Мау
For

· Pape	rwork	Reduction	Act Notice.	see the s	eparate i	nstructions

FRANCYS JOHNSON

Form **990**

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Sign

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Paid

Preparer

Use Only

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

	Under se	ction 50	1(c), 527 or 49	947(a)(1) o	of the Internal Re	venue Code (e	cept priv	/ate founda	tions)	2022
epartment of the Treasury			• • •		umbers on this f	•				Open to Public
ernal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.								
For the 2022 cale	22 calendar year, or tax year beginning , 2022, and ending									, 20
Check if applicable:	C Name of org	anization	NEW GEOR	RGIA PRO	OJECT INC				D Emplo	yer identification number
Address change	Doing busine	ess as								82-1348307
Name change	Number and	street (or F	P.O. box if mail is no	ot delivered to	o street address)		Room/su	iite	E Telepho	one number
Initial return	830 G	LENWOO	DD AVE SE					510-22		(404)996-6621
Final return/terminated	City or town,	state or pro	ovince, country, and	d ZIP or foreig	gn postal code				G Gross	receipts
Amended return	ATLAN	TA, GA	A 30316						\$	17,617,144
Application pending	F Name and a	ddress of p	rincipal officer:					H(a) Is this a g	roup return fo	or subordinates? 🗌 Yes 🛛 🛛
								H(b) Are all s	ubordinates	s included? Yes No
Tax-exempt status:	X 501(c)(3)	501(c) (() (inse	ert no.)	4947(a)(1) or	527		lf "No,"	attach a list	. See instructions
Website: N/A								H(c) Group e	exemption n	umber
	X Corporation	Trust	Association	Other		L Year of form	ation: 20	17 м з	State of lega	Il domicile: GA
art I Summ	ary									
1 Briefly des	scribe the organ	ization's	mission or mos	st significar	nt activities: 1	THE MISSION	OF NE	W GEORGI	LA PRO	JECT IS TO BUILD
-	-			•	-					ER HISTORICALLY
										ND ADVOCACY ON
	SUES IMPOR					IN REGISTRA	iiion,	OKGANIZI	ING, A	ND ADVOCACI ON
2 Check this					ations or disposed	d of more than 2	5% of its r			
	_	0		•	•				2	-
	0	voting members of the governing body (Part VI, line 1a)								5
		ndependent voting members of the governing body (Part VI, line 1b)						4	5	
5 Total num	ber of individual	lividuals employed in calendar year 2022 (Part V, line 2a)								
				•	(5	219
6 Total num	ber of volunteer	`	ate if necessary	/)					6	219
7a lotal unre	lated business r	evenue f	ate if necessary from Part VIII, o	/) • • · · column (C)), line 12 • • •	 	 	 	6 7a	
7a lotal unre	lated business r	evenue f	ate if necessary from Part VIII, o	/) • • · · column (C)		 	 	 	6	1,600
7a Iotal unre b Net unrela	lated business r ated business ta	evenue f xable inc	ate if necessary from Part VIII, o come from Forr	/) • • · · column (C)), line 12 • • •	 	 	 	6 7a	1,600 0 0 Current Year
7a Iotal unre b Net unrela 8 Contributi	lated business r	evenue f xable inc	ate if necessary from Part VIII, o come from Forr	/) column (C) n 990-T, Pa), line 12 • • •	· · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·	6 7a 7b	1,600 0 0
7a Iotal unre b Net unrela 8 Contributi	lated business r ated business ta ons and grants (evenue f xable inc Part VIII,	ate if necessary from Part VIII, o come from Forr , line 1h)	/) column (C) <u>m 990-T, Pa</u>), line 12 art I, line 11	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Prior Year	6 7a 7b	1,600 0 0 Current Year
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7a Iotal unre b Net unrela 8 Contributi 9 Program s 10 Investmer	lated business r ated business ta ons and grants (service revenue at income (Part)	evenue f xable inc Part VIII, (Part VIII, /III, colur	ate if necessary from Part VIII, c come from Forr , line 1h) I, line 2g) mn (A), lines 3,	/) column (C) <u>n 990-T, Pa</u>), line 12 art I, line 11	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Prior Year 12,594 938 330	6 7a 7b ,730 ,540	1,600 0 0 Current Year 19,015,864 8,000
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7aTotal unrebNet unrelation8Contribution9Program s10Investmer11Other revol12Total reve13Grants an14Benefits p15Salaries, other	lated business r ated business ta ons and grants (service revenue it income (Part V enue (Part VIII, o nue - add lines (d similar amoun aid to or for mer other compensa nal fundraising for raising expense	Part VIII, (Part VIII, (Part VIII, (Part VIII, column (/ <u>3 through</u> ts paid (f mbers (Part tion, emp ees (Part IX s (Part IX	te if necessary from Part VIII, c come from Forr , line 1h) I, line 2g) mn (A), lines 3, A), lines 5, 6d, n 11 (must equa Part IX, column Part IX, column boloyee benefits t IX, column (A, c, column (D),	() n 990-T, Pa , 4, and 7d 8c, 9c, 10c al Part VIII, n (A), lines (A), line 4) (Part IX, c), line 11e) line 25)), line 12	12)		Prior Year 12,594 938 330 (66 13,797 5,671 145	6 7a 7b ,730 ,540 ,045 ,246) ,069 ,892 ,180	1,600 0 0 Current Year 19,015,864 8,000 519,769 (1,926,489 17,617,144 896,184 0 11,089,409 57,364
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sign	Signature of officer		1	· 1 1	Da	ite	
lere	FRANCYS JO	HNSON, BOAR	D CHAIR	art		11/15/2023	
	Type or print name and title		\sim				
	Print/Type preparer's nam	e	Preparer's signature	Date	Check if	PTIN	
Paid	ADEBAMBO SONA	IKE CPA	ADEBAMBO SONAIKE CPA	11-15-2023	self-employed	xxxxxxxx	
reparer	Firm's name	BAMBO SC	NAIKE CPA LLC		Firm's EIN		
Ise Only	Firm's address	707 WHI1	LOCK AVE SUITE B-21		Phone no.		
		Marietta	GA 30064		770-	956-6455	
lay the IRS	discuss this return wit	h the preparer sh	own above? See instructions			X Yes 🗌 No	

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-	n 990 (2022) NEW GEORGIA PROJECT INC 82-1348307	Page <b>2</b>
Pa	Int III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE MISSION OF NEW GEORGIA PROJECT IS TO BUILD POWER AND INCREASE THE CIVIC PARTICIPATION OF	
	NEW GEORGIA MAJORITY AND OTHER HISTORICALLY MARGINALIZED COMMUNITIES THROUGH NONPARTISAN VO	TER
	REGISTRATION, ORGANIZING, AND ADVOCACY ON THE ISSUES IMPORTANT TO OUR COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
U	services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 12,028,043 including grants of \$ 896,184 ) (Revenue \$	)
	THE MISSION OF NEW GEORGIA PROJECT IS TO BUILD POWER AND INCREASE THE CIVIC PARTICIPATION O	F THE
	NEW GEORGIA MAJORITY AND OTHER HISTORICALLY MARGINALIZED COMMUNITIES THROUGH NONPARTISAN VO	TER
	REGISTRATION, ORGANIZING, AND ADVOCACY ON THE ISSUES IMPORTANT TO OUR COMMUNITIES.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	(, (	/
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
40		)
4d		
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 12,028,043	

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			~
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		v
F	<b>5 5 1 1 1 1 1 1 1 1 1 1</b>	4		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>	5		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? If			
	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		- 11	
5	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			x
U		11c		v
<b>ا</b> م		TIC		x
d	<b>o</b> 1 <i>i i i</i>			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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>	11e	Х	
f	5 i			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ••••••••	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		
10	If "Yes," complete Schedule G, Part III	19		v
20 ~		-		x
20а ь		20a		x
b 24		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

82-1348307

Form 990 (2022)

NEW GEORGIA PROJECT INC

-		32-13483	07	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				<u></u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23	x	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	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		
25a	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	X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		27		
28	persons? If "Yes," complete Schedule L, Part III		27		<u>x</u>
20	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
u	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x
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,"				
	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? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	• • • •	35a		<u>x</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		0.5 h		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>		36	v	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х	
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		01		
	19? Note: All Form 990 filers are required to complete Schedule O		38	х	
Par					
	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	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_			
	reportable gaming (gambling) winnings to prize winners?	<u> </u>	1c	х	

Form	990 (2022) NEW GEORGIA PROJECT INC 82-13483	07	F	Page 5
Par	rt 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 219			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	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		x
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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
4	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		<u> </u>
C	required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- /11		x
0		8		
•		0		X
9	Sponsoring organizations maintaining donor advised funds.	0.0		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a	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:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 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		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any 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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Pa	art 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 in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1 1 1 5</b>			
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			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
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		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:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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		
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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>Georgia</b>			
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 I 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.			
	FRANCYS JOHNSON (404)996-6621, 830 GLENWOOD AVE SE, ATLANTA, GA 30316			

Form 990 (202	2) NEW GEORGIA PROJECT INC	82-1348307 Page	e <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees,	Highest Compensated Employees, an	d
	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 Comp	ensated Employees	
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year e	nding with or within the	
organization's t	ax year.		
<ul> <li>List all of t</li> </ul>	he organization's <b>current</b> officers, directors, trustees (whether individuals or organization	s), 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 instructions for the order in which to list the persons above.

