIG OCEAN."

ONGOING PARTNERSHIPS - WITH COMMUNITY LEADERS, ARTISTS, EXPERTS, AND CULTURAL INSTITUTIONS ENABLE US TO PROVIDE INNOVATIVE AND RELEVANT EXHIBITS AND PROGRAMS THAT ADDRESS A FULL RANGE OF TOPICS AND ISSUES. OVER 200 INDIVIDUALS FROM OUR COMMUNITY PARTICIPATE ON A VARIETY OF COMMITTEES EACH YEAR, WHICH ENSURES DEPTH, ACCURACY AND TARGETED MESSAGES AND FOCUS.

|   |   |
|---|---|
| Name of the organization<br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b> | Employer identification number<br><b>58-1785484</b> |
|---|---|

CMA PRESENTS SCIENCE, HEALTH, LITERACY, DIVERSITY, ARTS, SOCIAL STUDIES, AND SAFETY PROGRAMS THROUGH:

-INNOVATION STATION - ONGOING HANDS-ON STEM BASED EXPERIENCES WITH AN EMPHASIS ON THE ENGINEERING DESIGN PROCESS

-SCIENCE BAR - ONGOING HANDS-ON EXPLORATION OF SCIENCE EXPERIMENTS AND EXPERIENCES FACILITATED BY STAFF SCIENTIST

-MULTI-CULTURAL HOLIDAY PROGRAMMING THROUGHOUT THE YEAR TO HIGHLIGHT THE MANY CULTURES THAT CALL ATLANTA HOME.

-BLACK HISTORY MONTH CELEBRATIONS

-EXPLORE THE MUSEUM PROGRAM FOR CHILDREN ON THE AUTISM SPECTRUM AND THEIR FAMILIES.

COMMUNITY OUTREACH:

-FREE AND REDUCED-PRICE ADMISSION PROVIDED THROUGH GRANTS FROM FOUNDATIONS

-FAMILY FREE DAY: A SPONSORED FULL DAY EACH QUARTER THAT IS THEMED AND OPEN TO THE PUBLIC FREE OF CHARGE. PARTNERSHIPS WITH AREA ARTS AND CULTURE ORGANIZATIONS BRING SPECIFIC THEMED EXPERIENCES TO LIFE. 5,409 GUESTS RESERVED. TICKETS. SURVEY RESULTS INDICATED:

o 97% OF SURVEY RESPONDENTS AGREE THAT AFTER VISITING THE MUSEUM, THEY BETTER UNDERSTAND THAT PLAY IS IMPORTANT IN HELPING CHILDREN LEARN

o 100% OF SURVEY RESPONDENTS AGREE THAT THE EXHIBITS AND PROGRAMS FOUNDATIONS AT THE MUSEUM WERE EDUCATIONAL AND FUN FOR THEIR CHILD/CHILDREN

o 87% OF SURVEY RESPONDENTS AGREE THAT THEIR CHILD LEARNED SOMETHING NEW AT THE MUSEUM

o 93% OF SURVEY RESPONDENTS AGREE THAT AFTER VISITING THE MUSEUM,

|  |  |
|--|--|
| Name of the organization<br>THE CHILDREN'S MUSEUM OF ATLANTA, INC. | Employer identification number<br>58-1785484 |
|--|--|

THEY ARE MORE INTERESTED IN USING THE MUSEUM AS AN EDUCATIONAL RESOURCE FOR THEIR FAMILY

O 95% OF SURVEY RESPONDENTS RATE THEIR VISIT TO THE MUSEUM AS EXCELLENT

-CONNECTED LEARNING/CONNECTED COMMUNITIES - CONTINUES TO PROVIDE WEEKLY PROGRAMMING IN SEVEN OF ATLANTA'S MOST UNDERSERVED NEIGHBORHOODS. OVER 4,450 STUDENTS PARTICIPATED IN THE PROGRAM AND HIGHLIGHTS INCLUDE:

O 90% OF SURVEYED EDUCATORS AGREE THAT STUDENTS LEARNED SOMETHING NEW DURING CLCC PROGRAMMING THAT INCREASED STUDENT KNOWLEDGE OF GELDS OR GPS OBJECTIVES, AND THE PROGRAM SUPPORTED AND REINFORCED THE GELDS OR GPS OBJECTIVES.

O 100% OF SURVEYED EDUCATORS ATTENDING PROFESSIONAL DEVELOPMENT CLASSES AT CMA AGREE THAT THEY INCREASED THEIR UNDERSTANDING OF BRAIN DEVELOPMENT, HEALTH, AND NUTRITION AND WILL IMPLEMENT THESE RESULTS IN THEIR CLASSROOMS.

O "THE CHILDREN'S MUSEUM PROGRAMS SUPPORT OUR LEARNING GOAL AND TARGETS. WE HAD JUST FINISHED A PROJECT BASED LEARNING ACTIVITY FOR OUR STEAM SHOWCASE. THE PROGRAM REALLY CEMENTED OUR SCHOLARLY UNDERSTANDING OF THE WORLD AROUND US. THE BOOK THAT WAS READ PERFECTLY SUPPORTED OUR SOCIAL AND EMOTIONAL LEARNING UNIT OF THE WEEK."

-SPREAD THE WORD - AN OUTREACH PROGRAM FOCUSED ON BRINGING FAMILY-BASED VOCABULARY-BUILDING PROGRAMMING FOR UNDERSERVED NEIGHBORHOODS HAS BEEN INCORPORATED SEAMLESSLY INTO OUR COMMUNITY OUTREACH PROGRAMMING, RESULTING IN IMPACTFUL PROGRAMS FOR FAMILIES WITH CHILDREN FROM BIRTH THROUGH 3RD GRADE. 51 CAREGIVERS PARTICIPATED IN SPREAD THE WORD.

|  |  |
|--|--|
| Name of the organization<br>THE CHILDREN'S MUSEUM OF ATLANTA, INC. | Employer identification number<br>58-1785484 |
|--|--|

-MOBILE LEARNING - USING THE MUSEUM'S VAN, WE ARE BRINGING PRE-K ENRICHMENT AND EDUCATIONAL PROGRAMMING DIRECTLY TO NEIGHBORHOODS WHICH ARE LACKING RESOURCES FOR THE VERY YOUNG AND TO PREPARE THEM FOR SUCCESS WHEN ENTERING KINDERGARTEN. 1,328 CHILDREN AND CAREGIVERS WERE SERVED AT 14 LOCATIONS IN CLAYTON, COBB, DOUGLAS, AND FULTON COUNTIES.

