Robert A. McAlister, CPA, PC

General Engagement Letter for Exempt Organization Tax Return Preparation

This letter is to inform you, the taxpayer(s), of the services we will provide you, and the responsibilities you have for preparation of your tax return.

Tax Return Preparation

- We will prepare your 2022 federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- The tax return preparation fee does not include bookkeeping.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do cover limited assistance and consultation during the year.
- The engagement to prepare your 2022 tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.

Signatures: By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. For a joint return, both taxpayers must sign.

• You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Officer Date

Privacy Policy: The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please contact us with any questions regarding our privacy policy.

EOFT 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning_______, 2022, and ending_______, 20

2022

OMB No. 1545-0047

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 EIN or SSN JOHNS CREEK ART CENTER INC 31-1504019 Name and title of officer or person subject to tax STEPHANIE DONALDSON EXECUTIVE DIRECTOR Type of Return and Return Information Part I 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. 1a Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 913,358 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22). 3b **b** Tax based on investment income (Form 990-PF, Part V, line 5). . 4a Form 990-PF check here 4b 5a Form 8868 check here **b Balance due** (Form 8868, line 3c) 6a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 7b **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 8b 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 10a Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of periury. 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) , (EIN) 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. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | I authorize ROBERT A MCALISTER CPA PC to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros 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. anoe 10/24/2023 Signature of officer or person subject to tax Date **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 58209054321 number (EFIN) followed by your five-digit self-selected PIN. 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. ROBERT MCALISTER 10/20/2023 ERO's signature Date **ERO Must Retain This Form—See Instructions**

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Α	For the	2022 cal	endar year, or tax year beginning , and end	ding			
В	Check if	applicable:	C Name of organization	D	Employer	identificatio	n number
\square	Address	change	Doing business as				
_		ū	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	31-	-15040	19	
Ш	Name ch	ange	6290 ABBOTTS BRIDGE RD BUILDING		Telephone		
П	nitial ret	urn	City or town State ZIP code				
_			DULUTH GA 30097	770	0-623-	8448	
f	Final return	n/terminated	Foreign country name Foreign province/state/county Foreign postal co	ode			
\square	Amended	d return		G	Gross rece	eipts \$	913358.
_			EN CHERTINATE POWER POOR				
,	Application	on pending		I(a) Is this a g	roup return fo	or subordinates?	Yes X No
			6290 ABBOTTS B DULUTH GA 30097	l(b) Are all	subordinate	es included?	Yes No
1	Tax-exe	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	If "No,"	attach a lis	st. See instruc	tions
				1 (-) 0			
<u>J</u>	Website	e: www		I(c) Group 6	exemption	number	
K	Form of	organizatio	n: X Corporation Trust Association Other L Year of	of formation	: 1996	M State o	f legal domicile: GA
	art I	Sui	mmary				
	1			IDE CL	ASSES	TO CHII	DREN AND
မွ	-		TO PROMOTE PARTICIPATION IN THE ARTS AND IMPROVE				
ä			E ARTS IN THE COMMUNITY		шишыы		
Governance							
8	2	Check to	· · · · · · · · · · · · · · · · · ·			6 of its net	assets.
Ğ	3	Number	of voting members of the governing body (Part VI, line 1a)			3	9
∞ ∞	4	Number	of independent voting members of the governing body (Part VI, line 1b) .			4	9
Ę	5	Total nu	mber of individuals employed in calendar year 2022 (Part V, line 2a)			5	15
Activities &	6	Total nu	mber of volunteers (estimate if necessary)			6	60
Ac	7a		related business revenue from Part VIII, column (C), line 12			7a	
	b		elated business taxable income from Form 990-T, Part I, line 11		-	7b	
-		110t dilit	nated business taxable intention form out 1,1 art 1, line 11	1.0	Current Year		
	8	Contribu	itions and grants (Part VIII, line 1h)		or Year 3911	170	355802.
en							
Revenue	9	-	n service revenue (Part VIII, line 2g)		4258		556431.
Ş.	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)			19.	13.
_	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			331.	1112.
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8173	366.	913358.
	13		and similar amounts paid (Part IX, column (A), lines 1–3)				
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10).		3629	945.	423373.
Expenses	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)				
be	b	Total fur	ndraising expenses (Part IX, column (D), line 25)				
ñ	17		cpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3035	507.	351690.
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		6664		775063.
	19		e less expenses. Subtract line 18 from line 12		1509		138295.
-C			·	Beginning			End of Year
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)		9303	-	940316.
Ass	21		bilities (Part X, line 26)		2148		86515.
det.	22		•				
			ets or fund balances. Subtract line 21 from line 20		7155	506.	853801.
	rt II		nature Block				
			y, I declare that I have examined this return, including accompanying schedules and statement qet, and compl q te. De¢laration of preparer (other than officer) is based on all information of whic				
anu	Dellei, It	15 (1 de, co)	Grand complete. Designation of preparer (other than officer) is based on all millionnation of which	icii piepaiei		24/2023	
Sig	n	7				24/2023	
He		Signatu	ure of officer		Date		
	. •		STEPHANIE DONALDSON EXECU	JTIVE 1	DIRECT	OR	
			Type or print name and title	1			
_		Prin	t/Type preparer's name Preparer's signature	Date	_		PTIN
Pa	id		NEDEL MONETONED			heck if elf-employed	
Pre	Prepare	r ROE	BERT MCALISTER ROBERT MCALISTE				P00420045
Us	e Only	y Firm	's name ROBERT A MCALISTER CPA PC			59-3772	
		-	's address 3875 JOHNS CREEK PKW SUWANEE GA 30	024 Pho	ne no.	770-814	-4420
1.40	ا مطدی	المامية	on this return with the propagar shows above? See instructions				V Ves Ne