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

			ipen			y ouri			45166.	
					(C)					
(A)	(B)	(do r	not che		sition	an one		(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an					ı	Reportable	Reportable	Estimated amount
	hours	offic	er and	d a dir	rector	/trustee)	)	compensation from the	compensation from related	of other compensation
	per week (list any							organization (W-2/	organizations (W-2/	from the
	hours for	Indi [,]	Inst	Office	Key	High	Former	1099-MISC/	1099-MISC/	organization and
	related	vidua	tutio	er	emp	nest	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	e				
	below dotted line)	stee	ruste		ð	pens				
	dolled line)		ö			Highest compensated employee				
(1) NSEABASI G UFOT	<u>40.00</u>									
EXECUTIVE DIRECTOR							х	183,883	78,553	464
(2) DANISHA MCCLARY	5.00									
BOARD MEMBER		х						0	0	0
(3) TANYA CLAY HOUSE	<u>5.00</u>									
BOARD MEMBER		х						0	0	0
(4) STARLA TANNER	5.00									
BOARD MEMBER		х						0	0	0
(5) KENDRA DAVENPORT_COTTON	40.00									
CHIEF EXECUTIVE OFFICER		х		х				0	0	0
(6) CHIANEVA_SMITH	40.00									
CHIEF FINANCIAL OFFICER		х		x				0	0	0
(7) TAKEO SPIKES	5.00									
TREASURER		х		x				0	0	0
(8) FRANCYS JOHNSON	5.00									
BOARD CHAIR		х		x				0	0	0
<u>(9)</u>										
(10)										
·										
(11)										
÷										
(12)										
÷-′										
<u>(13)</u>										
÷ - ́	F									
(14)										
<u>&gt;</u> _′										

	00 (2022) NEW GEORGIA PROJE								ligheet Comp	82-1348			age <b>8</b>
Part	VII Section A. Officers, Directors, T	rustees, I	Key E	:mp			s, an		Hignest Compe	ensated Emplo	oyees	(conti	inued)
	(A) Name and title	<b>(B)</b> Average hours per week (list any	box,	unles	Pos eck m ss per d a dir	son is	nan one s both ar /trustee)	n )	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	cor	(F) nated amo of other mpensati from the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	-	nization a	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
<u>(22)</u>													
<u>(23)</u>													
<u>(24)</u>													
(25)													
1b c	Subtotal	ion A	 	· · ·		 							
d 2	Total (add lines 1b and 1c)								183,883	78,553		4	464
	reportable compensation from the organization											Yes	1 No
3	Did the organization list any <b>former</b> officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i>					•		•	ensated		3		
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater tha	eportable con	npensa	ation	and	othe	er com	npen	nsation from the		5	x	
5	<i>individual</i>										4	x	
Sactiv	for services rendered to the organization? If "Yes," on B. Independent Contractors	" complete So	chedule	e J fo	or su	ich p	erson				5		X
1	Complete this table for your five highest compensation												
	compensation from the organization. Report comp (A)	ensation for	the cal	enda	ar ye	ar er	nding	with	or within the organi	zation's tax year.	(C)		
	(A) Name and business addres	s							(ם) Description of service	es	(C) Compens	ation	
STONE	S PHONES, 1309 F STREET NORTHWES	T SUITE :	200	DC	20			MEL	DIA & COMMUNI	CAT	4	439,3	318
-	TA BRAND CENTRAL LLC, 50 HURT PL								INTING & PROD	UCT		378,7	
-	LAW GROUP, 250 MASSACHUSETTS AV TRATEGIES, 4223 CLAY ST NE WASHI				DC.				GAL RATEGY			<u>367,6</u> 149,9	
	R HORNET LLC, 13922 GERSHON PLAC				9 <u>2</u> 7				RKETING			360,6	
2	Total number of independent contractors (including	g but not limit	ed to t	nose	liste	ed at	ove)	who	)				

9

received more than \$100,000 of compensation from the organization

Part VIII         Statement of Rovenue           Check II Schedulo C contains a response or role to any line in the Part VII         1000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         000 (0000)         00000)         000 (0000)         00000)         00000)         00000)         00000)		90 (2022) NEW GEORGIA PROJECT INC		82-13483	07 Page 9
This wave         This wave         Control         Contro         Control         Control	Part		this Dort \/III		Г
But Processing of the second			(A) (B) Total revenue Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
Program         2a         product         product <thproduct< th="">         product         <thprodu< td=""><td>Contributions, Gifts, Grants and Other Similar Amounts</td><td>b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e         f       All other contributions, gifts, grants, and similar amounts not included above       1f       19,015,86         g       Noncash contributions included in lines 1a-1f       1g       \$         h       Total. Add lines 1a-1f       1       1</td><td>. 19,015,864</td><td></td><td></td></thprodu<></thproduct<>	Contributions, Gifts, Grants and Other Similar Amounts	b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e         f       All other contributions, gifts, grants, and similar amounts not included above       1f       19,015,86         g       Noncash contributions included in lines 1a-1f       1g       \$         h       Total. Add lines 1a-1f       1       1	. 19,015,864		
g Total. Add lines 2a-2!         8,000           3         Investment income (including dividends, interest, and other similar amounts)         519,769           4         Income from investment of fax-exempt bond proceeds         5           5         Royalies         5           6         Gross rents         5           7         Gross rents         5           6         Gross rents         5           7         Gross amount from sales of assets other than inventory         6           7         Gross amount from sales of assets other than inventory         10           8         Gross income from fundrating events (not including \$         10           7         Gross amount from sales of assets other than inventory         10           8         Gross income from fundrating events (not including \$         10           7         Gross income from fundrating events (not including \$         10           9         10         10         10           10         Gross sincene from gaming activities, See Part IV, line 18         10           10         Gross since from gaming activities, See Part IV, line 19         10           10         Gross since from gaming activities, See Part IV, line 19         10           10         Gross sincore from gamin	m Service venue	2a b <u>PROGRAM SERVICE FEES</u> 900099 c		)   	
other similar amounts)         519,769         519,769         519,769           4         income from investment of tax-exempt bood proceeds	Progran	e     f     All other program service revenue	. 8,000		
Sea         Generation         Generation         Generation         Generation           b Less: rental expenses         Generation         Generation         Generation         Generation           7a         Gross amount from sales of assets other than inventory         (i) Securities         (ii) Other         Generation           7a         Gross amount from sales of assets         (ii) Securities         (iii) Other         Generation           7a         Gross amount from sales of assets         (iii) Securities         (iii) Other         Generation           7a         Gross income from fundraising         (iii) Securities         (iii) Other         Generation           b Less: cost or other basis and sales expenses         7b		other similar amounts)		9	
Provide       (i) Securities       (ii) Other         sales of assets other than inventory b Less: cost or other basis and sales expenses       7a       7a         c Gain or (loss)       7c       7c       7c         c Gain or (loss)       7c       7c       7c         d Net gain or (loss)       7c       7c       7c         d Net gain or (loss)       7c       7c       7c         of contributions reported on line       1c). See Part IV, line 18       8a       8b         c Net income or (loss) from fundraising events pa Gross income from gaming activities, See Part IV, line 19       9a       9b       9b         c Net income or (loss) from fundraising events pa Gross succes from gaming activities       9a       9b       9b       9b         l Gross sales of inventory, less returns and allowances       10a       10a       10a       10a         l In UNREALIZED GAIN (LOSS)       900099       (1, 926, 489)       90099       90099       11, 926, 489)       900099         group       d All other revenue       10a       10a       10a       10a       10a         t Drati. Add lines 11a-11d       11d       11, 926, 489)       11, 926, 489)       11       11		6a     Gross rents     6a       b     Less: rental expenses     6b       c     Rental income or (loss)     6c			
and sales expenses        7b		7a Gross amount from sales of assets other than inventory     (i) Securities     (ii) Other			
of contributions reported on line       8a         1c). See Part IV, line 18       8a         b Less: direct expenses       8b         c Net income or (loss) from fundraising events       9a         9a Gross income from gaming activities, See Part IV, line 19       9a         9a Gross sincome from gaming activities, See Part IV, line 19       9a         9 Less: direct expenses       9b         c Net income or (loss) from gaming activities       9b         c Net income or (loss) from gaming activities       0a         10a Gross sales of inventory, less returns and allowances       10a         c Net income or (loss) from sales of inventory       10b         c Net income or (loss) from sales of inventory       10b         c Net income or (loss) from sales of inventory       000099         11a       UNREALIZED GAIN (LOSS)         b       900099         c       4ll other revenue         d All other revenue       (1,926,489)         e Total. Add lines 11a-11d       (1,926,489)	Revenue	and sales expenses     .     7b       c     Gain or (loss)     .     .			
c       Net income or (loss) from fundraising events	Other	events (not including \$ of contributions reported on line			
b Less: direct expenses       9b		c Net income or (loss) from fundraising events         9a Gross income from gaming	· · · · · · · · · · · · · · · · · · ·		
b         Less: cost of goods sold         10b         10b           c         Net income or (loss) from sales of inventory          Business Code            11a         UNREALIZED GAIN (LOSS)         900099         (1,926,489)             b         c		b     Less: direct expenses     9b       c     Net income or (loss) from gaming activities			
11a       UNREALIZED GAIN (LOSS)       900099       (1,926,489)       (1,926,489)         b		b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory			
e Total. Add lines 11a-11d	scellanous Revenue	11a         UNREALIZED GAIN (LOSS)         900099           b		) ) 	
	Mi	e Total. Add lines 11a-11d		0) 0	0