-DISTANCE LEARNING ACROSS COMMUNITIES LEVERAGING TECHNOLOGY CMA STAFF, IN PARTNERSHIP WITH GEORGIA STATE UNIVERSITY, ARE RESEARCHING THE EFFECTIVENESS OF PLAY-BASED VIRTUAL LEARNING OPPORTUNITIES FOCUSED ON RURAL COUNTIES. WITH THE SUPPORT OF THE INSTITUTUE FOR MUSEUM AND LIBRARY SERVICES, CMA'S RESEARCH WILL BE DISTRIBUTED TO MUSEUMS AND OTHER INSTITUTIONS LEVERAGING TECHNOLOGY TO CREATE ACCESS IN FUTURE YEARS. 2,896 STUDENTS IN 30 CLASSROOMS WERE SERVED ACROSS THE STATE.

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

THE DRAFT 990 IS SENT TO THE FINANCE COMMITTEE FOR REVIEW. THEN ONE MEETING IS DEVOTED TO ANSWERING QUESTIONS OR CLARIFYING INFORMATION. ANYTHING THAT NEEDS TO BE EDITED ON THE 990 PRIOR TO FILING IS COMMUNICATED BACK TO CARR, RIGGS, AND INGRAM.

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

MEMBERS OF THE BOARD OF DIRECTORS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. ANY INTERIM CHANGES ARE DISCLOSED ON A SELF-REPORT BASIS. ALL STAFF ARE REQUIRED TO READ AND ACKNOWLEDGE THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AS PART OF THE HIRING PROCESS.

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

THE CHILDREN'S MUSEUM USES A COMBINATION OF SALARY SURVEYS BOTH LOCAL AND

|   |   |
|---|---|
| Name of the organization<br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b> | Employer identification number<br><b>58-1785484</b> |
|---|---|

INDUSTRY BASED. COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY EXECUTIVE COMMITTEE AND FINANCE COMMITTEE DURING BUDGET PROCESS, APPROVED AND DOCUMENTED BY THE BOARD OF DIRECTORS. COMPARABLE DATA IS USED TO DETERMINE COMPENSATION FOR OTHER KEY EMPLOYEES OF THE ORGANIZATION. REVIEW AND APPROVAL CONDUCTED BY MANAGEMENT AND BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:  
AUDITED FINANCIAL STATEMENTS ARE ON OUR WEBSITE. GOVERNING DOCUMENTS ARE CURRENTLY BY REQUEST, AND IN THE PROCESS OF BEING ADDED TO OUR WEBSITE.

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer THE CHILDREN'S MUSEUM OF ATLANTA, INC. EIN or SSN 58-1785484

Name and title of officer or person subject to tax EDWIN LINK EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 85484. Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67075136331

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CARR, RIGGS & INGRAM, LLC Date 02/05/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |                              |   |   |
|---|------------------------------|---|---|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3)<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p> | <p>Print<br/>or<br/>Type</p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>275 CENTENNIAL OLYMPIC PARK DR, NW</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>ATLANTA, GA 30313</b></p> <p><b>C</b> Book value of all assets at end of year ..... <b>7,231,107.</b></p> | <p><b>D</b> Employer identification number<br/><b>58-1785484</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p> |
| <p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>   |                              | <p><b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>   |   |
| <p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/></p>   |                              | <p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b></p>  |   |
| <p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If "Yes," enter the name and identifying number of the parent corporation.</p>  |                              | <p><b>L</b> The books are in care of <b>CHRISTY COSTELLO</b> Telephone number <b>404-659-5437</b></p>   |   |

**Part I Total Unrelated Business Taxable Income**

|  |    |        |
|--|----|--------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....               | 1  | 4,797. |
| 2 Reserved .....   | 2  |        |
| 3 Add lines 1 and 2 .....  | 3  | 4,797. |
| 4 Charitable contributions (see instructions for limitation rules) .....   | 4  | 0.     |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                             | 5  | 4,797. |
| 6 Deduction for net operating loss. See instructions ..... <b>STATEMENT 1</b>  | 6  | 4,797. |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ..... | 7  |        |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....  | 8  | 1,000. |
| 9 <b>Trusts.</b> Section 199A deduction. See instructions .....  | 9  |        |
| 10 <b>Total deductions.</b> Add lines 8 and 9 .....  | 10 | 1,000. |
| 11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....       | 11 | 0.     |

**Part II Tax Computation**

|   |   |    |
|---|---|----|
| 1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....  | 1 | 0. |
| 2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | 2 |    |
| 3 <b>Proxy tax.</b> See instructions .....  | 3 |    |
| 4 Other tax amounts. See instructions .....   | 4 |    |
| 5 Alternative minimum tax (trusts only) .....   | 5 |    |
| 6 <b>Tax on noncompliant facility income.</b> See instructions .....  | 6 |    |
| 7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....   | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)



| <b>Part III Tax and Payments</b> |  |           |    |
|----------------------------------|--|-----------|----|
| <b>1a</b>                        | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | <b>1a</b> |    |
| <b>b</b>                         | Other credits (see instructions)   | <b>1b</b> |    |
| <b>c</b>                         | General business credit. Attach Form 3800 (see instructions)   | <b>1c</b> |    |
| <b>d</b>                         | Credit for prior year minimum tax (attach Form 8801 or 8827)   | <b>1d</b> |    |
| <b>e</b>                         | <b>Total credits.</b> Add lines 1a through 1d  | <b>1e</b> |    |
| <b>2</b>                         | Subtract line 1e from Part II, line 7  | <b>2</b>  | 0. |
| <b>3</b>                         | Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) | <b>3</b>  |    |
| <b>4</b>                         | <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here   | <b>4</b>  | 0. |
| <b>5</b>                         | Current net 965 tax liability paid from Form 965-A, Part II, column (k)  | <b>5</b>  | 0. |
| <b>6a</b>                        | Payments: A 2021 overpayment credited to 2022  | <b>6a</b> |    |
| <b>b</b>                         | 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>   | <b>6b</b> |    |
| <b>c</b>                         | Tax deposited with Form 8868   | <b>6c</b> |    |
| <b>d</b>                         | Foreign organizations: Tax paid or withheld at source (see instructions)   | <b>6d</b> |    |
| <b>e</b>                         | Backup withholding (see instructions)  | <b>6e</b> |    |
| <b>f</b>                         | Credit for small employer health insurance premiums (attach Form 8941)   | <b>6f</b> |    |
| <b>g</b>                         | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439<br><input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total  | <b>6g</b> |    |
| <b>7</b>                         | <b>Total payments.</b> Add lines 6a through 6g   | <b>7</b>  |    |
| <b>8</b>                         | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | <b>8</b>  |    |
| <b>9</b>                         | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed  | <b>9</b>  |    |
| <b>10</b>                        | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid   | <b>10</b> |    |
| <b>11</b>                        | Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b>  | <b>11</b> |    |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)   |  | Yes                    | No                                |        |            |  |    |  |  |
|---|--|------------------------|-----------------------------------|--------|------------|--|----|--|--|
| <b>1</b>  | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____ |                        | X                                 |        |            |  |    |  |  |
| <b>2</b>  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? _____<br>If "Yes," see instructions for other forms the organization may have to file.   |                        | X                                 |        |            |  |    |  |  |
| <b>3</b>  | Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____   |                        |                                   |        |            |  |    |  |  |
| <b>4</b>  | Enter available pre-2018 NOL carryovers here \$ <u>41,786.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.   |                        |                                   |        |            |  |    |  |  |
| <b>5</b>  | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.   |                        |                                   |        |            |  |    |  |  |
| <table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>459420</td> <td>\$ 26,390.</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table> |  | Business Activity Code | Available post-2017 NOL carryover | 459420 | \$ 26,390. |  | \$ |  |  |
| Business Activity Code  | Available post-2017 NOL carryover  |                        |                                   |        |            |  |    |  |  |
| 459420  | \$ 26,390.   |                        |                                   |        |            |  |    |  |  |
|   | \$   |                        |                                   |        |            |  |    |  |  |
| <b>6a</b>   | Did the organization change its method of accounting? (see instructions)   |                        | X                                 |        |            |  |    |  |  |
| <b>b</b>  | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V _____  |                        |                                   |        |            |  |    |  |  |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