orm 9	990 (2022) JOHNS CREEK ART CENTER INC	31-1504019	Page 2
Pa	Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	COMMUNITY ARTS PROGRAMS		
2	Did the organization undertake any significant program services during the year which were not listed or		<u> </u>
	the prior Form 990 or 990-EZ?	· · Yes	X No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ Vaa	X No
	If "Yes," describe these changes on Schedule O.	· · Yes	A NO
4	Describe the organization's program service accomplishments for each of its three largest program service	icas as maasurad h	w
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
	the total expenses, and revenue, if any, for each program service reported.		,
	, , , , , , , , , , , , , , , , , , ,		
4a	(Code:) (Expenses \$ 381492. including grants of \$) (Reven	ue\$ 2281:	37.)
	JOHNS CREEK ARTS CENTER IS KNOW FOR THE QUALITY OF THE ARTS EDUCATION		
	AND THE EVENTS THAT THEY BRING TO THE LOCAL COMMUNITY THE SUMMER CAMP	S	
	PROVIDE CHILDREN WITH AN OPPORTUNITY TO EXPERIENCE A VARIETY OF ART		
	MEDIUMS IN VISUAL ARTS OR TAKE A SPECIALTY CAMP WITH A MAIN AREA OF		
	FOCUS SUCH AS PHOTOGRAPHY MOSAICS THEATER JEWELRY AND MANY OTHERS		
	THESE CAMPS AVERAGE OVER 900 STUDENTS PER SUMMER THE CAMPS ARE THEMED		
	AND THERE IS TYPICALLY A COLLABORATIVE PROJECT THAT ALL OF THE CAMPER	S	
	WORK ON AND WILL TIE INTO A LOCAL MUSEUM IN 2011 THE CAMP THEME WAS		
	BASED ON RECOGNIZING DIVERSITY AND THE ART INFLUENCES THAT ARE PART O	F.	
	THE AFRICAN ASIAN AND INDIAN CULTURES		
4b	(Code:) (Expenses \$ 338305. including grants of \$) (Reven	ue\$ 3282	94.)
	JOHNS CREEK ARTS CENTER OFFERS YEAR ROUND CLASSES FOR YOUTH AND ADULT		/
	IN A VARIETY OF MEDIUMS AND IN CERAMIC ARTS CLASSES ARE OFFERED AT TH		
	ARTS CENTER AND AT LOCAL SCHOOLS SENIOR CENTERS AND OTHER LOCATIONS I	N	
	THE LOCAL COMMUNITY THERE ARE CLASSES AND WORKSHOPS THAT PROVIDE		
	STUDENTS WITH A WIDE VARIETY OF OPTIONS TO DISCOVER THEIR ARTISTIC		
	TALENTS		
4c	(Code:) (Expenses \$ including grants of \$) (Reven)
	(σουσ) (π.κροιίσσο ψ ψ		/
4d	Other program services (Describe on Schedule O.)		
Tu	(Expenses \$ including grants of \$) (Revenue \$)	
	, , , , , , , , , , , , , , , , , , ,		

719797.

