FOR TAX YEAR 2022

RISE AUGUSTA INC

VS Cooper and Company LLC 3643 Walton Way Ext Augusta, GA 30909 (706)737-0373

VS Cooper and Company LLC

3643 Walton Way Ext Augusta, GA 30909 neff@vscooperandco.com Phone: (706)737-0373 | Fax: (706)737-0199

May 16, 2023

RISE Augusta Inc P O Box 1604 Augusta, GA 30903-1604

RISE Augusta Inc:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for RISE Augusta Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

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

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (706)737-0373.

Sincerely,

Neff Velez VS Cooper and Company LLC

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury			Do not enter social security numbers on this form as it may be mad	e public.		Open to Public			
		nue Service	Go to www.irs.gov/Form990 for instructions and the latest infor		Inspection				
Α	For the	e 2022 calend	ar year, or tax year beginning , 2022, and en	ding	-	, 20			
В	Check if	applicable:	D Emplo	yer identification number					
	Address	change		58-2246930					
	Name ch	nange	E Teleph	one number					
	Initial ret	urn	P O Box 1604			(706)733-3059			
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	receipts			
	Amende	d return	Augusta, GA 30903-1604		\$	838,521			
	Applicati	on pending	F Name and address of principal officer:	H(a) Is this a	group return fo	r subordinates? 🗌 Yes 🛛 No			
				H(b) Are all	subordinates	s included? Yes No			
I	Tax-exe	mpt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	lf "No,"	attach a list	See instructions			
J	Website	: N/A		H(c) Group	exemption n	umber			
к	Form of	organization: X	Corporation Trust Association Other L Year of formation: 1	996 м з	State of lega	I domicile: GA			
Pa	rt I	Summar							
	1	Briefly descr	ibe the organization's mission or most significant activities: Rise Augusta cha	mpions t	he cor	nection of			
		•	ommunity resources with schools to help young people su						
çe			nd prepare for life. The primary focus is on improving						
Governance			g needed support & services to students						
ver	2		ox if the organization discontinued its operations or disposed of more than 25% of i	s net assets					
Ő	3		oting members of the governing body (Part VI, line 1a)		3	16			
	4		ndependent voting members of the governing body (Part VI, line 1b)		4	16			
Activities &	5		r of individuals employed in calendar year 2022 (Part V, line 2a)		5	25			
tivit	6		r of volunteers (estimate if necessary)		6	175			
Ac			ted business revenue from Part VIII, column (C), line 12		7a	0			
			7a 7b	0					
			d business taxable income from Form 990-T, Part I, line 11		10				
	8	Contribution	s and grants (Part VIII, line 1h)	Prior Year	070	Current Year			
a)	9		vice revenue (Part VIII, line 2g)	500	0,072	838,495			
nu		0	9						
Revenue	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		9	26			
£	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	F ((0.01	0			
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	560	0,081	838,521			
	13		similar amounts paid (Part IX, column (A), lines 1-3)			0			
	14		d to or for members (Part IX, column (A), line 4)			0			
ŝ	15	,	er compensation, employee benefits (Part IX, column (A), lines 5-10)	285	9,295	401,496			
xpenses			fundraising fees (Part IX, column (A), line 11e)			0			
be adx			ising expenses (Part IX, column (D), line 25) <u>12,098</u>						
Ш́			ses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,595	292,320			
	18	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,890	693,816			
	19	Revenue les	s expenses. Subtract line 18 from line 12		2,191	144,705			
p	Ces			ginning of Curr		End of Year			
Net Assets or	20		(Part X, line 16)		1,273	217,158			
et As	21		3,151	4,630					
			or fund balances. Subtract line 21 from line 20	71	L,122	212,528			
	rt II		re Block		1-6 10 1				
Unc	er penali , correct,	and complete. De	clare that I have examined this return, including accompanying schedules and statements, and to the best of my k claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	iowledge and be	ilet, it is				
C i-	n		ie L Cook						
Sig		Signature of office			Date	•			
He	re	Laur	ie L Cook, Executive Director						