	Check if Schedule O contains a response or note to a	,		(0)	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	( <b>B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
<u>86, 9</u> 1	<i>Bb, and 10b of Part VIII.</i> Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	ç	006 104	006 104		
2	and domestic governments. See Part IV, line 21	896,184	896,184		
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				
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	9,091,431	4,827,550	3,827,492	436,389
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,126,714	598,285	474,347	54,082
10	Payroll taxes	871,264	462,641	366,802	41,821
11	Fees for services (nonemployees):				
а	Management				
b	Legal • • • • • • • • • • • • • • • • • • •	586,045	462,240	101,621	22,184
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .	57,364			57,364
f	Investment management fees	112,916	89,062	19,580	4,274
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,711,438	1,349,888	296,767	64,783
12	Advertising and promotion				
13	Office expenses				
14	Information technology	321,892	253,890	55,817	12,185
15	Royalties				
16	Occupancy	280,407	146,228	130,136	4,043
17	Travel	580,708	517,702	62,354	652
18	Payments of travel or entertainment expenses	-		-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		18,696		18,696	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	155,237		155,237	
23		1007107			
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.)				
а	VOTER ENGAGEMENT	200,921	200,921		
				25 001	
b	MEDIA AND MARKETING	2,131,782	2,105,791	25,991	
c d	MEMBERSHIP AND DUES	413,386	1,170	412,216	
	All other expenses	1 152 200	110 100	1 020 400	40-
е 25	All other expenses	1,153,382	116,491	1,036,466	425
25 26	Total functional expenses. Add lines 1 through 24e       .         Joint costs. Complete this line only if the	19,709,767	12,028,043	6,983,522	698,202
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🔲 if				
	following SOP 98-2 (ASC 958-720)				

	orm 990			GEORGIA	PROJECT	INC
Π	Part X	Balance	Sheet			

82-1348307

Page 11

		Check if Schedule O contains a response or note	to ar	ny line in this Part X			
		I		<u>,</u>	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			3,073,450	1	2,537,025
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			65,000	3	
	4	Accounts receivable, net				4	30,000
	5	Loans and other receivables from any current or former of	officer,	director,			
		trustee, key employee, creator or founder, substantial cor	ntribute	or, or 35%			
		controlled entity or family member of any of these person	s		8,865	5	
	6	Loans and other receivables from other disqualified perso	ons (a	s defined			
		under section 4958(f)(1)), and persons described in secti	on 498	58(c)(3)(B)		6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	756,144			
	b	Less: accumulated depreciation	10b	252,722	628,137	10c	503,422
	11	Investments - publicly traded securities			12,957,213	11	11,154,374
	12	Investments - other securities. See Part IV, line 11				12	
	13	1 5				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			34,512	15	82,286
	16	Total assets. Add lines 1 through 15 (must equal line 33)			16,767,177	16	14,307,107
	17	Accounts payable and accrued expenses			182,766	17	437,247
	18	Grants payable				18	
	19	Deferred revenue			875,000	19	375,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of				21	
ies	22	Loans and other payables to any current or former officer					
Liabilities		trustee, key employee, creator or founder, substantial cor					
Lial		controlled entity or family member of any of these person				22	
	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).				0.5	
					546,945	25	425,017
	26				1,604,711	26	1,237,264
S		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	A	J			
Ce	27	-			15 162 466	27	12 060 042
alar	27				15,162,466	27	13,069,843
ä	20	Organizations that do not follow FASB ASC 958, chee				20	
ň		and complete lines 29 through 33.	A Hei				
ЪГF	29					29	
ats (	30	Paid-in or capital surplus, or land, building, or equipment				30	
SSE	31	Retained earnings, endowment, accumulated income, or		-		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			15,162,466	32	13,069,843
ž	33	Total liabilities and net assets/fund balances			16,767,177	33	14,307,107

EEA

Form 990 (2022)

Form		82-1348307	7	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,	617,	144
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,	709,	767
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,	092,	623)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,	162,	466
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	13,	069,	843
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				$\Box$
		1		Yes	No
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, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		•		
	the 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.				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
P-	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		<b>a</b> h		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

SCHEDULE	A
(Form 990)	

## 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.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number NEW GEORGIA PROJECT INC 82-1348307 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).** (Attach Schedule E (Form 990).) 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). Enter the hospital's name, city, and state: 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). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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). 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. а 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. You must complete Part IV, Sections A and B. 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). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $_{\mbox{\scriptsize EEA}}$ 

OMB No. 1545-0047

	e A (Form 990) 2022 NEW GEORGIA	A PROJECT I	NC			82-134830	
Part							
	(Complete only if you checked the second						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,919,960	1,636,327 2	5,268,592	13,797,069 :	1,470,120	64,092,068
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	Total. Add lines 1 through 3	1,919,960	1,636,327 2	5,268,592	13,797,069 :	1,470,120	64,092,068
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)						
6	Public support. Subtract line 5 from line 4 .						64,092,068
Secti	on B. Total Support		•		•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,919,960	1,636,327 2	5,268,592	13,797,069	21,470,120	64,092,068
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						64,092,068
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	re					[]
	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6	.,	-			14	100.00 %
15	Public support percentage from 2021 Sch					15	98.18 %
16a	33 1/3% support test - 2022. If the organ						
	box and <b>stop here</b> . The organization qua						
b	33 1/3% support test - 2021. If the organ						
170	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization mee					•	
	Part VI how the organization meets the fa						
۱.	organization						_
b	10%-facts-and-circumstances test - 202	•					
	15 is 10% or more, and if the organization					•	
	in Part VI how the organization meets the organization						
19	Private foundation. If the organization di						
18							_
							· · · · · L

Schedu	le A (Form 990) 2022 NEW GEORGIA					82-1348307	Page <b>3</b>
Part							
	(Complete only if you checked th			•			er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please cor	nplete Part II.	)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
Ũ	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						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>i</i> a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
D							
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
•	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
с 8	Public support. (Subtract line 7c from						
0							
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2019	(C) 2020	(u) 2021	(e) 2022	(1) 101ai
10a	Gross income from interest, dividends,						
IVa							
	payments received on securities loans, rents,						
b	royalties, and income from similar sources • Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
6	Add lines 10a and 10b						
с 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						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for the or	anization's fir	 st_socond_thir	d fourth or fiftl	a tax yoar as a	soction 501(c)(	3)
14	organization, check this box and <b>stop her</b>	•			•	. , .	,
Secti	on C. Computation of Public Suppor						· · · · · L
15	Public support percentage for 2022 (line 8	-		3 column (f))		15	%
16	Public support percentage from 2021 Sch					16	%
-	on D. Computation of Investment In						%
17	Investment income percentage for 2022 (li			line 13 colum	nn (f))	17	%
18			.,			18	%
10 19a	Investment income percentage from 2021 33 1/3% support tests - 2022. If the organ						
199	•• •						
h	17 is not more than 33 1/3%, check this be	-	-			••••	
b	<b>33 1/3% support tests - 2021.</b> If the organization						F
20	line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization did	а пос спеск а С	JUX UN IINE 14,	198, UL 190, CN	eor uns pox an		ль L