|                               |  |                      |          |   |           |
|-------------------------------|--|----------------------|----------|---|-----------|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                      |          |   |           |
|                               | Signature of officer   | Date                 | Title    | EXECUTIVE DIRECTOR<br>May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature | Date     | Check <input type="checkbox"/> if self-employed   | PTIN      |
|                               | TIFFANY T. ORR, CPA  | TIFFANY T. ORR, CPA  | 02/05/24 |   | P01559485 |
|                               | Firm's name  | Firm's EIN           |          |   |           |
|                               | CARR, RIGGS & INGRAM, LLC  | 72-1396621           |          |   |           |
|                               | Firm's address   |                      |          | Phone no.   |           |
|                               | 4004 SUMMIT BLVD NE, SUITE 800<br>ATLANTA, GA 30319  |                      |          | 770.394.8000  |           |

FORM 990-T PRE 2018 NOL SCHEDULE STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 41,786.  
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 4,797.

SCHEDULE A PORTION OF PRE-2018 NOL  
 SCHEDULE A ENTITY SCHEDULE A SHARE  
1 0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.  
 NET OPERATING DEDUCTION 4,797.  
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.  
 EXPIRING NET OPERATING LOSSES 0.  
 CARRY FORWARD OF NET OPERATING LOSS 36,989.

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 2

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/13                          | 3,454.         | 3,454.                  | 0.             | 0.                  |
| 06/30/14                          | 13,525.        | 8,127.                  | 5,398.         | 5,398.              |
| 06/30/15                          | 19,658.        | 0.                      | 19,658.        | 19,658.             |
| 06/30/16                          | 6,564.         | 0.                      | 6,564.         | 6,564.              |
| 06/30/17                          | 3,667.         | 0.                      | 3,667.         | 3,667.              |
| 06/30/18                          | 6,499.         | 0.                      | 6,499.         | 6,499.              |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 41,786.        | 41,786.             |

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2022

Open to Public Inspection for  
501(c)(3) Organizations Only

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b> | <b>B</b> Employer identification number<br><b>58-1785484</b> |
| <b>C</b> Unrelated business activity code (see instructions) <b>459420</b>         | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business **GIFT, NOVELTY, AND SOUVENIR STORES**

| <b>Part I</b> Unrelated Trade or Business Income  | (A) Income | (B) Expenses   | (C) Net        |
|---|------------|----------------|----------------|
| <b>1 a</b> Gross receipts or sales <u>69,217.</u>   |            |                |                |
| <b>b</b> Less returns and allowances _____ <b>c</b> Balance   | <b>1c</b>  |                |                |
| <b>2</b> Cost of goods sold (Part III, line 8) .....  | <b>2</b>   |                |                |
| <b>3</b> Gross profit. Subtract line 2 from line 1c .....   | <b>3</b>   |                | <b>24,701.</b> |
| <b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions ..... | <b>4a</b>  |                |                |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)                              | <b>4b</b>  |                |                |
| <b>c</b> Capital loss deduction for trusts .....  | <b>4c</b>  |                |                |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....                  | <b>5</b>   |                |                |
| <b>6</b> Rent income (Part IV) .....  | <b>6</b>   |                |                |
| <b>7</b> Unrelated debt-financed income (Part V) .....  | <b>7</b>   |                |                |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....       | <b>8</b>   |                |                |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....            | <b>9</b>   |                |                |
| <b>10</b> Exploited exempt activity income (Part VIII) .....  | <b>10</b>  |                |                |
| <b>11</b> Advertising income (Part IX) .....  | <b>11</b>  |                |                |
| <b>12</b> Other income (see instructions; attach statement) .....                                       | <b>12</b>  |                |                |
| <b>13 Total.</b> Combine lines 3 through 12 .....   | <b>13</b>  | <b>24,701.</b> | <b>24,701.</b> |

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

|  |           |               |                  |
|--|-----------|---------------|------------------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) .....  | <b>1</b>  |               |                  |
| <b>2</b> Salaries and wages .....  | <b>2</b>  |               | <b>8,929.</b>    |
| <b>3</b> Repairs and maintenance .....   | <b>3</b>  |               | <b>1,965.</b>    |
| <b>4</b> Bad debts .....   | <b>4</b>  |               |                  |
| <b>5</b> Interest (attach statement). See instructions <u>SEE STATEMENT 3</u> .....  | <b>5</b>  |               | <b>240.</b>      |
| <b>6</b> Taxes and licenses .....  | <b>6</b>  |               | <b>241.</b>      |
| <b>7</b> Depreciation (attach Form 4562). See instructions .....   | <b>7</b>  | <b>2,182.</b> |                  |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return .....   | <b>8a</b> |               | <b>8b 2,182.</b> |
| <b>9</b> Depletion .....   | <b>9</b>  |               |                  |
| <b>10</b> Contributions to deferred compensation plans .....   | <b>10</b> |               |                  |
| <b>11</b> Employee benefit programs .....  | <b>11</b> |               | <b>637.</b>      |
| <b>12</b> Excess exempt expenses (Part VIII) .....   | <b>12</b> |               |                  |
| <b>13</b> Excess readership costs (Part IX) .....  | <b>13</b> |               |                  |
| <b>14</b> Other deductions (attach statement) <u>SEE STATEMENT 4</u> .....   | <b>14</b> |               | <b>5,710.</b>    |
| <b>15 Total deductions.</b> Add lines 1 through 14 .....   | <b>15</b> |               | <b>19,904.</b>   |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) ..... | <b>16</b> |               | <b>4,797.</b>    |
| <b>17</b> Deduction for net operating loss. See instructions .....   | <b>17</b> |               | <b>0.</b>        |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....   | <b>18</b> |               | <b>4,797.</b>    |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