-	Type or print name and title											
	Print/Type preparer's name		Preparer's signature	arer's signature Date				PTIN				
Paid	Neff Velez		05-16-2023				self-employed	xxxxxxxx				
Preparer	Firm's name VS Cooper and Company LLC				Firm's EIN							
Use Only	Firm's address	ress 3643 Walton Way Ext				Phone no.						
					706-	737-0373						
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions											

Form	990 (2022) RISE Augusta Inc 58-2246930 Page	≥ 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III \ldots \ldots \ldots \ldots \ldots \ldots \ldots x]
1	Briefly describe the organization's mission:	
	Rise Augusta champions the connection of needed community resources with schools to help young	
	people successfully learn, stay in school and prepare for life. The primary focus is on improv	ing
	student and school success by providing needed support & services to students	—
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$556,040 including grants of \$) (Revenue \$)	
	Provide a variety of services for children in Augusta Richmond County to help them successfull	У
	learn stay in school and prepare for life	_
		—
		—
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		—
		—
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		—
		—
لہ ۸	Other program services (Describe on Schedule Q.)	—
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 556,040	—

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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	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I	· · · · _	3		х
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		х
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? If "Yes," complete Schedule C, Part III	· · · · _	5		х
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		х
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		х
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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
	complete Schedule D, Part VI	· · · · · <u>1</u>	1a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	· · · · <u>1</u>	1b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	· · · · <u>1</u>	1c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	· · · · <u>1</u>	1d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>1</u>	1e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	1	1f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	1	2a		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	1	2b		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?	1	l4a		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	1	4b		х
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	· · · · L'	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	· · · · L'	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	· · · · L'	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III	'	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2	0a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		0b		
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	<u></u> ;	21		x
			_		(0000)

Form 990 (2022)

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Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	• • •	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
~ .	employees? If "Yes," complete Schedule J.	• • •	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		04-		
	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		24c		
d	to defease any tax-exempt bonds?		240 24d		
u 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	•••	24u		
zja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ZJa		
0	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		200		
	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				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	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,		•		
9F	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	• • •	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		35b		v
36	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	• • •	300		x
30	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	• • •	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		0.		
	19? Note: All Form 990 filers are required to complete Schedule O		38	x	
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?		1c	x	
				- 000 /	(2022)

Form	990 (2022) RISE Augusta Inc 58-2246	930	F	Page 5				
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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 returm 2a 25							
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		x				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х				
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).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a		x				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
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:	-						
	Gross income from members or shareholders							
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-						
b	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
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						
a	Note: See the instructions for additional information the organization must report on Schedule O.	154						
h	Enter the amount of reserves the organization is required to maintain by the states in which							
b	the organization is licensed to issue qualified health plans							
•		-						
C 1/3	Enter the amount of reserves on hand	140		v				
14а ь	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x				
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v				
	excess parachute payment(s) during the year?	15		x				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
47	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.							

For	m 990 (2022) RISE Augusta Inc 58-22469	30	Р	age 6
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 instructio			
	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 1a 16			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		
3	any other officer, director, trustee, or key employee?	2		x
5	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	Na
100	Did the ergenization have lead chapters branches or effiliates?	100	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	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Πα		
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	x	
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	x	
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		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
Sec	organization's exempt status with respect to such arrangements?	16b		I
17	List the states with which a copy of this Form 990 is required to be filed Georgia			
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.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Laurie Cook (706)550-7716, P O BOX 1604, Augusta, GA 30903			

Form 990 (202	2) RISE Augusta Inc	58-2246930	Page I
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated Employee	s, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensat	ed Employees	
1a Complete	his table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the	
organization's	tax year.		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