4e Total program service expenses

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)? If "Yes," 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions..... X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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? If "Yes," complete Schedule C, Part III 5 Χ 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? If Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 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 9 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ 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? If "Yes," complete 11a Χ b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b Χ c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X. 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........ Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х

Par	t V Checklist of Required Schedules (continued)			1
22	Did the expenientian report more than \$5 000 of grants or other assistance to ar far demostic individuals on		Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		Λ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
h	"Yes," complete Schedule L, Part IV	28a		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28b		Λ
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32		Х
33	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</i> "Yes," <i>complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		21
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		21
50	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	ĺ

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l_		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			ione
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 9			
	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. Enter the number of voting members included on line 1a, above, who are independent.			
b	Enter the flathest of voting members included on the flat above, who are independent.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			Λ
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	Ì	х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	l	Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O	9	Ì	Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		,	Λ
0000	ion bit onoice (This decision broqueste information about poiled increquired by the internal revenue of	000.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	37	
42	describe on Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	13 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	21	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
_	ion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed GA Section 6104 requires an erganization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (section 1025).	n E04	(0)	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	11 501	(C)	
	Own website Another's website X Upon request Other (explain on Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		<i>'</i> .	
	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			
	STEPHANIE DONALDSON 770-623-844	8		
	6290 ABBOTTS BR JOHNS CREEK GA 30097			

Part VII

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

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 employees."

- 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 heither the organization nor ar	iy related organ	izatio	n co	omp	ens	sated	any	current officer,	director, or trust	ee.
					C)					
(A) Name and title	(B) Average hours	box, office	unles er an	neck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) S DONALDSON EXEC DIRECTOR	40				Х			79710.	0	0
(2) DEEPA LAHOTI PRESIDENT	3			Х				0	0	0
(3) LINDA MCGINN VICE PRESIDENT	3			х				0	0	0
(4) SUSAN MARTIN TREASURER	3			Х				0	0	0
(5) M DE VARGAS SECRETARY	3			Х				0	0	0
(6) MONIKA MITTAL DIRECTOR	2	Х						0	0	0
(7) BRIAN WEAVER DIRECTOR	2	Х						0	0	0
(8) JIG PATEL DIRECTOR	2	Х						0	0	0
(9) JEFF FISCHER DIRECTOR	2	Х						0	0	0
(10) N CHANDA DIRECTOR	2	Х						0	0	0
(11)										
(12)										
(13)										
(14)										

P	art VII Section A. Officers, Directors, Ti	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (d	ontinue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson lirect	this or/trus Highest compensated	h an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W- 1099-MISC/ 1099-NEC)	com 2/ f orgai	(F) ated amount of other npensation rom the nization and organization	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal			<u> </u>					79710.				
С	Total from continuation sheets to Part VII,												_
d	Total (add lines 1b and 1c)								79710.				
2	Total number of individuals (including but not l		listed	abo	ove)	wh	o rec	eiv	ed more than \$1	00,000 of			
	reportable compensation from the organization	n									1		
_	-											Yes No	<u> </u>
3	Did the organization list any former officer, die employee on line 1a? <i>If "Yes," complete Sche</i>										2	Х	
											3	^	
4	For any individual listed on line 1a, is the sum the organization and related organizations gre												
	individual										4	Х	Т
5	Did any person listed on line 1a receive or acc for services rendered to the organization? <i>If</i> "										5	Х	
Sec	tion B. Independent Contractors	res, complete	00110	aarc	. 0 /	01 3	uon p	7010			<u> </u>	21	
1	Complete this table for your five highest comp	ensated indepe	ndent	t co	ntra	ctor	s tha	t re	ceived more tha	n \$100,000 of			_
	compensation from the organization. Report c	ompensation for	r the	cale	nda	ar ye	ear er	ndir	ng with or within	the organization	on's tax	year.	
	(A) Name and business add	dress							(B) Description of ser	vices	(C) Compen		
NON													
-													
-													_
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		nited 1	to th	iose	e list	ted al	bov	e) who received				