| <b>Part III Cost of Goods Sold</b> |  | Enter method of inventory valuation | N/A     |
|------------------------------------|--|-------------------------------------|---------|
| 1                                  | Inventory at beginning of year .....   | 1                                   | 0.      |
| 2                                  | Purchases .....  | 2                                   | 44,516. |
| 3                                  | Cost of labor .....  | 3                                   | 0.      |
| 4                                  | Additional section 263A costs (attach statement) .....   | 4                                   | 0.      |
| 5                                  | Other costs (attach statement) .....   | 5                                   | 0.      |
| 6                                  | <b>Total.</b> Add lines 1 through 5 .....  | 6                                   | 44,516. |
| 7                                  | Inventory at end of year .....   | 7                                   | 0.      |
| 8                                  | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....   | 8                                   | 44,516. |
| 9                                  | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |         |

| <b>Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)</b>                    |   |   |   |   |    |
|--|---|---|---|---|----|
| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. |   |   |   |   |    |
| A  | <input type="checkbox"/>  |   |   |   |    |
| B  | <input type="checkbox"/>  |   |   |   |    |
| C  | <input type="checkbox"/>  |   |   |   |    |
| D  | <input type="checkbox"/>  |   |   |   |    |
|  |   | A | B | C | D  |
| 2  | Rent received or accrued  |   |   |   |    |
| a  | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           |   |   |   |    |
| b  | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..... |   |   |   |    |
| c  | <b>Total</b> rents received or accrued by property. Add lines 2a and 2b, columns A through D .....  |   |   |   |    |
| 3  | <b>Total</b> rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....                     |   |   |   | 0. |
| 4  | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....   |   |   |   |    |
| 5  | <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....                                     |   |   |   | 0. |

| <b>Part V Unrelated Debt-Financed Income</b> (see instructions)   |  |   |   |   |    |
|---|--|---|---|---|----|
| 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. |  |   |   |   |    |
| A   | <input type="checkbox"/>   |   |   |   |    |
| B   | <input type="checkbox"/>   |   |   |   |    |
| C   | <input type="checkbox"/>   |   |   |   |    |
| D   | <input type="checkbox"/>   |   |   |   |    |
|   |  | A | B | C | D  |
| 2   | Gross income from or allocable to debt-financed property .....   |   |   |   |    |
| 3   | Deductions directly connected with or allocable to debt-financed property  |   |   |   |    |
| a   | Straight line depreciation (attach statement) .....  |   |   |   |    |
| b   | Other deductions (attach statement) .....  |   |   |   |    |
| c   | <b>Total</b> deductions (add lines 3a and 3b, columns A through D) .....   |   |   |   |    |
| 4   | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                  |   |   |   |    |
| 5   | Average adjusted basis of or allocable to debt-financed property (attach statement) .....                              |   |   |   |    |
| 6   | Divide line 4 by line 5 .....  | % | % | % | %  |
| 7   | Gross income reportable. Multiply line 2 by line 6 .....   |   |   |   |    |
| 8   | <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....        |   |   |   | 0. |
| 9   | Allocable deductions. Multiply line 3c by line 6 .....   |   |   |   |    |
| 10  | <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... |   |   |   | 0. |
| 11  | <b>Total dividends-received deductions</b> included in line 10 .....   |   |   |   | 0. |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number                 | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
|                                    |   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |  |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
|                                    |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B)                  |  |
| <b>Totals</b>                      |   |   | 0.   | 0.  |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                 |
|--------------------------|---------------------|---|----------------------------------|---|
| (1)                      |                     |   |                                  |   |
| (2)                      |                     |   |                                  |   |
| (3)                      |                     |   |                                  |   |
| (4)                      |                     |   |                                  |   |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b>            |                     | 0.  |                                  | 0.  |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income _____   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 _____  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____ | 7 |  |

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A  \_\_\_\_\_
- B  \_\_\_\_\_
- C  \_\_\_\_\_
- D  \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Gross advertising income .....  |    |   |   |   |
| Add columns A through D. Enter here and on Part I, line 11, column (A) .....  | 0. |   |   |   |
| a   |    |   |   |   |
| 3 Direct advertising costs by periodical .....  |    |   |   |   |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) .....  | 0. |   |   |   |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 ..... |    |   |   |   |
| 5 Readership costs .....  |    |   |   |   |
| 6 Circulation income .....  |    |   |   |   |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....  |    |   |   |   |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....  |    |   |   |   |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....   | 0. |   |   |   |

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|---|--|
| (1)  |          | %   |  |
| (2)  |          | %   |  |
| (3)  |          | %   |  |
| (4)  |          | %   |  |
| Total. Enter here and on Part II, line 1 ..... |          |   | 0.   |

**Part XI Supplemental Information** (see instructions)

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| FORM 990-T (A)                       | INTEREST PAID | STATEMENT 3 |
|--------------------------------------|---------------|-------------|
| DESCRIPTION                          |               | AMOUNT      |
| INTEREST                             |               | 240.        |
| TOTAL TO SCHEDULE A, PART II, LINE 5 |               | 240.        |

| FORM 990-T (A)                        | OTHER DEDUCTIONS | STATEMENT 4 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION                           |                  | AMOUNT      |
| PROFESSIONAL FEE                      |                  | 170.        |
| OCCUPANCY                             |                  | 1,566.      |
| OFFICE EXPENSE                        |                  | 2,495.      |
| TRAVEL                                |                  | 1.          |
| INSURANCE                             |                  | 521.        |
| EXHIBIT RENT                          |                  | 54.         |
| DUE AND SUBSCRIPTIONS                 |                  | 1.          |
| TRANSACTION FEE                       |                  | 902.        |
| TOTAL TO SCHEDULE A, PART II, LINE 14 |                  | 5,710.      |

| 990-T SCH A                       | POST-2017 NET OPERATING LOSS DEDUCTION |                         |                | STATEMENT 5         |
|-----------------------------------|--|-------------------------|----------------|---------------------|
| TAX YEAR                          | LOSS SUSTAINED                         | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/19                          | 4,809.                                 | 0.                      | 4,809.         | 4,809.              |
| 06/30/20                          | 18,300.                                | 0.                      | 18,300.        | 18,300.             |
| 06/30/21                          | 3,281.                                 | 0.                      | 3,281.         | 3,281.              |
| NOL CARRYOVER AVAILABLE THIS YEAR |  |                         | 26,390.        | 26,390.             |