	ited erganizat									
				((C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average					han one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or d	Inst	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	vidua	itutio	cer	' emp	nest ploye	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	nstitutional trustee		Key employee	e com				
	below	Istee	ruste		ě	pens				
	dotted line)		ě			Highest compensated employee				
(1) Laurie Cook	40.00									
Executive Director		х		х				58,558	0	0
(2) Monique Wynn	1.00									
Board Member		х						0	0	0
(3) Chuck Fuqua	1.00									
Board Member		х						0	0	0
(4) Jason LaClair	1.00									
Board Member		х						0	0	0
(5) Dalton Self	1.00									
Board Member		х						0	0	0
(6) Nikki Brigham	1.00									
Board Member		х						0	0	0
(7) Tim Thomason	1.00									
Board Member		х						0	0	0
(8) Blake Chambers	1.00									
Board Member		х						0	0	0
(9) Kayla Cooper	1.00									
Board Member		х						0	0	0
(10)Bonita Jefferies	5.00									
Board Member		х						0	0	0
(11)Joy Agee	5.00									
Board Member		х						0	0	0
(12)Michele McNelly	5.00									
Board Member		х						0	0	0
(13)Teresa Cobb	5.00									
Board Member		x						0	0	0
(14)William Thompson	5.00									
Treasurer		x		x				0	0	0
EEA				_			_			Form 990 (2022)

Form 9	<u> </u>										-	8-2246			age 8
Part	VII	Section A. Officers, Directors, T	rustees,	Key I	Emp	olo	yee	es, an	hd F	lighest Comp	ensated	I Emplo	oyees	(cont	inued
		(A) Name and title	(B) Average hours per week (list any	box	, unles cer and	Po: eck m ss per d a di	rson i: rector	han one s both ar r/trustee))	(D) Reportable compensation from the organization (W-2/	(E) Reporta compens from rela organization	able ation ated ns (W-2/	com fre	(F) ated am of other opensati om the	ion
			hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-M 1099-N		-	nization organiz	
Chair	man	Jacobs	5.00	x		x				0		0			0
Vice		rray	5.00	x		x				0		0			0
(17)															-
(18)															
(19)															
(20)															
(21)															
(22)															
(23)	·														
(24)															
(25)															
1b	Subt	otal	•••••	•••	•••	••	•••	•••	•						
c d		from continuation sheets to Part VII, Sect (add lines 1b and 1c)		•••	•••	•••	•••	•••	•	58,558		0			0
2	Total	number of individuals (including but not limit table compensation from the organization									of				
	•													Yes	No
3		he organization list any former officer, direc oyee on line 1a? If "Yes," complete Schedu		-				-					3		x
4		ny individual listed on line 1a, is the sum of re nization and related organizations greater th													
	-	idual					•						4		x
5		ny person listed on line 1a receive or accrue			-			-					_		
Secti		ervices rendered to the organization? If "Yes Independent Contractors	s," complete	Sched	dule .	J for	' SUC	h pers	son			<u>••••</u>	5		х
1		blete this table for your five highest compensa	ted indepen	dent co	ontrac	ctors	s tha	t recei	ved	more than \$100,00	00 of				
	comp	ensation from the organization. Report comp	ensation for	the ca	lenda	ar ye	ear e	ending	with	or within the organ	nization's t	ax year.			
		(A) Name and business addres	s							(B) Description of servic	es		(C) Compensa	ation	
												<u> </u>			
2	Total	number of independent contractors (includin	a but not lin	nited to	thos	e lie	ted	above) wh	10					
		ved more than \$100,000 of compensation fro	-						,						