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Part V.)				
	Yes	No		
	163			
1				
2				
3a				
3b				
20				
3c				
4a				
-70				
4b				
4c				
50				
5a				
5b				
5c				
6				
_				
7				
8				
0				
9a				
9b				
9c				
10a				
405				
10b				

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sectio	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sectio	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sectio	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	iction	1s).
а	The organization satisfied the Activities Test. Complete line 2 below.			-
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Activities Test. Answer lines 2a and 2b below.	-	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	Cabady Cabady			0) 2022

82-1348307

Schedule A (Form 990) 2022

NEW GEORGIA PROJECT INC

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org Check here if the organization satisfied the Integral Part Test as a qualifying			oin in Dart VII) Saa
•	instructions. All other Type III non-functionally integrated supporting organization			2
				(B) Current Yea
Secti	on A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	llv inte	egrated Type III suppor	ting organization

EEA

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 NEW GEORGIA PROJECT INC V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	82-134	48307 Page 7
	on D - Distributions	b) oupporting organi		Current Year
1	Amounts paid to supported organizations to accomplish ex	vempt nurnoses	1	
2	Amounts paid to perform activity that directly furthers exer			
-	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi		
4	Amounts paid to acquire exempt-use assets	ier en eupperteu ergan	4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part		
6	Other distributions (describe in <b>Part VI</b> ). 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 resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.	5 1	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable 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	Total 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: \$			
	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
	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, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
 	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
<u>e</u>	Excess from 2022			Oshadula A (T
EEA				Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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.)

SCHEI	DULE 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.

2022 **Open to Public** 

OMB No. 1545-0047

Inspection

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

1	••••	
	Employer	identifica

Name of the organization Employer identification number									
NEW G	EORG	IA PROJECT INC		82	82-1348307				
Pai	tl	Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or Acc	ounts.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.								
			(a) Donor advised funds		(b) Funds and other accounts				
1	Total r	number at end of year • • • • • • • • • • • • • • • • • • •							
2	Aggre	gate value of contributions to (during year) • • • •							
3	Aggre	gate value of grants from (during year)							
4	Aggre	gate value at end of year ..........							
5	Did the	e organization inform all donors and donor advisors in v							
	funds	are the organization's property, subject to the organizat	tion's exclusive legal control?		Yes 🗌 N	lo			
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used								
	-	or charitable purposes and not for the benefit of the don							
		ring impermissible private benefit?			Yes 🗌 N	lo			
Part		Conservation Easements.							
		Complete if the organization answered "Yes" of							
1		se(s) of conservation easements held by the organizati							
	_	eservation of land for public use (for example, recreation			y important land area				
	=	otection of natural habitat	Preservation of a	certified h	nistoric structure				
_		eservation of open space							
2		lete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conserva					
		nent on the last day of the tax year.			Held at the End of the Tax Ye	ar			
a		number of conservation easements			2a				
b		acreage restricted by conservation easements			2b				
C		er of conservation easements on a certified historic stru		2	2c				
d		er of conservation easements included in (c) acquired a	-						
•		c structure listed in the National Register er of conservation easements modified, transferred, rel			2d				
3			eased, extinguished, or terminated by the org	yanizatior	n duning the				
4	tax ye	er of states where property subject to conservation eas	oment is located						
-+ 5		the organization have a written policy regarding the per							
5		ons, and enforcement of the conservation easements it			Yes 🗌 N				
6		and volunteer hours devoted to monitoring, inspecting, h				10			
Ū	Otan a		and the choice of the choice o		chients during the year				
7	Amou	 nt of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easemer	nts during the year				
•	/ unou			oucomo	no danng no your				
8	Does	each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(b)	(4)(B)(i)					
•						lo			
9		t XIII, describe how the organization reports conservation							
-		e sheet, and include, if applicable, the text of the footnot	•						
		zation's accounting for conservation easements.	5						
Part		Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other S	imilar Assets.				
		Complete if the organization answered "Yes" of	n Form 990, Part IV, line 8.						
1a	If the o	organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and I	balance s	heet works				
	of art,	historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furthe	erance of	public				
	servic	e, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.						
b	If the o	organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	nce shee	et works of				
	art, his	storical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of pu	ıblic service,				
		e the following amounts relating to these items:							
	(i) R	evenue included on Form 990, Part VIII, line 1 • • •			\$				
		ssets included in Form 990, Part X • • • • • • • • •							
2	If the o	organization received or held works of art, historical trea	asures, or other similar assets for financial ga	ain, provid	de the				
	followi	ng amounts required to be reported under FASB ASC §	958 relating to these items:						
а	Rever	ue included on Form 990, Part VIII, line 1 • • • • •			•••\$				

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

\$

-	e D (Form 990) 2022 NEW GEORGIA PRO						82-134		Page <b>2</b>
Par	t III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, access	ion, and other record	ls, check ar	ny of the fo	llowing that ma	ike sigi	nificant use of its		
	collection items (check all that apply):			_					
а	Public exhibition		d	🗌 Loan o	r exchange pro	gram			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they	further the	organization's	exemp	ot purpose in Part		
	XIII.								
5	During the year, did the organization solicit of							_	_
_	assets to be sold to raise funds rather than t		part of the c	rganizatior	n's collection?			. 🗌 Yes	No
Par				000 F					_
	Complete if the organization	answered "Yes"	on Forn	n 990, P	art IV, line S	, or r	eported an am	iount on F	-orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod							Π	Π
	-					• • •		· 🗌 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	l and complete the fo	ollowing tab	e:			1 .		
	5							nount	
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f						1f			
2a	Did the organization include an amount on F							_	
b Par	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds.	I. Check here if the e	xpianation	nas been p	provided on Par				
I UI	Complete if the organization	answered "Yes'	" on Forn	n 990 P	art IV line 1	0			
								(a) Faur	veere beek
1a	Beginning of year balance	(a) Current year	(0) Pi	or year	(c) Two years b	аск	(d) Three years back	(e) Four	years back
b									
c	Net investment earnings, gains, and								
U									
d	Grants or scholarships								
e	Other expenditures for facilities and								
Ũ	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a. )	column (a)	) held as:				
a	Board designated or quasi-endowment	•	- (		,				
b	Permanent endowment %								
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse		ation that a	re held and	administered	for the			
	organization by:	-						Γ	Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	ired on Sch	edule R?				. 3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	owment fun	ds.					
Par	t VI Land, Buildings, and Equi	pment.							
	Complete if the organization	answered "Yes'	" on Forn	n 990, P	art IV, line 1	1a. S	see Form 990,	Part X, lii	ne 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost o	or other basis	(c)	Accumulated	(d) Book	value
		(investm	nent)	(	other)	d	epreciation		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment	7	56,144				252,722	5	03,422
e	Other								
Total.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part 2	X, column (	B), line 10c	c.)			5	03,422

Schedule D (For		INC			82-	1348307	Page <b>3</b>
Part VII	Investments - Other Securities.						
	Complete if the organization answered	/es" on Forr	m 990, Part	IV, line 11	b. See Form	990, Part X, lin	ie 12.
	(a) Description of security or category (including name of security)		<b>(b)</b> Book val	ue	.,	thod of valuation: -of-year market value	
(1) Financial of	lerivatives						
(2) Closely-he	Id equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Part VIII	Investments - Program Related.						
	Complete if the organization answered	es" on Forr	<u>m 990, Part</u>	IV, line 11	c. See Form	990, Part X, lin	e 13.
	(a) Description of investment		<b>(b)</b> Book val	ue	.,	thod of valuation: -of-year market value	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column							
Part IX	Other Assets.						
	Complete if the organization answered	/es" on Forr	m 990, Part	IV, line 11	d. See Form	990, Part X, lin	ie 15.
	(a) Descri	otion				(b) Book va	lue
(1)DEPOSIT	S, PREPAIDS AND OTHER ASSETS						82,286
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
							82,286
Part X	Other Liabilities.			N / Page 44	116 0	E	4 V
	Complete if the organization answered "	res on Forr	n 990, Part	IV, line 11	e or Tif. See	Form 990, Par	τΧ,
	line 25.						
1.	(a) Description of liability	(b) Book v	alue				
(1) Federal i							
	IABILITIES	4	425,017				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 425,017

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

-	le D (Form 990) 2022 NEW GEORGIA PROJECT INC	82-1348307	Page <b>4</b>
Part		er 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	17,617,144
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments   2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,617,144
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		17,617,144
Part		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	19,709,767
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line 2e from line 1	3	19,709,767
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,709,767
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.