**Depreciation and Amortization**  
(Including Information on Listed Property) A PG1 1

**2022**

Attachment  
Sequence No. 179

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**THE CHILDREN'S MUSEUM OF ATLANTA, INC.**

**GIFT, NOVELTY, AND  
SOUVENIR STORES**

**58-1785484**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 1,080,000.       |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            | 2,700,000.       |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12   | 13                           |                  |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

|    |  |    |  |
|----|--|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |  |
| 15 | Property subject to section 168(f)(1) election   | 15 |  |
| 16 | Other depreciation (including ACRS)  | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|    |  |    |  |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022   | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |  |

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

|     | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property                |                                      |  |                     |                |            |                            |
| b   | 5-year property                |                                      |  |                     |                |            |                            |
| c   | 7-year property                |                                      |  |                     |                |            |                            |
| d   | 10-year property               |                                      |  |                     |                |            |                            |
| e   | 15-year property               |                                      |  |                     |                |            |                            |
| f   | 20-year property               |                                      |  |                     |                |            |                            |
| g   | 25-year property               |                                      |  | 25 yrs.             |                | S/L        |                            |
| h   | Residential rental property    | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|     |                                | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| i   | Nonresidential real property   | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|     |                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

|     |            |   |  |         |    |     |  |
|-----|------------|---|--|---------|----|-----|--|
| 20a | Class life |   |  |         |    | S/L |  |
| b   | 12-year    |   |  | 12 yrs. |    | S/L |  |
| c   | 30-year    | / |  | 30 yrs. | MM | S/L |  |
| d   | 40-year    | / |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28   | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 2,182. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |



Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and cost.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and cost.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 sub-columns for Yes/No answers for each vehicle.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns for Yes/No answers.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2022 tax year:

43 Amortization of costs that began before your 2022 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

# TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600-T

FOR THE YEAR ENDING

June 30, 2023

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**Prepared For:**

The Children's Museum of Atlanta, Inc.  
275 Centennial Olympic Park Dr, NW  
Atlanta, GA 30313

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**Prepared By:**

Carr, Riggs & Ingram, LLC  
4004 Summit Blvd NE, Suite 800  
Atlanta, GA 30319

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**To be Signed and Dated By:**

The authorized individual(s).

---

**Amount of Tax:**

|                             |    |   |
|-----------------------------|----|---|
| Total Tax                   | \$ | 0 |
| Less: payments and credits  | \$ | 0 |
| Plus: other amount          |    | 0 |
| Plus: nterest and penalties | \$ | 0 |
| No payment required         | \$ |   |

---

**Overpayment:**

|                                |    |   |
|--------------------------------|----|---|
| Credited to your estimated tax | \$ | 0 |
| Other amount                   | \$ | 0 |
| Refunded to you                | \$ | 0 |

---

**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Georgia Department of Revenue  
Processing Center  
P.O. Box 740397  
Atlanta, GA 30374-0397

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**Return Must be Mailed On or Before:**

May 15, 2024

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**Special Instructions:**



**Mailing Address:**  
 Georgia Department of Revenue  
 Processing Center  
 PO Box 740397  
 Atlanta, Georgia 30374-0397

**Page 1**

Amended  Amended due to IRS Audit  Address Change  UET Annualization Exception attached

|   |  |          |  |                   |  |            |  |  |          |
|---|--|----------|--|-------------------|--|------------|--|--|----------|
| For the taxable year beginning  |  |          |  | 07/01/2022        |  | and ending |  | 06/30/2023   |          |
| Name of Organization  |  |          |  | Name of Fiduciary |  |            |  | Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.) |          |
| THE CHILDREN'S MUSEUM OF  |  |          |  |                   |  |            |  |  |          |
| Number and Street   |  |          |  | Number and Street |  |            |  | NAICS Code   |          |
| 275 CENTENNIAL OLYMPIC PA   |  |          |  |                   |  |            |  |  |          |
| City or Town  |  |          |  | City or Town      |  |            |  | Date of current exemption letter.  |          |
| ATLANTA   |  |          |  |                   |  |            |  |  |          |
| State   |  | ZIP Code |  | State             |  | ZIP Code   |  | IRS code section for which you are exempt.   |          |
| GA  |  | 30313    |  |                   |  |            |  |  |          |
| <b>Georgia Unrelated Business Taxable Income</b>  |  |          |  |                   |  |            |  | <b>SCHEDULE 1</b>  |          |
| 1. Unrelated business taxable income from Federal Form 990-T (attach copy) .....                              |  |          |  |                   |  |            |  | 1.   | 4797     |
| 2. Additions .....  |  |          |  |                   |  |            |  | 2.   |          |
| 3. Total (add Line 1 and Line 2) .....  |  |          |  |                   |  |            |  | 3.   | 4797     |
| 4. Subtractions .....   |  |          |  |                   |  |            |  | 4.   |          |
| 5. Adjusted unrelated business taxable income (Line 3 less Line 4) .....                                      |  |          |  |                   |  |            |  | 5.   | 4797     |
| 6. Income allocated everywhere .....  |  |          |  |                   |  |            |  | 6.   |          |
| 7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6) .....                      |  |          |  |                   |  |            |  | 7.   | 4797     |
| 8. Apportionment ratio (Attach Computation Schedule) .....  |  |          |  |                   |  |            |  | 8.   | 1.000000 |
| 9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8) .....                              |  |          |  |                   |  |            |  | 9.   | 4797     |
| 10. Income allocated to Georgia (Attach Schedule) .....   |  |          |  |                   |  |            |  | 10.  |          |
| 11. Total of Lines 9 and 10 .....   |  |          |  |                   |  |            |  | 11.  | 4797     |
| 12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation) ..... |  |          |  |                   |  |            |  | 12.  | 4797     |
| <b>STATEMENT 1</b>  |  |          |  |                   |  |            |  |  |          |
| 13. Georgia unrelated business taxable income (Line 11 less Line 12) .....                                    |  |          |  |                   |  |            |  | 13.  |          |