Form 9	<u>`</u>	,		usta Inc	2				58-22469	30 Page 9
Part	VIII	Statement of Rev	/eni	le						
		Check if Schedule O co	ontair	ns a respons	e or n	ote to any line in this				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
	c	Fundraising events	•••		1c	47,278				
	d	Related organizations .	••		1d					
	е	Government grants (cont	ributi	ons)	1e					
	f	All other contributions, gif	-							
utio er S		and similar amounts not i			1f	791,217				
đ	g	Noncash contributions included in lines 1a-1f 1g								
Con and					1g		000 405			
	h	Total. Add lines 1a-1f	••				838,495			
	2a					Business Code				
e	b									
ervi ue	c									
Program Service Revenue	d									
grai Re	е									
Pro	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f .								
	3	Investment income (includ	ing d	ividends, inte	erest, a	and				
		other similar amounts) .					26	26		
	4	Income from investment of	f tax-e	exempt bond	d proc	eeds				
	5	Royalties	<u>· ·</u>							
				(i) Real	I	(ii) Personal				
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6c							
	d	Net rental income or (loss))			•••••				
	7a	Gross amount from		(i) Securiti	es	(ii) Other				
		sales of assets other than inventory	7a							
	h	Less: cost or other basis	10							
Ø		and sales expenses	7h							
nue	c	Gain or (loss)								
ševe		Net gain or (loss)								
Other Revenue		Gross income from fundra								
oth		events (not including \$	-							
		of contributions reported of	on line	Э						
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .	••		8b					
		Net income or (loss) from		raising event	is					
	9a	Gross income from gamin	-							
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities	· ·	••••				
	10a	Gross sales of inventory, I			10-					
	h	returns and allowances .			10a 10k					
		Less: cost of goods sold Net income or (loss) from								
	U U	INELINCOME OF (IOSS) HOM	30165		y	Business Code				
	11a					Dusiliess COUR				
au Je	b									
ent 'ent	c									
Miscellanous Revenue	-	All other revenue								
Ξ		Total. Add lines 11a-11d								
		Total revenue. See instru					838,521	26	0	0

RISE Augusta Inc **Statement of Functional Expenses**

	Check if Schedule O contains a response or note to	any line in this Part IX			[]
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	58,558	23,423	35,135	
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	287,102	268,767	18,335	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,601	5,568	6,033	
10	Payroll taxes	44,235	37,157	7,078	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	3,884		3,884	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				-
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	5,807		5,807	
13	Office expenses	13,717		13,717	
14	Information technology	4,724		4,724	
15	Royalties				
16 17		5,254	4,203	1,051	
17 18	Travel				
10	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Interest				
22	Depreciation, depletion, and amortization	3,209		3,209	
22		9,243		9,243	
24	Other expenses. Itemize expenses not covered	5,215		5,215	
	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	Special Event Expense	12,098			12,098
b	Bank Fees	4,472		4,472	12,050
c	Direct Program Expenses	213,417	213,417	-,	
d	Equipment Maintenance	11,056	220,111	11,056	
e	All other expenses	5,439	3,505	1,934	
25	Total functional expenses. Add lines 1 through 24e.	693,816	556,040	125,678	12,098
26	Joint costs. Complete this line only if the				,000
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	990 (20	,			58	8-224	46930 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ai	ny line in this Part X			
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash - non-interest-bearing	•••		46,308	1	155,791
	2	Savings and temporary cash investments				2	13,338
	3	Pledges and grants receivable, net	•••		24,628	3	35,193
	4	Accounts receivable, net	•••			4	
	5	Loans and other receivables from any current or former	officer	director,			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers	ons (a	s defined			
		under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	• • •			8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	16,045			
	b	Less: accumulated depreciation	10b			10c	12,836
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11 .				12	
	13	Investments - program-related. See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	3,337	15			
	16	Total assets. Add lines 1 through 15 (must equal line 3	33).		74,273	16	217,158
	17	Accounts payable and accrued expenses	3,151	17	4,630		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	of Sche	edule D		21	
ŝ	22	Loans and other payables to any current or former office	er, dire	ctor,			
Liabilities		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
iab		controlled entity or family member of any of these perso	ns			22	
	23	Secured mortgages and notes payable to unrelated thir	d part	es		23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,151	26	4,630
		Organizations that follow FASB ASC 958, check here	e X				
ŝ		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions			71,122	27	212,528
ala	28	Net assets with donor restrictions				28	
ар		Organizations that do not follow FASB ASC 958, che	eck he	re 🗌 🚽			
Net Assets or Fund Balances		and complete lines 29 through 33.					
or	29	Capital stock or trust principal, or current funds \ldots				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	t fund			30	
Ass	31	Retained earnings, endowment, accumulated income, o	r other	funds		31	
let /	32	Total net assets or fund balances			71,122	32	212,528
2	33	Total liabilities and net assets/fund balances			74,273	33	217,158

EEA

Form 990 (2022)

Form	990 (2022) RISE Augusta Inc	8-2246930)	Pa	age 12
Par	t 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		838,	,521
2	Total expenses (must equal Part IX, column (A), line 25)	2		693,	,816
3	Revenue less expenses. Subtract line 2 from line 1	3		144,	,705
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		71,	,122
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		(3,	,299)
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		212,	,528
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	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 X 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:				
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ī			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	n 990	(2022)

SCHEDULE	Α
(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.