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)	Complete if	the organization a organization ente	nswered "Yes" red more than \$	on Form 990 \$15,000 on Fo	, Part IV, line 17, 18, o orm 990-EZ, line 6a.	r 19, o	r if the	2022	
Department of the Treasury Internal Revenue Service	G	A o to www.irs.gov/		Open to Public Inspection					
Name of the organization		<b>.</b>					Employer identifica		
NEW GEORGIA PROJ	FOT INC						82-134	8307	
	ising Activities.	Complete if t	he organiza	ation ansv	vered "Yes" on I	- orm			
	D-EZ filers are not	•	-				,		
-	the organization rais	•			es Check all that an	vla			
a x Mail solicitatio	-	ou fulluo unough	· -		of non-government				
=	email solicitations		f [		of government gran	-			
c Phone solicita			 g [		ndraising events				
d In-person soli			9 🗆	] opeoidi idi	laraioning overhe				
	tion have a written or	oral agreement w	<i>i</i> ith any individ	ual (includin	a officers directors	truste	20		
-	s listed in Form 990,	-	-		-			🗴 Yes 🗌 No	
	0 highest paid individ				-				
	least \$5,000 by the o		indialocio) pu	i suurit to ugi					
compensated at		rganization.							
(i) Name and addres or entity (fur		(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	) (	Amount paid to or retained by) draiser listed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No			()		
1YALLA COLLABO	RATIVE								
3005 SOUTH LAMAR				x			41,364	(41,364)	
2CLARITY CAMPA									
1220 L ST NW WAS				x			12,600	(12,600)	
3							,		
4									
5									
5									
6									
U									
7									
,									
8									
9									
			_						
10									
<u>Total</u>							53,964	(53,964)	
3 List all states in v	which the organization	n is registered or l	icensed to sol	icit contributi	ions or has been not	ified it	is exempt from		
registration or lic	ensing.								

			GEORGIA PROJECT			1348307 Page 2
Pa	rt II	Fundraising Events. Comp	-			-
		than \$15,000 of fundraising gross receipts greater than		d gross income on Form	1990-EZ, lines 1 and 6b.	List events with
		gioss receipts greater than	<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
Revenue	1	Gross receipts				
Re	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add line				
Pa	11 rt III	Net income summary. Subtract line Gaming. Complete if the or			V. line 19. or reported m	ore than
		\$15,000 on Form 990-EZ, li	-	,	, -, I	
Revenue			<b>(a)</b> Bingo	( <b>b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	□ Yes % □ No	│ Yes% │ No	│	
	7	Direct expense summary. Add line	s 2 through 5 in column (d)			
	8	Net gaming income summary. Sub	otract line 7 from line 1, colu	umn (d)		
-						
9		nter the state(s) in which the organiza the organization licensed to conduct				Yes 🗌 No
		UNIT U State In				
10		/ere any of the organization's gaming "Yes," explain:	l licenses revoked, suspend	C C	e tax year?	🗋 Yes 📋 No
	_					

SCHEDULE I		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							
(Form 990)			e if the organization an	<u> </u>	2022 Open to Public				
Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for the latest information.								Inspection	
Internal Revenue Service Name of the organization			Go to www.irs.go		est information.		Employer identificati	-	
-	OT THO						00 1040007		
NEW GEORGIA PROJI	Information on (	Grants and Assis	stance				82-1348307		
			unt of the grants or assista	ance the grantees' elig	ibility for the grants or a	ssistance and			
	a used to award the gra							. X Yes No	
	-		the use of grant funds in t						
					s. Complete if the or	ganization answered "	Yes" on Form 990,		
			ore than \$5,000. Part						
1 (a) Name and addres		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant	
or govern	ment		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance	
(1) BLACK MAN LAB	FOUNDATION								
4153C FLAT SHOALS	S PKWY, SUI							COMMUNITY	
DECATUR GA 30034		84-4788993	501C3	110,000		CASH	N/A	OUTREACH	
(2) FAITH IN ACTIC	N NETWORK								
171 SANTA ROSA AV	VENUE OAKLA							COMMUNITY	
OAKLAND CA 94610		94-2206497	501C3	271,684		CASH	N/A	OUTREACH	
(3) FAITH IN ACTIC	N FL								
406 E AMELIA ST								COMMUNITY	
ORLANDO FL 32803		59-3151613	501C3	171,500		CASH	N/A	OUTREACH	
(4) MEMPHIS ARTIST	'S FOR CHANGE								
1540 NETHERWOOD A	AVE							COMMUNITY	
MEMPHIS TN 38106		81-4207475	501C3	171,500		CASH	N/A	OUTREACH	
(5) POWER COALITIC	N FOR EQUITY								
4930 WASHINGTON A	AVE							COMMUNITY	
NEW ORLEANS LA 70	0125	83-2511340	501C3	171,500		CASH	N/A	OUTREACH	
(6)									
(7)									
(8)									
\-/									
(9)									
(10)									
2 Enter total number of	of section 501(c)(3) and	d government organiza	ations listed in the line 1 ta	able •••••				5	

**3** Enter total number of other organizations listed in the line 1 table 

# Schedule I (Form 990) (2022) NEW GEORGIA PROJECT INC 82-1348307 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

	Part III can be duplicated if additio	nal space is needed	d.			
	(a) Type of grant or assistance	(b) Number of recipients	( <b>c)</b> Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						