I GI		Check if Schedule O con	ntains a respons	se oi	note to any line	in this Part VIII.			🖂
		Chookii Cohodalo C coh	mamo a rospono	<i>.</i>	There to unly line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns		1a					sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	15711.				
Gra		Fundraising events		1c	11806.				
ts, An		Related organizations		1d					
Gif ilar		Government grants (contrib		1e	296100.				
ns, Sim		All other contributions, gifts	· · · · · · · · · · · · · · · · · · ·						
ıtio er S		similar amounts not include		1f	32185.				
rib. Oth	g	Noncash contributions inclu	-						
ont od (•	lines 1a-1f		1g	\$				
a C	h	Total. Add lines 1a-1f	_			355802.			
					Business Code				
Program Service Revenue	2a	CLASS FEES		_	713990	556431.	556431.		
er.	b								
Se ent	С								
am	d			_					
ogr R	е								
Pr	f	All other program service re							
	g	Total. Add lines 2a–2f				556431.			
	3	Investment income (including	-			1.0			1.0
		other similar amounts)				13.			13.
	4	Income from investment of		•					
	5	Royalties	(i) Real		(ii) Personal				
	6a	Gross rents	6a		(ii) i ordonai				
	b	Less: rental expenses .	6b						
	C	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
		Gross amount from	(i) Securiti		(ii) Other				
		sales of assets							
		other than inventory	7a						
ne	b	Less: cost or other basis							
Revenue		and sales expenses	7b						
∂e ν	С	Gain or (loss)	7c						
-		Net gain or (loss)		<u></u>					
Other	8a	Gross income from fundrais	sing						
0		events (not including \$							
		of contributions reported or		٥-					
	L	See Part IV, line 18	-	8a ob					
	b C	Less: direct expenses Net income or (loss) from for		8b ts					
	ou	See Part IV, line 19		9a					
	b	Less: direct expenses		9b					
		Net income or (loss) from g	_						
		Gross sales of inventory, le	_						
		returns and allowances		10a					
	b	Less: cost of goods sold .		10b					
	С	Net income or (loss) from s	ales of inventor	y .					
NS.					Business Code				
eoı		CLASSROOM RENTAL		-	713990	1112.	1112.		
Miscellaneous Revenue	b			-					
cel ?ev	C	All other revenue		_					
Mis	a	All other revenue Total. Add lines 11a–11d .				1112.			
	<u>e</u> 12	Total revenue See instruc		<u> </u>		913358.	557543.		13.

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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. (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Management and Total expenses Program service Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 79710. 71739. 7971 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 305094 274585 30509 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . 9 Other employee benefits 10 Payroll taxes 38569 34712. 3857 11 Fees for services (nonemployees): a Management Accounting 2588 2329 259 Professional fundraising services. See Part IV, line 17. . . . f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 7025 6322 703 12 6441 6441 Office expenses 19159 13 17243. 1916 14 Information technology 15 16 12464 11218 1246 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 3282 2898 384 21 22 Depreciation, depletion, and amortization 23610 21249. 2361 23 6418 5776. 642 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.) 270703. 265285. 5418. a SEE EXPENSE DETAIL SHEET b d **e** All other expenses Total functional expenses. Add lines 1 through 24e. 775063. 719797. 55266. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720).

Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this f	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 269364.	1	438989.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director	,		
		trustee, key employee, creator or founder, substantial contributor, or 35	i%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B		6	
Assets	7	Notes and loans receivable, net		7	
\ss	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	. 4659.	9	2446.
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 88909			
		Less: accumulated depreciation		10c	467354.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	21505
	15	Other assets. See Part IV, line 11		15	31527.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	940316. 8890.
	17	Accounts payable and accrued expenses		17	8890.
	18 19	Grants payable		18 19	60203.
	20	Tax-exempt bond liabilities		20	00203.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to any current or former officer, director,	•	21	
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35	. _%		
ē		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	. 151258.	25	17422.
	26	Total liabilities. Add lines 17 through 25		26	86515.
S		Organizations that follow FASB ASC 958, check here X			
၁င		and complete lines 27, 28, 32, and 33.			
<u>=</u>	27	Net assets without donor restrictions	715506.	27	853801.
m	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et/	32	Total net assets or fund balances	. 715506.	32	853801.
Ź	22	Total liabilities and not assets/fund balances	020240	22	040216