OMB No. 1545-0047
2022

Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public					Open to Public				
Intern	al Rev	venue Service	Go to	www.irs.gov/For	m990 for instructions a	and the la	test inforr	nation.	Inspection
Name	e of th	e organization						Employer identification	on number
RISI	E Au	igusta Inc						58-224693	30
Pa	rt I	Reason	for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	oart.) See instruct	ions.
Theo	organi	ization is not a	private foundation b	ecause it is: (For lin	es 1 through 12, check o	only one bo	ox.)		
1		A church, conv	vention of churches,	or association of cl	hurches described in se	ction 170	(b)(1)(A)(i)).	
2		A school desc	ribed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	D).)			
3		A hospital or a	cooperative hospita	al service organizati	ion described in section	170(b)(1)	(A)(iii).		
4		A medical rese	earch organization o	perated in conjunct	ion with a hospital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter the	е
		hospital's nam	e, city, and state:						
5		An organizatio	n operated for the be	enefit of a college o	r university owned or op	erated by a	a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (Comple	te Part II.)					
6		A federal, state	e, or local governme	nt or governmental	unit described in section	on 170(b)(1)(A)(v).		
7	x	An organizatio	n that normally recei	ves a substantial pa	art of its support from a g	jovernmen	tal unit or f	rom the general public	;
			ection 170(b)(1)(A)		,				
8	_				vi). (Complete Part II.)				
9		An agricultural	research organizati	on described in se	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant co	ollege
		or university or	a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or	
-	_	university:							
10		receipts from a	ctivities related to its	s exempt functions,	33 1/3% of its support from subject to certain except ousiness taxable income	tions; and	(2) no mor	e than 33 1/3% of its	DSS
		acquired by th	e organization after	June 30, 1975. See	e section 509(a)(2). (Co	mplete Pa	rt III.)	,	
11		An organizatio	n organized and ope	erated exclusively t	o test for public safety.	See sectio	on 509(a)(4	4).	
12		•	•		r the benefit of, to perform				
		•			ed in section 509(a)(1)			. ,	(3). Check
	· r	_	•		be of supporting organiza		•	-	
а	1				rvised, or controlled by i		-	.,	giving
			• • • • •		rly appoint or elect a ma		e directors	or trustees of the	
	ı	•	•	-	rt IV, Sections A and B				
b				•	controlled in connection			• • • •	•
			•		tion vested in the same	persons that	at control o	r manage the support	ea
_	. 1	_ ·	on(s). You must co	•			المعربة المالي	function all sinte anatos	d
C					ganization operated in c				a with,
	. (ou must complete Par				ation(a)
d	I [-	•	ng organization operate ngenerally must satisfy a				
			, ,	Ũ	ete Part IV, Sections A		•		55
e				-	n determination from the				
e	۶ I		•		integrated supporting o		• •	т, туре п, туре п	
f	Fr		r of supported organ	-	integrated supporting of	iyanizatioi			
g			ving information abo		nanization(s)				
	-	ame of supported or	-	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(1) 10		ganzaton	(,	(described on lines 1-10		ir governing	support (see	other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No	-	
(A)									
()									
(B)	3)								
(C)									
(D)									
(E)									
Total									

Schedu Part		ations Descr					(vi)
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
	on A. Public Support			•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	336,051	421,249	486,787	560,072	838,495	2,642,654
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	336,051	421,249	486,787	560,072	838,495	2,642,654
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)						456,315
6	Public support. Subtract line 5 from line 4.						2,186,339
	on B. Total Support						2,100,339
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4				560,072		
8		336,051	421,249	486,787	560,072	838,495	2,642,654
0	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from				_		
-	similar sources				9	26	35
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						2,642,689
12	Gross receipts from related activities, etc	•	,			12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	ere					<u></u>
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line	6, column (f), d	ivided by line 1	1, column (f))		14	82.73 %
15	Public support percentage from 2021 Sch	hedule A, Part I	I, line 14			15	87.00 %
16a	33 1/3% support test - 2022. If the organ	nization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ			-			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20			-			
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa						
	organization						
h	10%-facts-and-circumstances test - 20						
b		•					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			•	•		• •
	organization						
18	Private foundation. If the organization d						
	instructions						
EEA						Schedule	A (Form 990) 202