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

7

Point syup         For certain Officer, Directors, Trustese, Rey Employees, and Highest Completed in the organization Employees Dompleted in the organization Employees Completed in the organization asserving 'Ye'' or 'Orn' 390, Part IV. Ine 23. Go to www.irs.gov/FormS90 for Instructions and the latest information.         2022           Yee and the Texacury mere difference in the completed in the organization provided any of the following to or for a person listed on Form 940, Part VII, Section A, line 1a. Complete Part III to provide any return information erganding these items.	SCH	EDULE J	Comp	ensation Information	(	OMB No. 154	5-0047			
Dependentiation         Complete if the organization streamed "Yes" one Page, Part IV, line 23. Attach to Per mage. Attach to Per mage. Attachattach the per mage. Attach to Per mag	For	For certain Officers, Directors, Trustees, Key Employees, and Highest <b>7</b>								
Description         Core oww.ris.gov/Form900 for instructions and the latest information.         Description           Implementation with the sequentation         Employer identification number         82-1348307           Implementation         82-1348307         82-1348307           Implementation         82-1348307         82-1348307           Implementation         82-1348307         82-1348307           Implementation         82-1348307         82-1348307           Implementation         Implementation         82-1348307           Implementation         Implementation         82-1348307           Implementation         Implementation         Implementation           Implementation			C Complete if the organizati	ompensated Employees on answered "Yes" on Form 990. Part IV. lir	ne 23.	-	-			
and if the organization       Employer identification number         BX GBX0RIA PROJECT INC       82-1348307         BX GBX0RIA PROJECT INC       90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Parteninfication and gross-up payments       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       10         c point the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain in Part III.       11         2       Did the organization require substantiation prove to reimbursing or allowing expenses incurred by all directors, futures, and officers, including the CEO/Executive Director, but explain in Part III.       11         3       Indicate which, ff any, of the following the organization survey or study       2         B Compensation commuter				Attach to Form 990.		•				
Bit GeoRGTA PROJECT INC         82-1348307           and I         Questions Regarding Compensation         Yes           1a         Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 90, Part VII, Section A, line 1a. Complete Part II the provide any relevant information regarding these items.         Image: Section 2000 (Section 2000) (Section 20							on			
Part I         Questions Regarding Compensation           1a         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		0	CT INC							
1a         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items.         Image: Comparison of the organization provide any relevant information regarding these items.         Image: Comparison of Comp		I Question	s Regarding Compensation		02-1340307					
90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.            First-bias or charter travel             Travel for companions             Tax Indemnification and gross-up payments             Descriptionary spending account             Descriptionary spending account             Discriptionary spending account             Did the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain            Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, including the CEO/Executive Director, regarding the items checked on line 1a?            Did the organization to establish compensation of the CEO/Executive Director, but explain in Part III.            Compensation committee <ul> <li>Written employment contract</li> <li>Compensation scient organization:             </li> <li>Approval by the board or compensation committee</li> </ul>						Y	es			
Image: Second	1a					ו 🗌				
Travel for companions               Payments for business use of personal services (such as maid, chauffeur, chef)                 b. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain										
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinvibursment or provision of all of the expenses described above? If "No," complete Part III to explain         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         2       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.         2       Compensation committee       Written employment contract         3       Indicate which, jf any of the following the organization survey or study       Compensation or arelated organization:         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or arelated organization:       Approval by the board or compensation committee         4       During the year, did any person tisted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa										
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation orbursed:         4       Compensation committee       Written employment contract         5       Form 990 of other organization:       Xi Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Approval by the board or compensation committee         4       During the year, cli at me persons and provide the applicable amounts for each item in Part III.       App relate organization?       Apt         6       Participate in or re		_	•							
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         2       Indicate which, if any, of the following the organization used to establish the compensation committee         3       Indicate which, if any, of the following the organization used to establish the compensation committee         4       Compensation committee       Written employment contract         5       Form 990 of other organizations       K Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a relate organization:       4a         4       During the year, did any person and provide the applicable amounts for each item in Part III.       5a         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.		_								
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line ta?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation on the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or arelated organization:       4a         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or arelated organization:       4a         4       During the year, did any person sand provide the applicable amounts for each item in Part III.       4a         5       Participate in or receive payment from an equity-based compensation arrangement?       4a         4       During the year, did any person sand provide the applicable amounts for each item in Part III.       5a         6       For persons listed on Form 990, Par		Discretionary	y spending account	Personal services (such as maid, c	chauffeur, chef)					
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line ta?       1b         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or arelated organization:       4a         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or arelated organization:       4a         4       During the year, did any of the ensons and provide the applicable amounts for each item in Part III.       4a         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on	h	If any of the boy	xes on line 1a are checked, did the	organization follow a written policy rega	rding navment					
explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Compensation survey or study         1       Form 990 of other organization:       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or receive payment from a supplemental nonqualified retirement plan?       4a         4       During the year, did any person sond a supplemental nonqualified retirement plan?       4a         4       During the year, did any person sond and provide the applicable amounts for each item in Part III.       4c         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         6 <td>D</td> <td>•</td> <td></td> <td></td> <td>• • •</td> <td></td> <td></td>	D	•			• • •					
directors, frustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         Indicate which, if any, of the following the organization used to establish on compensation committee       Compensation in Part III.         Independent compensation consultant       Compensation survey or study         Form 990 of other organization:       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a         a Receive a severance payment or change-of-control payment?       4a         b Participate in or receive payment from an equity-based compensation arrangement?       4c         c Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b         a The organization?       6a       6b         f "Yes" on line 6a or 6b, describe in Part III.       6a         6b				•		1b				
directors, frustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         Indicate which, if any, of the following the organization used to establish on compensation committee       Compensation in Part III.         Independent compensation consultant       Compensation survey or study         Form 990 of other organization:       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a         a Receive a severance payment or change-of-control payment?       4a         b Participate in or receive payment from an equity-based compensation arrangement?       4c         c Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b         a The organization?       6a       6b         f "Yes" on line 6a or 6b, describe in Part III.       6a         6b										
1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	2									
<ul> <li>Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li></ul>			-		CHECKED ON LINE	<u>,</u>				
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		1d? • • • • • •				2	_			
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	3	Indicate which.	if any, of the following the organiza	tion used to establish the compensation	of the					
related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee         Image: Compensation committee       Image: Compensation consultant       Image: Compensation committee         Image: Compensation consultant       Image: Compensation committee       Image: Compensation committee         Image: Compensation consultant       Image: Compensation committee       Image: Compensation committee         Image: Compensation consultant       Image: Compensation committee       Image: Compensation committee         Image: Compensation consultant       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation consument compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation consument compensation compensation contingent from a supplemental nonqualified retirement plan:       Image: Compensation committee       Image: Compensation committee         Image: Compensation contingent from an equily-based compensation may or accrue any compensation contingent on the revenues of:       Image: Compensation contingent on the net earnings of:       Image: Compensation contingent on the net earnings of:         Image: Compensation contingent										
<ul> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Grom 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>The organization?</li> <li>The organization?</li> <li>The organization?</li> <li>The organization?</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>The organization?</li> <li>The organization?</li> <li>Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line</li></ul>										
<ul> <li>Independent compensation consultant</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a equity-based compensation arrangement?</li> <li>Participate in or receive payment from a nequity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from a nequity-based compensation arrangement?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a nequity-based compensation arrangement?</li> <li>Participate in or receive payment from a nequity-based compensation arrangement?</li> <li>Participate in or receive payment from a nequity-based compensation arrangement?</li> <li>Participate in or receive payment from a nequity-based compensation arrangement?</li> <li>Conly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>For persons listed on</li></ul>		-								
Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a         a       Receive a severance payment or change-of-control payment?       4a         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a         c       Participate in or receive payment from an equity-based compensation arrangement?       4b         c       Participate in or receive payment from an equity-based compensation arrangement?       4a         dv       dv       4c       4b         dv       dv       dv       4c         dv       freesi' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         a       The organization?       5a         b       Any related organization?       5a         compensation contingent on the net earnings of:       5a         a       The organization?       5a         b </td <td></td> <td><u> </u></td> <td></td> <td></td> <td></td> <td></td> <td></td>		<u> </u>								
organization or a related organization:       4a         a Receive a severance payment or change-of-control payment?       4a         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a         c Participate in or receive payment from a supplemental nonqualified retirement plan?       4c         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         a The organization?       5a         b Any related organization?       5a         c The organization?       6a         b Any related organization?       6a         c M any related organization?       6a		-	-		ation committee					
organization or a related organization:       4a         a Receive a severance payment or change-of-control payment?       4a         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a         c Participate in or receive payment from an equity-based compensation arrangement?       4c         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         a The organization?       5a         b Any related organization?       5a         c The organization?       6a         b Any related organization?       6a         c M any related organization?       6a         <										
a       Receive a severance payment or change-of-control payment?       4a         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b         c       Participate in or receive payment from an equity-based compensation arrangement?       4c         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         a       The organization?       5a         b       Any related organization?       5a         c       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b         a       The organization?       6a         b       Any related organization?       6a         b       Any related organization?       6a         c       If "Yes" on line 6a or 6b, describe in Part III.       7         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8       Were any amounts reported on Fo	4		• •	), Part VII, Section A, line 1a, with respec	ct to the filing					
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b         c       Participate in or receive payment from an equity-based compensation arrangement?       4c         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         a       The organization?       5a         b       Any related organization?       5a         c       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b         a       The organization?       6a         b       Any related organization?       6a         compensation contingent on the net earnings of:       6a         a       The organization?       6a         b       Any related organization?       6a         compensation contingent on the net earnings of:       6a         a       The organization?       6a         b       Any related organization?       6a         db       If "Yes" on line 6a or 6b, describe in Part III.<	~	-	-	al novmant?		40				
c       Participate in or receive payment from an equity-based compensation arrangement?       4c         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         a       The organization?       5a         b       Any related organization?       5a         if "Yes" on line 5a or 5b, describe in Part III.       5b         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a         a       The organization?       6a         b       Any related organization?       6a         compensation contingent on the net earnings of:       6a         a       The organization?       6a         b       Any related organization?       6a         b       Any related organization?       7         8       Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8       Were any amounts reported on Form 990,										
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         a       The organization?         b       Any related organization?         if "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         compensation contingent on the net earnings of:       6a         a       The organization?         f" "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         7       For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         8       In Part III       In Part III										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         a       The organization?         b       Any related organization?         b       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         compensation contingent on the net earnings of:       6a         a       The organization?         b       Any related organization?         compensation contingent on the net earnings of:       6a         a       The organization?         b       Any related organization?         compensation contingent on the net earnings of:       6a         a       The organization?         fl "Yes" on line 6a or 6b, describe in Part III.       6a         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4	L			· •		40				
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>Part III</li> </ul>		,								
compensation contingent on the revenues of:       5a         a The organization?       5a         b Any related organization?       5b         of If "Yes" on line 5a or 5b, describe in Part III.       5b         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a         a The organization?       6a         b Any related organization?       6a         f "Yes" on line 6a or 6b, describe in Part III.       6b         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8		-								
a       The organization?       5a         b       Any related organization?       5b         lf "Yes" on line 5a or 5b, describe in Part III.       5b         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a         a       The organization?       6a         b       Any related organization?       6a         if "Yes" on line 6a or 6b, describe in Part III.       7         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8	5	•		، line 1a, did the organization pay or ac	crue any					
<ul> <li>b Any related organization?</li></ul>						_				
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         b       Any related organization?         f"Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         8       8		•								
<ul> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <ul> <li>a The organization?</li> <li>b Any related organization?</li> <li>comparization?</li> <li>f"Yes" on line 6a or 6b, describe in Part III.</li> </ul> </li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>8 In Part III</li> </ul>	b					5b				
compensation contingent on the net earnings of:       6a         a       The organization?       6a         b       Any related organization?       6b         compensation line 6a or 6b, describe in Part III.       6b         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8		IT "Yes" on line	5a or 5b, describe in Part III.							
compensation contingent on the net earnings of:       6a         a       The organization?       6a         b       Any related organization?       6b         lf "Yes" on line 6a or 6b, describe in Part III.       6b         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8	6	For persons list	ted on Form 990. Part VII. Section	A, line 1a, did the organization pay or ac	crue anv					
a       The organization?       6a         b       Any related organization?       6b         lf "Yes" on line 6a or 6b, describe in Part III.       6b         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8	-			, ,	,					
<ul> <li>b Any related organization?</li></ul>	а					6a				
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe         8       8		-								
8       payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       7         8       8	-									
8       payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       7         8       8	_	<b>_</b>			<i>c</i>					
8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         8       8	7	•		÷ .	•					
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	•									
in Part III	ŏ									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						0				
	9	If "Yes" on line	8, did the organization also follow t	he rebuttable presumption procedure de	scribed in					
Regulations section 53.4958-6(c)?         9			-			9				