Check if Schedule O contains a response or note to any line in this Part XI.	Part	XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) .		Check if Schedule O contains a response or note to any line in this Part XI					
3 138295. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1	Total revenue (must equal Part VIII, column (A), line 12)	1		9	133	58.
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: 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? 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? Yes No	2	Total expenses (must equal Part IX, column (A), line 25)	2		7	750	63.
5 Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1	3		1	.382	95.
6 Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			7	155	06.
7 Investment expenses 7 8 7 8 7 8 9 9 7 9 9 7 9 9 9 9	5		5				
Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 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 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 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? 3b 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	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain on Schedule O)	7	Investment expenses	7				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Pinancial Statements and Reporting Yes No			<u> </u>				
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? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis 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. 3b Text XII Text XI			9				
Check if Schedule O contains a response or note to any line in this Part XII	0						
Check if Schedule O contains a response or note to any line in this Part XII		column (B))	10		8	538	01.
Accounting method used to prepare the Form 990:	Part					г	_
Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII				·	Ш_
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	· ' '		_ [Yes	No
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?		Schedule O.					
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: X 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? 3a X 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. 3b	2a				2a		X
Beth consolidated and separate basis 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: X 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?							
separate basis, consolidated basis, or both: X 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?	b				2b 2	X	
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?		· · · · · · · · · · · · · · · · · · ·					
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? 2c X 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?		separate basis, consolidated basis, or both:					
the audit, review, or compilation of its financial statements and selection of an independent accountant?		X Separate basis					
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?	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of				
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?		the audit, review, or compilation of its financial statements and selection of an independent accountant? .			2c 2	X	
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?		If the organization changed either its oversight process or selection process during the tax year, explain o	n				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Schedule O.					
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 3b	3a		he				
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b				<u> </u>	3a		Χ
	b						
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. ;			

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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. Employer identification number

Inspection

JOH	NS	CREEK	ART	CE	NTER	II	NC						31-1504019		
Par	Reason for Public Charity Status. (All organizations must complete this part.) See instructions. e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)														
The	_		•							•		•	•		
1	Ц	A church, c	onvent	ion of	church	nes,	or assoc	iation	of churche	s described	in sectio	on 170(b)	(1)(A)(i).		
2	Ш	A school de	escribe	d in s	ection	170)(b)(1)(A)(ii). (A	Attach Sche	edule E (Fo	rm 990).)				
3		A hospital of	or a coo	opera	tive hos	spita	al service	organ	ization des	scribed in s	ection 17	'0(b)(1)(A	.)(iii).		
4		A medical r hospital's n		_			perated i	-		h a hospital		d in sect	ion 170(b)(1)(A)(iii)	. Enter th	ne
5		=	ation of	perate	ed for th	he b		a colle				ated by a	governmental unit d	escribed	in
6		A federal, s				-		•	ental unit de	escribed in	section 1	170(b)(1)((A)(v).		
7			ation th	at no	rmally i	rece	ives a su	ıbstant	ial part of i				al unit or from the ge	neral pu	blic
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)														
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 (see instructions). Enter the name, city, and state of the college or														
10	university: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)														
11		An organiza	ation or	rganiz	ed and	d ope	erated ex	clusive	ely to test f	or public sa	fety. See	section	509(a)(4).		
12	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.														
a b		the supporganiza	A suppo orted o tion. Y A supp	orting organi ' ou m oorting	organi ization(ust co g organ	zatio (s) th mpl o izati	on opera ne power ete Part ion supei	ted, su to reg IV, Se vised	ipervised, oularly appo ctions A a or controlle	or controlled pint or elect and B. ed in connec	by its su a majority	pported o of the di its suppo	organization(s), typic rectors or trustees or rted organization(s),	ally by gi f the sup by havir	iving oporting
_	Г	organiza	tion(s)	. You	must	com	iplete Pa	art IV,	Sections A	A and C.	·		control or manage the		
С	L												n, and functionally in s A, D, and E.	iegraieu	willi,
d		Type III that is no	non-fu ot funct	inctio tionall	nally i ly integ	nteg rate	grated. A d. The or	suppo ganiza	orting orga ation gener	nization ope	erated in o	connection stribution	n with its supported requirement and an		
е		Check th	is box	if the	organi	zatio	on receiv	ed a w	ritten dete	rmination fr	om the IR	S that it is	s a Type I, Type II, T	ype III	
_									ally integra	ated suppor	ting orgar	nization.			
f		Enter the nu		-	-	_									
<u> </u>		Provide the Name of suppo				JII al	(ii) EIN	suppoi	(iii) Type of (described	organization on lines 1–10 instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other s	amount of upport (see ructions)
	Yes No														
(A)															
(B)															
(B)															
(C)															
(D)															
(E)															
Tota															