Part							
	(Complete only if you checked th						under Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
	on A. Public Support		1	1	1	1	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
~	or 1% of the amount on line 13 for the year 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	(4) 2010	(0) 2010	(0) 2020	(4) 2021	(0) 2022	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 50)1(c)(3)
	organization, check this box and stop her						<u></u>
Secti	on C. Computation of Public Suppor	-					
15	Public support percentage for 2022 (line 8		•	13, column (f))		15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (I			-		17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga						
-	17 is not more than 33 1/3%, check this be	-	-				
b	33 1/3% support tests - 2021. If the organizati						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
_20	Private foundation. If the organization die	a not check a	box on line 14,	, 19a, or 19b, c	neck this box a	and see inst	ructions

Page 3

58-2246930

Schedule A (Form 990) 2022

RISE Augusta Inc

Page 4

No

RISE Augusta Inc 58-2246930 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes 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. 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 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). 7 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). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a 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.) 10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
ŭ	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
L.	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
<u></u>			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
•	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			
		4		
2	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,			
Casti	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	N-
4	Mana a maintifu of the experimetion le diverture of tweetone duving the texture along a maintifu of the diverture		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			
0	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		V	N-
4	Did the same day is a marked to see the file same and descendentian is the day between the fill second of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
	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) inst	ructio	ons).
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions)		
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 Part VI the role played by the organization in this regard.	3b		
EEA	Schedu	le A (F	orm 99	0) 2022

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 Schedule A (Form 990) 2022
 RISE Augusta Inc

 Part IV
 Supporting Organizations (continued)

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	5
1	Check here if the organization satisfied the Integral Part Test as a qualifying			·
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sect	ions A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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		
-		11	a superior of Trans a 111 strains a	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

RISE Augusta Inc

Schedule A (Form 990) 2022

Page 6

58-2246930

Schedul	e A (Form 990) 2022 RISE Augusta Inc			246930 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organities	izations (continued	<u>//</u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	1
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI) t	5
6	Other distributions (describe in Part VI). See instructions.		(6
7	Total annual distributions. Add lines 1 through 6.		-	7
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		ę	
10	Line 8 amount divided by line 9 amount		1	
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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
<u> </u>	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			
EEA				Schedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number		
RISE Augusta Inc	58-2246930		
Organization type (check one):			

Filers of:	Section:						
Form 990 or 990-EZ	■ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Form 990-PF	 4947(a)(1) nonexempt charitable trust treated as a private foundation 						

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

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

General Rule

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

Special Rules

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

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

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

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

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

RISE Au	igusta Inc		58-2246930		
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Community Foundation of the CSRA 720 St Sebastian Way Suite 160 Augusta GA 30901	\$135,600	PersonxPayrollNoncash(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
	Creel Harrison Foundation	\$74,958	Person x Payroll Noncash		
	Augusta GA 30901		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	United Way of the CSRA 1765 Broad Street	\$20,755	Person x Payroll Noncash (Complete Part II for		
	Augusta GA 30904		noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	United Way of Greater Atlanta	\$ 50,000	Person 🗴 Payroll 🗌 Noncash 🗌		
	Atlanta GA 30303	·	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5_	Regions Bank 4129 Columbia Rd	\$ <u>20,000</u>	Person x Payroll Noncash		
	Augusta GA 30907		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	<u>P Caye</u> <u>P O Box 1604</u>	\$ <u>75,000</u>	Person x Payroll Noncash		
	Augusta GA 30903-1604		(Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Schedule B	3 (Form 990) (2022)		Page 2
Name of c	organization		Employer identification number
RISE Au	ugusta Inc		58-2246930
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional spa	ce is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
7	Bank of America		Person <u>x</u> Payroll

	3509 Wheeler Rd	\$35,000	Noncash
	Augusta GA 30909		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ATT 3422 Wrightsboro Rd Augusta GA 30909	\$50,000	PersonImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution

\$

EEA

Noncash (Complete Part II for noncash contributions.)