82-1348307 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B)Breakdown of W-2 ar	id/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
NSEABASI G UFOT	(i)	183,883	0	0	0	464	184,347	0
1 EXECUTIVE DIRECTOR	(ii)	78,553	0	0	0	0	78,553	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Page 2

EEA

#### Part III Supplemental Information

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

82-1348307

01. Related organization compensation method (Part I, line 3)

#### COMPENSATION IS BASED ON MARKET RESEARCH (I.E.GUIDESTAR). SALARY BANDS ARE CREATED FOR EACH ROLE BASED ON THIS

RESEARCH AND APPROVED BY SENIOR LEADERSHIP. EXECUTIVE COMPENSATION CHANGES ARE APPROVED BY THE BOARD.

#### SCHEDULE L (Form 990)

Transactions With Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service	Goto	Atta www.irs.gov/Fo			or Form 990 ctions and t		est inform	ation			Open To Public Inspection				
Name of the organization		Employer identifi													
NEW GEORGIA PROJEC									L3483						
	nefit Transactio														
	the organization	n answered "Ye	s" on F	orm 990	, Part IV, lir	າe 25	a or 25b,	or Forr	n 990-	EZ, P	Part V,	line	40b.		
1 (a) Name of disqualifie	ed person	(b) Relationship bet or	ween disq ganization		on and		(c) [	Description	of transad	ction			(d) Cor Yes	nected?	
(1) NSEABASI G UFO	т	FORMER EXECUTIVE DIRECTOR					ANCE TO	) EMPL	OYEE					x	
(2)															
(3)															
<ul> <li>2 Enter the amount of ta under section 4958</li> <li>3 Enter the amount of ta</li> </ul>											\$		12	,237	
	,,,,	,,	,,,								• —				
Complete if	nd/or From Inte the organization reported an ar	n answered "Ye	s" on F				38a or F	orm 99	), Parl	: IV, lir	ne 26	; or if	the		
(a) Name of interested person (b) Relatio with organi				om the	(e) Original principal amount				(g) In default?		(h) Approved by board or committee?		(i) Written agreement?		
			То	From					Yes	No	Yes	No	Yes	No	
(1)															
(2)	_														
(3)															
(4)															
(5)															
						\$									
	Assistance Ben	-													
(a) Name of interested person	the organization (b) Rela	n answered "Yes tionship between interes			, Part IV, Iir	ne 27	(d) Type of	assistance			(e) Purp	ose of a	issistanc	e	
	pers	son and the organization	n	assi	istance										
(1)															
(2)															
(3)															
(4)															
<u>(5)</u>	A - 4 N - 41			000 5											
For Paperwork Reduction	Act Notice, see th	ne instructions fo	or Form	990 or 99	90-EZ.					S	Schedu	le L (F	orm 99	0) 2022	

EEA

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction
(1)			
_ (2)			
(3)			
(4)			
(5)			
Part V         Supplemental Information.           Provide additional information for	r responses to questions	on Schedule L (see i	instructions).
	· · ·	, , , , , , , , , , , , , , , , , , ,	
EEA			Schedule L (Fo

(e) Sharing of organization's revenues? Yes No

Schedule L (Form 990) 2022

Part IV

NEW GEORGIA PROJECT INC

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Business Transactions Involving Interested Persons.

#### 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

Department of the Treasury Internal Revenue Service Name of the organization

#### NEW GEORGIA PROJECT INC

Employer identification number 82-1348307

#### 01. Form 990 governing body review (Part VI, line 11)

THE 990 IS PREPARED BY AN OUTSIDE CPA, REVIEWED BY OUTSIDE COUNSEL, SUBMITTED TO THE CHIEF

FINANCIAL OFFICER, SHARED WITH BOARD MEMBERS FOR REVIEW AND CONSIDERATION, SIGNED AND

FILED.

02. Conflict of interest policy compliance (Part VI, line 12c)

DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE TO THE BOARD ANY FINANCIAL INTEREST IN

WHICH THE OFFICER OR DIRECTOR DIRECTLY OR INDIRECTLY HAS IN ANY PERSON OR ENTITY WHICH IS

A PARTY TO A TRANSACTION UNDER CONSIDERATION BY THE BOARD. THE INTERESTED DIRECTOR OR

OFFICER IS REQUIRED TO ABSTAIN FROM VOTING ON THE TRANSACTION.

#### 03. CEO, executive director, top management comp (Part VI, line 15a)

COMPENSATION IS BASED ON MARKET RESEARCH SUCH AS GUIDESTAR. SALARY BANDS ARE CREATED FOR

EACH ROLE BASED ON THIS RESEARCH AND APPROVED BY SENIOR LEADERSHIP. EXECUTIVE COMPENSATION

CHANGES ARE APPROVED BY THE BOARD.

04. Other officer or key employee compensation (Part VI, line 15b

COMPENSATION IS BASED ON MARKET RESEARCH SUCH AS GUIDESTAR. SALARY BANDS ARE CREATED FOR

EACH ROLE BASED ON THIS RESEARCH AND APPROVED BY SENIOR LEADERSHIP. EXECUTIVE COMPENSATION

CHANGES ARE APPROVED BY THE BOARD.

#### 05. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL

STATEMENTS AVAILABLE UPON REQUEST

SCHEDULE R	Related C	)rganiza	ations an	d Unrelate	d Partnershi	ins		OMB N	lo. 1545-	0047
(Form 990)		•				-		2	2022	2
	Complete if the orga	nization ans		n Form 990, Part I Form 990.	IV, line 33, 34, 35b, 30	6, or 37.			ו to Pu	
Department of the Treasury Internal Revenue Service	Go to ww	w.irs.gov/Foi		ructions and the la	atest information.			-	spectio	
Name of the organization	-							yer identific		umber
NEW GEORGIA PRO			. <i>.</i> .				82-3	1348307		
Part I   Identific	cation of Disregarded Entities. Comple	ete if the or	ganization a				1			
Nam	(a) ne, address, and EIN (if applicable) of disregarded entity		Prim	(b) nary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year asse	ets C	(f) Direct contr entity	rolling y
(1)										
(2)										
(3)										
(4)										
(4)										
(5)										
	cation of Related Tax-Exempt Organiz nore related tax-exempt organizations du			e organization	answered "Yes"	on Form 990, Par	rt IV, line 34 b	ecause	it had	
Nom	(a) e, address, and EIN of related organization		(b)	(c)	(d)	(e) Public charity statu	s Direct cont		() Sec. 512	<b>3)</b> 2(b)(13)
INATIN		Prim	ary activity	Legal domicile (state or foreign country)		(if section 501(c)(3		-	controlle Yes	ed entity?
(1) NEW GEORGIA P	ROJECT ACTION FUND, 82-0934131	VOTER EN	IGAGEMENT							
830 GLENWOOD	AVE SE	AND PART	ICIPATION							
ATLANTA GA 30	316	IN ELECT	IONS.	GA	501 (C)4		N/A			х
(2)										
(3)										
(4)										
(5)										
(5)										