2201615025

Name THE CHILDREN'S MUSEUM OF

FEIN 58-1785484

| COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX  | SCHEDULE 2 |   |
|---|------------|---|
| 1. Line 13, Schedule 1 multiplied by 5.75% .....  | 1.         |   |
| 2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2 .....            | 2.         |   |
| 3. Less: Payments .....   | 3.         |   |
| 4. Withholding Credits (G2-A, G2-LP and/or G2-RP) .....   | 4.         |   |
| 5. Schedule 3B Refundable tax credits .....   | 5.         |   |
| 6. Balance of tax due OR overpayment .....  | 6.         | 0 |
| 7. Interest due (See Instructions) .....  | 7.         |   |
| 8. Underestimated tax penalty .....   | 8.         |   |
| 9. Other penalties due (See Instructions) .....   | 9.         |   |
| 10. Balance of tax, interest and penalties due with return .....                                    | 10.        |   |
| 11. If Line 6 is an overpayment, amount after any penalties and interest to be credited<br>on _____ |            |   |
| <b>Estimated Tax</b> ▶  |            |   |
| <b>Refunded</b> ▶   |            |   |

**A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.**  
 DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

EDWIN LINK  
 Signature of Officer

TIFFANY T. ORR, CPA  
 Signature of Individual or Firm Preparing Return

EXECUTIVE DIRECTO      02/05/24  
 Title                                      Date

P01559485  
 Employee ID or Social Security Number

| GA 600-T  | NET OPERATING LOSS DEDUCTION | STATEMENT 1 |
|---|------------------------------|-------------|
| 1. NOL CARRY FOWARD AVAILABLE FOR CURRENT YEAR FOR YEARS BEFORE 2018          |                              | 41,786.     |
| 2. NOL CARRY FORWARD AVAILABLE FOR CURRENT YEAR FROM YEARS 2018 AND LATER     |                              | 26,390.     |
| 3. INCOME BEFORE GA NOL (LINE 11 OF FORM 600T)                                |                              | 4,797.      |
| 4. NOL FROM LINE 1 APPLIED TO CURRENT YEAR                                    |                              | 4,797.      |
| 5. NOL FROM LINE 2 APPLIED TO CURRENT YEAR (CANNOT EXCEED 80% OF LINE 3)      |                              | 0.          |
| 6. TOTAL NOL APPLIED - ADD LINES 4 AND 5, ALSO ENTER ON LINE 12 OF FORM 600T  |                              | 4,797.      |
| 7. NOL CARRY FORWARD AVAILABLE FOR NEXT YEAR (LINE 1 PLUS LINE 2 LESS LINE 6) |                              | 63,379.     |



2201615035

Name THE CHILDREN'S MUSEUM OF

FEIN 58-1785484

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply. Exempt organizations are only eligible for tax credits to the extent they apply to unrelated trade or business income from Georgia sources (note not all credits apply to 600T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number, if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

|   |  |                                |
|---|--|--------------------------------|
| 1. Credit Code  |  |                                |
| 2. Credit remaining from previous years                                 |  |                                |
| 3. Company Name   |  | ID Number                      |
| Credit Certificate #  |  | Credit Generated this tax year |
| 4. Company Name   |  | ID Number                      |
| Credit Certificate #  |  | Credit Generated this tax year |
| 5. Company Name   |  | ID Number                      |
| Credit Certificate #  |  | Credit Generated this tax year |
| 6. Company Name   |  | ID Number                      |
| Credit Certificate #  |  | Credit Generated this tax year |
| 7. Company Name   |  | ID Number                      |
| Credit Certificate #  |  | Credit Generated this tax year |
| 8. Company Name   |  | ID Number                      |
| Credit Certificate #  |  | Credit Generated this tax year |
| 9. Company Name   |  | ID Number                      |
| Credit Certificate #  |  | Credit Generated this tax year |
| 10. Total available credit for this tax year (sum of Lines 2 through 9) |  | 10.                            |
| 11. Credit Used this tax year (enter here and on Line 2, Schedule 2)    |  | 11.                            |
| 12. Potential carryover to next tax year (Line 10 less Line 11)         |  | 12.                            |

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b>   | Taxpayer identification number (TIN)<br><br><b>58-1785484</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>275 CENTENNIAL OLYMPIC PARK DR, NW</b>  |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>ATLANTA, GA 30313</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

**CHRISTY COSTELLO**

• The books are in the care of ▶ **275 CENTENNIAL OLYMPIC PARK DR, NW - ATLANTA, GA 30313**

Telephone No. ▶ **404-659-5437** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b>   | Taxpayer identification number (TIN)<br><br><b>58-1785484</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>275 CENTENNIAL OLYMPIC PARK DR, NW</b>  |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>ATLANTA, GA 30313</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

**CHRISTY COSTELLO**

- The books are in the care of ▶ **275 CENTENNIAL OLYMPIC PARK DR, NW - ATLANTA, GA 30313**

Telephone No. ▶ **404-659-5437** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.



Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 7,231,107, D Employer identification number 58-1785484, E Group exemption number, F Check box if an amended return.

Form middle section containing: G Check organization type 501(c) corporation, H Check if filing only to Claim credit from Form 8941, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No, L The books are in care of CHRISTY COSTELLO Telephone number 404-659-5437

Table for Part I Total Unrelated Business Taxable Income with 11 rows and 3 columns (line number, description, amount). Total amount is 0.

Table for Part II Tax Computation with 7 rows and 3 columns (line number, description, amount). Total amount is 0.

LHA For Paperwork Reduction Act Notice, see instructions.

| <b>Part III Tax and Payments</b>   |           |           |    |
|--|-----------|-----------|----|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....   | <b>1a</b> |           |    |
| b Other credits (see instructions) .....   | <b>1b</b> |           |    |
| c General business credit. Attach Form 3800 (see instructions) .....   | <b>1c</b> |           |    |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) .....   | <b>1d</b> |           |    |
| e <b>Total credits.</b> Add lines 1a through 1d .....  |           | <b>1e</b> |    |
| 2 Subtract line 1e from Part II, line 7 .....  |           | <b>2</b>  | 0. |
| 3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) ..... |           | <b>3</b>  |    |
| 4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....   |           | <b>4</b>  | 0. |
| 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....  |           | <b>5</b>  | 0. |
| 6a Payments: A 2021 overpayment credited to 2022 .....   | <b>6a</b> |           |    |
| b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....   | <b>6b</b> |           |    |
| c Tax deposited with Form 8868 .....   | <b>6c</b> |           |    |
| d Foreign organizations: Tax paid or withheld at source (see instructions) .....   | <b>6d</b> |           |    |
| e Backup withholding (see instructions) .....  | <b>6e</b> |           |    |
| f Credit for small employer health insurance premiums (attach Form 8941) .....   | <b>6f</b> |           |    |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439<br><input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total  | <b>6g</b> |           |    |
| 7 <b>Total payments.</b> Add lines 6a through 6g .....   |           | <b>7</b>  |    |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....  |           | <b>8</b>  |    |
| 9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....  |           | <b>9</b>  |    |
| 10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....  |           | <b>10</b> |    |
| 11 Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <span style="float: right;"><b>Refunded</b></span>  |           | <b>11</b> |    |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)  |                                   |     |    |
|--|-----------------------------------|-----|----|
| 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ..... |                                   | Yes | No |
|  |                                   |     | X  |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |                                   |     | X  |
| If "Yes," see instructions for other forms the organization may have to file.  |                                   |     |    |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....   |                                   |     |    |
| 4 Enter available pre-2018 NOL carryovers here \$ <u>41,786.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.   |                                   |     |    |
| 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.   |                                   |     |    |
| Business Activity Code   | Available post-2017 NOL carryover |     |    |
| 459420   | \$ 26,390.                        |     |    |
|  | \$                                |     |    |
| 6a Did the organization change its method of accounting? (see instructions) .....  |                                   |     | X  |
| b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....  |                                   |     |    |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