Payroll

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

OMB No. 1545-0047

1	organizatio
nternal Reve	enue Service

Part I

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Part II

Department of the Treasury

RISE Augusta Inc

000			
990)	Complete if the organization answered "Yes Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e,		2022
	Attach to Form 990	111, 120, 01 120.	Open to Public
ent of the Treasury Revenue Service	Go to www.irs.gov/Form990 for instructions and	the latest information.	Inspection
the organization			identification number
Augusta Inc		58-	2246930
-	ations Maintaining Donor Advised Funds or Other Simila	ar Funds or Accounts.	
Complet	te if the organization answered "Yes" on Form 990, Part IV, li	ne 6.	
•	(a) Donor advise		(b) Funds and other accounts
Total number at	end of year		
Aggregate value	of contributions to (during year)		
	of grants from (during year)		
Aggregate value	at end of year		
Did the organizat	tion inform all donors and donor advisors in writing that the assets hel	d in donor advised	
	ganization's property, subject to the organization's exclusive legal con		No
Did the organizat	tion inform all grantees, donors, and donor advisors in writing that gran	nt funds can be used	
only for charitable	e purposes and not for the benefit of the donor or donor advisor, or for	any other purpose	
conferring imperr	missible private benefit?		No
	rvation Easements.		
Complet	te if the organization answered "Yes" on Form 990, Part IV, li	ne 7.	
Purpose(s) of co	nservation easements held by the organization (check all that apply).		
Preservation	of land for public use (for example, recreation or education)	Preservation of a historically	important land area
Protection of	natural habitat	Preservation of a certified hi	istoric structure
Preservation	of open space		
Complete lines 2	a through 2d if the organization held a qualified conservation contribu	tion in the form of a conserve	ation
easement on the	last day of the tax year.		Held at the End of the Tax Year
Total number of	conservation easements	2a	1
Total acreage rea	stricted by conservation easements	2b)
Number of conse	ervation easements on a certified historic structure included in (a) $\ . \ .$	2c	;
Number of conse	ervation easements included in (c) acquired after July 25, 2006, and n	ot on a	
historic structure	listed in the National Register		1
Number of conse	ervation easements modified, transferred, released, extinguished, or to	erminated by the organizatio	n during the
tax year			
Number of states	s where property subject to conservation easement is located		
Does the organiz	ation have a written policy regarding the periodic monitoring, inspection	on, handling of	
violations, and er	nforcement of the conservation easements it holds?		🗌 Yes 🗌 No
Staff and volunte	er hours devoted to monitoring, inspecting, handling of violations, and	enforcing conservation ease	ements during the year

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

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.
Part	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
	provide the following amounts relating to these items:
	(i) Revenue included on Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X

	· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
	following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1