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

Schedule R (Form 990) 2022		A PROJECT INC						82-13483			Page <b>2</b>
Part III Identification of	Related Organiz	zations Taxable	as a Partners	hip. Complete	if the organ	ization ansv	vered "Yes	" on Form 990,	Part IV, I	ne 34,	
			1		-		(b)	(1)			(1.)
(a) (b) Name, address, and EIN of Primary activit related organization		y Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from	(f) Share of tot income	al Share of er year ass			.1 partn	jing o	<b>(k)</b> rcentage wnership
		country)		tax under sections 512-514)			Yes	No	Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
Part IV Identification of line 34, because i	Related Organiz	zations Taxable	as a Corpora	tion or Trust.	Complete if	the organiza	ation answ	ered "Yes" on F	orm 990,	Part IV	<i>Ι</i> ,
(a) Name, address, and EIN of related of		(b) Primary activity	(c) Legal doi (state or foreig	micile (d	) htrolling T	(e) ype of entity rp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	( Section 5 contr enti	12(b)(13) olled
										Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											

Schedule R (F	Form 990) 2022
Part V	Transactior

### Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

NEW GEORGIA PROJECT INC

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	۲	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		x
c Gift, grant, or capital contribution from related organization(s)	1c		x
d Loans or loan guarantees to or for related organization(s)	1d		x
e Loans or loan guarantees by related organization(s)	1e		x
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)	1g		x
h Purchase of assets from related organization(s)	1h		x
i Exchange of assets with related organization(s)	1i		x
j Lease of facilities, equipment, or other assets to related organization(s)	1j		x
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)	11		x
m Performance of services or membership or fundraising solicitations by related organization(s)	m		x
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
o Sharing of paid employees with related organization(s)	10	x	
p Reimbursement paid to related organization(s) for expenses	1p		x
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q		x
r Other transfer of cash or property to related organization(s)	1r		x
s Other transfer of cash or property from related organization(s)	1s		v

(a)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) NEW GEORGIA PROJECT ACTION FUND	0	11,089,408	CASH PAYMENTS
(2)			
(3)			
_(4)			
_ (5)			
(6)			
EEA			Schedule R (Form 990) 2022

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Page 3

#### 82-1348307

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a)	(b)	(c)	(d)	(e	)	(f)	(g)	(h	)	(i)	(j)		(k)
Name, addre:	ss, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	unrelated, excluded 501(c)(3) from tax under organizations?		total income end-of-year assets		Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	man par	eral or aging tner?	Percentage ownership
				,	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
[11]														
12)														

Form	8868
(Rev. Ja	nuary 2022)

### 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 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*.

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.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)				
print	NEW GEORGIA PROJECT INC	82-1348307				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.					
due date for	B30       GLENWOOD AVE SE STE 510-22         City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
return. See						
instructions.						

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

Application		Application	Return	
Is For	Code	Is For	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			

#### The books are in the care of FRANCYS JOHNSON, 830 GLENWOOD AVE SE ATLANTA GA 30316

Te	elephone No. > 404-996-6621 FAX No. >			
• If	the organization does not have an office or place of business in the United States, check this box			
		this is		
	e whole group, check this box	h		
	with the names and TINs of all members the extension is for.			
				—
1	I request an automatic 6-month extension of time until	turn foi	r	
	the organization named above. The extension is for the organization's return for:			
	► X calendar year 20 22 or			
	▶ ☐ tax year beginning, 20, and ending	. 2	0.	
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			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			—
	nonrefundable credits. See instructions.	3a	\$	
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.	3b	s	
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			—
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	s	
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8		F for payment	—
			paj	
	Privacy Act and Paperwork Reduction Act Notice, see instructions.	For	m 8868 (Rev. 1-2022	2)
	······, ······························			/

EEA

Form 8879-TE

### IRS e-file Signature Authorization for a Tax Exempt Entity

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning

, 2022, and ending

Do not send to the IRS. Keep for your records.

2022

Department of the Treasury Internal Revenue Service

Name of filer

EIN or SSN 82-1348307

, 20

NEW GEORGIA PROJECT INC Name and title of officer or person subject to tax

# FRANCYS JOHNSON, BOARD CHAIR Part I Type of Return and Return Information

Check the	e box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form	1
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 1	1a, 2a,
3a, 4a, 5a	a, 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, 5k	b, 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	e line below. <b>Do not</b> complete more than one line in Part I.	
1a F	Form 990 check here D b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b

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)
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)       4b
5a	Form 8868 check here 🗴	b	Balance due (Form 8868, line 3c)         5b         0
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
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D) 8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)         ••••••••••••••••••••••••••••••••••••
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) • • 10b
Part	II Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax
Under p	enalties of perjury, I declare that		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
completinterme acknow the data (direct of return, a 1-888-3 process the pay	te. I further declare that the amount in Pa diate service provider, transmitter, or ele ledgement of receipt or reason for reject of any refund. If applicable, I authorize lebit) entry to the financial institution acco and the financial institution to debit the el 53-4537 no later than 2 business days p ing of the electronic payment of taxes to	art I ctro ion the oun ntry rior rec	is and statements, and, to the best of my knowledge and belief, they are true, correct, and above is the amount shown on the copy of the electronic return. I consent to allow my nic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an of the transmission, (b) the reason for any delay in processing the return or refund, and (c) U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal t indicated in the tax preparation software for payment of the federal taxes owed on this to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at to the payment (settlement) date. I also authorize the financial institutions involved in the eive confidential information necessary to answer inquiries and resolve issues related to on number (PIN) as my signature for the electronic return and, if applicable, the consent to
PIN: ch	eck one box only		

I authorize	to enter my F	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 agency(ies) regulating charities as part of the IRS Fed/State program, return's disclosure consent screen.	.,		
As an officer or person subject to tax with respect to the entity, I will en filed return. If I have indicated within this return that a copy of the return of the IRS Fed/State program, I will enter my PIN on the return's disclo	n is being filed with a state a		
48307			
Signature of officer or person subject to tax			Date 10-18-2023
Part III Certification and Authentication			
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	671519 4	4444	
	Do no	ot ente	r all zeros
I certify that the above numeric entry is my PIN, which is my signature on the am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Providers for Business Returns.			
ERO's signature	[	Date	11-15-2023
ERO Must Retain This Do Not Submit This Form to the			Γο Πο So

Form 8879-TE

#### IRS e-file Signature Authorization for a Tax Exempt Entity

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

, 2022, and ending For calendar year 2022, or fiscal year beginning

Do not send to the IRS. Keep for your records.

2022

17,617,144

Department of the Treasury Internal Revenue Service

Name and title of officer or person subject to tax FRANCYS JOHNSON, BOARD CHAIR

Name of filer

Part I

of entity)

EIN or SSN

NEW GEORGIA PROJECT INC

82-1348307

, 20

1b

2b

3b

4b

5b

6b

7b

8b

9b 10b . .

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 . . . . . x **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here . . . Form 1120-POL check here . . 3a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part V, line 5) . . . . 4a Form 8868 check here . . . 5a Π Form 990-T check here . . . . 6a Form 4720 check here . . . 7a Form 5227 check here . . . . **b** FMV of assets at end of tax year (Form 5227, Item D) .... 8a Form 5330 check here . . . 9a b

Type of Return and Return Information

10a Fo	orm 8038-CP check here	b Amount of credit payment requested (	· · · · · · · · · · · · · · · · · · ·
Part II	Declaration and Sigr	ature Authorization of Officer or Per	son Subject to Tax
Under pen	alties of perjury, I declare that	I am an officer of the above entity or	I am a person subject to tax

e above entity or	I am a person subject to tax with respect to (name
, (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.

I authorize	to enter i	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 retu agency(ies) regulating charities as part of the IRS Fed/State program, I also au return's disclosure consent screen.			5			
filed return. If I have indicated within this return that a copy of the return is being	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.					
48307						
Signature of officer or person subject to tax			Date 10-18-2023			
Part III Certification and Authentication						
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	671519	44444				
Do not enter all zeros						
I certify that the above numeric entry is my PIN, which is my signature on the 2022 ele am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Moderniz Providers for Business Returns.						
ERO's signature		Date	11-15-2023			
ERO Must Retain This Form						

#### 2022 Filing Instructions NEW GEORGIA PROJECT INC Tax year ending 12-31-2022

#### Form filed:

Form 990 and supplemental forms and schedules

#### Filing method:

The return has been e-filed, do not mail.

#### Due date:

11-15-2023

#### The return reflects neither a refund nor a balance due.

#### Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.