|                               |  |      |                      |                        |   |
|-------------------------------|--|------|----------------------|------------------------|---|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |      |                      |                        |   |
|                               | Signature of officer   | Date | EXECUTIVE DIRECTOR   | Title                  |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   |      | Preparer's signature | Date                   | Check <input type="checkbox"/> if self-employed |
|                               | TIFFANY T. ORR, CPA  |      | TIFFANY T. ORR, CPA  | 02/05/24               | PTIN P01559485                                  |
|                               | Firm's name CARR, RIGGS & INGRAM, LLC  |      |                      | Firm's EIN 72-1396621  |   |
|                               | Firm's address 4004 SUMMIT BLVD NE, SUITE 800 ATLANTA, GA 30319  |      |                      | Phone no. 770.394.8000 |   |

|   |   |                             |
|---|---|-----------------------------|
| May the IRS discuss this return with the preparer shown below (see instructions)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2022**

Open to Public Inspection for  
501(c)(3) Organizations Only

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b> | <b>B</b> Employer identification number<br><b>58-1785484</b> |
| <b>C</b> Unrelated business activity code (see instructions) <b>459420</b>         | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business **GIFT, NOVELTY, AND SOUVENIR STORES**

| <b>Part I</b> Unrelated Trade or Business Income  |           | (A) Income     | (B) Expenses | (C) Net        |
|---|-----------|----------------|--------------|----------------|
| <b>1 a</b> Gross receipts or sales <u>69,217.</u>   |           |                |              |                |
| <b>b</b> Less returns and allowances _____ <b>c</b> Balance   | <b>1c</b> | <b>69,217.</b> |              |                |
| <b>2</b> Cost of goods sold (Part III, line 8) .....  | <b>2</b>  | <b>44,516.</b> |              |                |
| <b>3</b> Gross profit. Subtract line 2 from line 1c .....   | <b>3</b>  | <b>24,701.</b> |              | <b>24,701.</b> |
| <b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions ..... | <b>4a</b> |                |              |                |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)                              | <b>4b</b> |                |              |                |
| <b>c</b> Capital loss deduction for trusts .....  | <b>4c</b> |                |              |                |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....                  | <b>5</b>  |                |              |                |
| <b>6</b> Rent income (Part IV) .....  | <b>6</b>  |                |              |                |
| <b>7</b> Unrelated debt-financed income (Part V) .....  | <b>7</b>  |                |              |                |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....       | <b>8</b>  |                |              |                |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....            | <b>9</b>  |                |              |                |
| <b>10</b> Exploited exempt activity income (Part VIII) .....  | <b>10</b> |                |              |                |
| <b>11</b> Advertising income (Part IX) .....  | <b>11</b> |                |              |                |
| <b>12</b> Other income (see instructions; attach statement) .....                                       | <b>12</b> |                |              |                |
| <b>13 Total.</b> Combine lines 3 through 12 .....   | <b>13</b> | <b>24,701.</b> |              | <b>24,701.</b> |

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

|  |           |               |  |                |
|--|-----------|---------------|--|----------------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) .....  | <b>1</b>  |               |  |                |
| <b>2</b> Salaries and wages .....  | <b>2</b>  |               |  | <b>8,929.</b>  |
| <b>3</b> Repairs and maintenance .....   | <b>3</b>  |               |  | <b>1,965.</b>  |
| <b>4</b> Bad debts .....   | <b>4</b>  |               |  |                |
| <b>5</b> Interest (attach statement). See instructions <b>SEE STATEMENT 4</b> .....  | <b>5</b>  |               |  | <b>240.</b>    |
| <b>6</b> Taxes and licenses .....  | <b>6</b>  |               |  | <b>241.</b>    |
| <b>7</b> Depreciation (attach Form 4562). See instructions .....   | <b>7</b>  | <b>2,182.</b> |  |                |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return .....   | <b>8a</b> |               |  | <b>2,182.</b>  |
| <b>9</b> Depletion .....   | <b>9</b>  |               |  |                |
| <b>10</b> Contributions to deferred compensation plans .....   | <b>10</b> |               |  |                |
| <b>11</b> Employee benefit programs .....  | <b>11</b> |               |  | <b>637.</b>    |
| <b>12</b> Excess exempt expenses (Part VIII) .....   | <b>12</b> |               |  |                |
| <b>13</b> Excess readership costs (Part IX) .....  | <b>13</b> |               |  |                |
| <b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 5</b> .....   | <b>14</b> |               |  | <b>5,710.</b>  |
| <b>15 Total deductions.</b> Add lines 1 through 14 .....   | <b>15</b> |               |  | <b>19,904.</b> |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) ..... | <b>16</b> |               |  | <b>4,797.</b>  |
| <b>17</b> Deduction for net operating loss. See instructions .....   | <b>17</b> |               |  | <b>0.</b>      |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....   | <b>18</b> |               |  | <b>4,797.</b>  |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation **N/A**

|  |   |         |
|--|---|---------|
| 1 Inventory at beginning of year .....   | 1 | 0.      |
| 2 Purchases .....  | 2 | 44,516. |
| 3 Cost of labor .....  | 3 | 0.      |
| 4 Additional section 263A costs (attach statement) .....   | 4 | 0.      |
| 5 Other costs (attach statement) .....   | 5 | 0.      |
| 6 <b>Total.</b> Add lines 1 through 5 .....  | 6 | 44,516. |
| 7 Inventory at end of year .....   | 7 | 0.      |
| 8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....   | 8 | 44,516. |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |         |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Rent received or accrued  |   |   |   |    |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           |   |   |   |    |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..... |   |   |   |    |
| c <b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D .....  |   |   |   |    |
| 3 <b>Total rents received or accrued.</b> Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....                     |   |   |   | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....   |   |   |   |    |
| 5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....                                     |   |   |   | 0. |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property .....  |   |   |   |    |
| 3 Deductions directly connected with or allocable to debt-financed property   |   |   |   |    |
| a Straight line depreciation (attach statement) .....   |   |   |   |    |
| b Other deductions (attach statement) .....   |   |   |   |    |
| c <b>Total deductions</b> (add lines 3a and 3b, columns A through D) .....  |   |   |   |    |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                   |   |   |   |    |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....                               |   |   |   |    |
| 6 Divide line 4 by line 5 .....   | % | % | % | %  |
| 7 Gross income reportable. Multiply line 2 by line 6 .....  |   |   |   |    |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....         |   |   |   | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 .....  |   |   |   |    |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... |   |   |   | 0. |
| 11 <b>Total dividends-received deductions</b> included in line 10 .....   |   |   |   | 0. |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