Page 3

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

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

Sec	ction A. Public Support						
Cale	ndar 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.")	251643.	286453.	370357.	369746.	355802.	1634001.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	517319.	533764.	278690.	425846.	556431.	2312050.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	768962.	820217.	649047.	795592.	912233.	3946051.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						3946051.
Sec	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	768962.	820217.	649047.	795592.	912233.	3946051.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	52.	29.	18.	19.	13.	131.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	52.	29.	18.	19.	13.	131.
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	769014.	820246.	649065.	795611.	912246.	3946182.
14	First 5 years. If the Form 990 is for the org	anization's first, se	econd, third, fourth	n, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop here .						
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2022 (line 8, c	olumn (f), divided b	y line 13, column	(f))		15	100.00%
16	Public support percentage from 2021 Sched	ule A, Part III, line	<u> 15</u>	<u></u> .	<u> </u>	16	100.00%
Sec	ction D. Computation of Investmer						
17	Investment income percentage for 2022 (lin			s, column (f))		17	0.00%
18	Investment income percentage from 2021 S					18	0.01%
19a	33 1/3% support tests—2022. If the organiz	zation did not checl	k the box on line 1	4, and line 15 is mo	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s	stop here. The org	anization qualifies	as a publicly suppo	orted organization		Х
b	33 1/3% support tests—2021. If the organization	zation did not checl	k a box on line 14	or line 19a, and line	e 16 is more than 3	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	n qualifies as a pub	licly supported org	anization	
20	Private foundation If the organization did n	not check a hox on	line 14 19a or 19	h check this hox a	nd see instructions	2	

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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number JOHNS CREEK ART CENTER INC 31-1504019 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 Total number at end of year 1 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? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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 Yes 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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:
- 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:
- **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining (
3	Using the organization's acquisition, a	ccess	sion, and othe	er records	, check ar	ny of the followi	ng th	at make significan	t use c	f its	
	collection items (check all that apply):			·	-1						
а	Public exhibition			d	Loan or	exchange prog	gram				
b	Scholarly research			е	Other						
С	Preservation for future generation	ns .									
4	Provide a description of the organizat XIII.	on's c	collections ar	nd explain	how they	further the orga	aniza	tion's exempt purp	ose in	Part	
5	During the year, did the organization assets to be sold to raise funds rather								Ye		No
Part	IV Escrow and Custodial Arrar			inca as pe		organization 3 0	Onco			;s	NO
T all	Complete if the organization a 990, Part X, line 21.			n Form !	990, Part	IV, line 9, or	repo	rted an amount o	on For	m	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not							No			
b	If "Yes," explain the arrangement in P	art XII	I and comple	ete the fol	lowing tab	ole:		•			
								Ar	nount		
С	Beginning balance						10	;			
d	Additions during the year						10	ı			
е	Distributions during the year						16				
f	Ending balance						1f	•			
2a	Did the organization include an amou							- ·		s X	No
b	If "Yes," explain the arrangement in P	art XII	II. Check her	e if the ex	planation	has been provi	ded o	on Part XIII			
Part											
	Complete if the organization a			n Form	990, Part	IV, line 10.					
		(a)	Current year	(b) Pr	ior year	(c) Two years ba	ick	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
انہ	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
, ,	End of year balance										
g 2	Provide the estimated percentage of t	he cui	rrent vear en	d halance	(line 1a	rolumn (a)) hel	y ac.				
a	Board designated or quasi-endowmer		0.00		, (iii o ig,		a ao.				
b		0.00		29							
C	Term endowment 0.00										
	The percentages on lines 2a, 2b, and		ould equal 1	00%.							
3a	Are there endowment funds not in the				tion that a	re held and adr	ninis	tered for the			
	organization by:	-		-						Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related of								3b		
4	Describe in Part XIII the intended use			on's endo	wment fun	nds.					
Part							_				
	Complete if the organization a	nswe	ered "Yes" c	n Form !			See	Form 990, Part 2	K, line	10.	
	Description of property		(a) Cost or o (investr			or other basis other)	٠,	Accumulated lepreciation	(d) Bo	ok valu	е
1a	Land										
b	Buildings		870,	189.			4	02,835.	46	7,35	4.
С	Leasehold improvements										
d	Equipment		18,	902.				18,902.			
<u>e</u>	Other				<u> </u>					,	4
Total	. Add lines 1a through 1e. (Column (d)) must	equal Form	990, Part	X, columi	n (B), line 10c.)			46	7,35	4.