|                                    |   | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number                 | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |  |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
|                                    |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B)                  |  |
| <b>Totals</b>                      |   |   | 0.   | 0.  |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                 |
|--------------------------|---------------------|---|----------------------------------|---|
| (1)                      |                     |   |                                  |   |
| (2)                      |                     |   |                                  |   |
| (3)                      |                     |   |                                  |   |
| (4)                      |                     |   |                                  |   |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b>            |                     | 0.  |                                  | 0.  |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income _____   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 _____  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____ | 7 |  |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

|  | A | B | C | D  |
|--|---|---|---|----|
| 2 Gross advertising income .....   |   |   |   |    |
| Add columns A through D. Enter here and on Part I, line 11, column (A) ..... |   |   |   | 0. |

a

|  |  |  |  |    |
|--|--|--|--|----|
| 3 Direct advertising costs by periodical .....                                 |  |  |  |    |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) ..... |  |  |  | 0. |

|   |  |  |  |  |
|---|--|--|--|--|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 ..... |  |  |  |  |
| 5 Readership costs .....  |  |  |  |  |
| 6 Circulation income .....  |  |  |  |  |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....  |  |  |  |  |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....  |  |  |  |  |

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ..... 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name  | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|---|--|
| (1)  |          | %   |  |
| (2)  |          | %   |  |
| (3)  |          | %   |  |
| (4)  |          | %   |  |
| Total. Enter here and on Part II, line 1 ..... |          |   | 0.   |

Part XI Supplemental Information (see instructions)

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FORM 990-T PRE 2018 NOL SCHEDULE STATEMENT 2

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 41,786.  
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 4,797.

SCHEDULE A PORTION OF PRE-2018 NOL  
 SCHEDULE A ENTITY SCHEDULE A SHARE  
 1 0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.  
 NET OPERATING DEDUCTION 4,797.  
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.  
 EXPIRING NET OPERATING LOSSES 0.  
 CARRY FORWARD OF NET OPERATING LOSS 36,989.

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 3

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/13                          | 3,454.         | 3,454.                  | 0.             | 0.                  |
| 06/30/14                          | 13,525.        | 8,127.                  | 5,398.         | 5,398.              |
| 06/30/15                          | 19,658.        | 0.                      | 19,658.        | 19,658.             |
| 06/30/16                          | 6,564.         | 0.                      | 6,564.         | 6,564.              |
| 06/30/17                          | 3,667.         | 0.                      | 3,667.         | 3,667.              |
| 06/30/18                          | 6,499.         | 0.                      | 6,499.         | 6,499.              |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 41,786.        | 41,786.             |

FORM 990-T (A) INTEREST PAID STATEMENT 4

| DESCRIPTION                          | AMOUNT |
|--------------------------------------|--------|
| INTEREST                             | 240.   |
| TOTAL TO SCHEDULE A, PART II, LINE 5 | 240.   |

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 5

| DESCRIPTION                           | AMOUNT |
|---------------------------------------|--------|
| PROFESSIONAL FEE                      | 170.   |
| OCCUPANCY                             | 1,566. |
| OFFICE EXPENSE                        | 2,495. |
| TRAVEL                                | 1.     |
| INSURANCE                             | 521.   |
| EXHIBIT RENT                          | 54.    |
| DUE AND SUBSCRIPTIONS                 | 1.     |
| TRANSACTION FEE                       | 902.   |
| <br>                                  |        |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 5,710. |

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 6

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/19                          | 4,809.         | 0.                      | 4,809.         | 4,809.              |
| 06/30/20                          | 18,300.        | 0.                      | 18,300.        | 18,300.             |
| 06/30/21                          | 3,281.         | 0.                      | 3,281.         | 3,281.              |
| <br>                              |                |                         |                |                     |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 26,390.        | 26,390.             |



**Depreciation and Amortization**  
(Including Information on Listed Property) A PG1 1

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

|  |  |   |
|--|--|---|
| Name(s) shown on return<br><b>THE CHILDREN'S MUSEUM OF ATLANTA, INC.</b> | Business or activity to which this form relates<br><b>GIFT, NOVELTY, AND<br/>SOUVENIR STORES</b> | Identifying number<br><b>58-1785484</b> |
|--|--|---|

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|   |           |            |
|---|-----------|------------|
| 1 Maximum amount (see instructions) .....   | <b>1</b>  | 1,080,000. |
| 2 Total cost of section 179 property placed in service (see instructions) .....   | <b>2</b>  |            |
| 3 Threshold cost of section 179 property before reduction in limitation .....   | <b>3</b>  | 2,700,000. |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....  | <b>4</b>  |            |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ..... | <b>5</b>  |            |
| <b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost  |           |            |
|   |           |            |
|   |           |            |
|   |           |            |
| 7 Listed property. Enter the amount from line 29 .....  | <b>7</b>  |            |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....  | <b>8</b>  |            |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 .....  | <b>9</b>  |            |
| 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 .....  | <b>10</b> |            |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....  | <b>11</b> |            |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....   | <b>12</b> |            |
| 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 .....  | <b>13</b> |            |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

|   |           |  |
|---|-----------|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year ..... | <b>14</b> |  |
| 15 Property subject to section 168(f)(1) election .....   | <b>15</b> |  |
| 16 Other depreciation (including ACRS) .....  | <b>16</b> |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|   |           |  |
|---|-----------|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2022 .....   | <b>17</b> |  |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |           |  |

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

|                |   |  |         |    |     |
|----------------|---|--|---------|----|-----|
| 20a Class life |   |  |         |    | S/L |
| b 12-year      |   |  | 12 yrs. |    | S/L |
| c 30-year      | / |  | 30 yrs. | MM | S/L |
| d 40-year      | / |  | 40 yrs. | MM | S/L |

**Part IV Summary (See instructions.)**

|   |           |        |
|---|-----------|--------|
| 21 Listed property. Enter amount from line 28 .....   | <b>21</b> |        |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.<br>Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. .... | <b>22</b> | 2,182. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....  | <b>23</b> |        |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 7 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2022 tax year:

43 Amortization of costs that began before your 2022 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44