Part VII Investments—Other Securities.	HILL IIIC	31 .	1301017 Fage 3
Complete if the organization answered "	Yes" on Form 990	, Part IV, line 11b. See Form 990, P	art 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 v	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(<u>E</u>)			
(F)			
(G)			
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related.			
Complete if the organization answered "	Ves" on Form 990	Part IV line 11c See Form 990 P	art Y line 13
		(c) Method of valuation:	
(a) Description of investment	(b) Book value	Cost or end-of-year market v	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "	Voc" on Form 000	Part IV line 11d See Form 000 P	Part V lina 15
(a) Descri		r, Fart IV, line 11d. See 1 om 1990, F	(b) Book value
(1) FEASIBILITY STUDY CASH	<u> </u>		17,422.
(2) SECURITY DEPOSIT			14,105.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			01 505
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		31,527.
Part X Other Liabilities.	\		222 5
Complete if the organization answered "	Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
line 25.			(Is) De alemaker
	ion of liability		(b) Book value
(1) Federal income taxes (2) FEASIBILITY STUDY PAYABLE			17,422.
(3)			17,122.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.)		17,422.
2. Liability for uncertain tax positions. In Part XIII, provide the tex	xt of the footnote to the	organization's financial statements that repo	orts 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 .

SCHEDULE O (Form 990)

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 for the latest information.

OMB No. 1545-0047 **2022**Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

JOHNS CREEK ART CENTER INC	31-1504019
PART VI LINE 19 THE ORGANIZATION MAKES ITS GOVERNING	
DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE E	PUBLIC
PART VI LINE 11A ALL MEMBERS OF THE GOVERNING BOARD F	RECEIVED
A COPY THE COMPLETED 990 FOR REVIEW AFTER AN INITIAL	REVIEW
BY THE EXECUTIVE COMMITTEE	
PART VI LINE 12C ALL MEMBERS OF THE GOVERNING ORGANIZ	ZATION
RECEIVE THE CONFLICT POLICY WHEN JOINING THE BOARD AN	NNUALLY
THE MEMBERS REVIEW THE CONFLICT POLICY IF CONFLICTS A	ARISE
THE BOARD MEMBER WITH CONFLICT DOES NOT PARTICIPATE	IN ANY
PART VI LINE 12C CONTINUED	
DISCUSSION OR ACTION RELATED TO THE CONFLICT	
PART VI LINE 15A THE EXECUTIVE COMMITTEE REVIEWS AND	APPROVE
COMPENSATION FOR THE EXECUTIVE DIRECTOR THE EXECUTIVE	<u> </u>
COMMITTEE MEETS AT LEAST ANNUALLY TO REVIEW THE EXECU	JTIVE
DIRECTORS PERFORMANCE DISCUSS INCREASES COMPENSATION	AND
PART VI LINE 15A CONTINUED	
MAKE PERFORMANCE BONUS RECOMMENDATIONS TO THE BOARD	

Name: JOHNS CREEK ART CENTER INC

ID: 31-1504019

Description: PROGRAM	SERVICE	EXPENSES

Description: 110 of the 11	
Туре	Amount
INSTRUCTOR FEES	108,842.
PROGRAM EXPENSES	63,515.
WEBSITE SERVICES	1,482.
MERCHANT AND BANK FEES	22,663.
REPAIRS AND MAINTENANCE	26,039.
CONDO ASSOCIATION FEES	1,955.
TELEPHONE	7,341.
MISCELLANEOUS	1,955. 7,341. 3,663.
ANNEX SPACE COSTS	29,785.
Total	
	LICAIDETÉA

Name: JOHNS CREEK ART CENTER INC

ID: 31-1504019

Description: MANAGEMENT AND (GENERAL ADMINISTRATIVE	
	Туре	Amount
STAFF FEES		1,035.
REPAIRS AND MAINTENANCE		2,893.
TELEPHONE		816.
MISCELLANEOUS		457.
CONDO ASSOCIATION FEES		217.
-		
-		
-		
9		
-		
		<u> </u>
Total		5,418.
10lal		J, TIU.