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Schedu		RISE Augusta In							58-2246			Page 2
Par	t III Organiza	ations Maintaining	Coll	ections of	Art, His	storical T	Freasure s	, or Ot	her Similar As	sets (c	ontir	nued)
3	Using the organiza	tion's acquisition, access	sion, ar	nd other record	ds, check	any of the fo	ollowing that	make się	gnificant use of its			
	collection items (ch	neck all that apply):										
а	Public exhibition	n			d	🗌 Loan o	r exchange p	orogram				
b	Scholarly resea	arch			е	Other						
С	Preservation for	r future generations										
4	Provide a descripti	on of the organization's o	collecti	ons and expla	in how the	ey further the	e organizatio	n's exen	npt purpose in Part			
	XIII.											
5	During the year, did	d the organization solicit of	or rece	eive donations	of art, his	torical treas	ures, or othe	r similar				
	assets to be sold to	o raise funds rather than	to be	maintained as	part of th	e organizati	on's collectio	n?		🗌 Ye	s [No
Par	t IV Escrow a	and Custodial Arra	ange	ments.								
	Complete	e if the organization	ansv	vered "Yes	" on For	m 990, P	art IV, line	9, or	reported an amo	ount or	For	m
	990, Part	t X, line 21.										
1a	Is the organization	an agent, trustee, custod	ian or	other intermed	diary for co	ontributions	or other asse	ets not				
	included on Form 9	990, Part X?								. 🗌 Ye	s [No
b	If "Yes," explain the	e arrangement in Part XII	Il and	complete the f	ollowing ta	able:						
		-			•				Amo	ount		
С	Beginning balance							. 10	:			
d		e year							k			-
е	-	the year							•			-
f	Ending balance .	,						. 1f	•			
2a	Did the organizatio	on include an amount on F	Form 9	90, Part X, lin	e 21, for e	scrow or cu	istodial accou	unt liabili	ty?	Ye	s	No
b	•	e arrangement in Part XII							•			Ī
Par		nent Funds.										
	Complete	e if the organization	ansv	vered "Yes	" on For	m 990, P	art IV, line	e 10.				
	•	0		Current year		rior year	(c) Two year		(d) Three years back	(e) For	ur years	back
1a	Beginning of year l	balance		,		,						
b												
С	Net investment ear											
d		hips										
e	Other expenditures	•										
-	•											
f		enses										
g		æ										
2	•	ted percentage of the cur	rent ve	ear end baland	ce (line 1o	. column (a')) held as:					
a		or quasi-endowment				,,	,,					
b	Permanent endow	· · · · · · · · · · · · · · · · · · ·										
C	Term endowment	<u> </u>										
•		n lines 2a, 2b, and 2c sho	ould ea	oual 100%.								
3a		ent funds not in the poss			zation that	are held ar	nd administer	ed for th	e			
•••	organization by:			· · · · · · · · · · · · · · · · ·					•		Yes	No
	о ,	anizations								3a(i)		
	., 0	izations										
b	.,	ii), are the related organi									<u> </u>	_
4	,	III the intended uses of the		•			• • • • • • •			55		
Par		uildings, and Equip										
I UI		e if the organization			" on For	m 990 P	art IV line	11a 9	See Form 990	Part X	line	10
		on of property	01131	(a) Cost or oth			or other basis		Accumulated		ok value	
	Descriptio	on or property		(investm			other)		lepreciation	(u) B0	UK Value	3
10	Land			(,							
1a ⊾												
b	0	· · · · · · · · · · · · · · ·										
C L		ements					16 017		2 000			0.2.5
d							16,045		3,209		12,	,836
e Tetel					w4 V = -1		100				1.0	0.2.5
	Add lines 1a throug	h 1e. (Column (d) must	equal	rorm 990, Pa	αιτ Χ, COlUI	пп (В), line	10C.)					,836
EEA									Sche	dule D (F	orm 9	90) 202

Schedule D	(Form 990)	2022 (

Schedule D (Form 990) 2022 RISE Augusta Inc		58-2246930	Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" on For	rm 990, Part IV, line	e 11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) line 2	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2d 2d e Add lines 2a through 2d 2d 2e 3 Subtract line 2e from line 1 4a 4a b Other (Describe in Part XIII.) 4a 4a c Add lines 3a and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a 2 Amounts included on	_	(Form 990) 2022 RISE Augusta Inc			<u>58-22</u>		Page 4
1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c s Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b a Donated services and use of facilities					r Retu	rn.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a a a Net unrealized gains (losses) on investments. 2a 2b c b Donated services and use of facilities 2c 2b c c Recoveries of prior year grants 2c 2d c d Other (Describe in Part XIII.) 2d 2d c e Add lines 2a through 2d 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Rett 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on Form 990, Part IX, line 25: a 2a a Donated services and use of facilities 2a 2b 2a		Complete if the organization answered "Yes" on Form 990, F	Part I	/, line 12a.			
a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2b a Donated services and use of facilities 2c c Other losses 2c 2d d Other losses 2c 2d a Anounts included on Form 990, Part IX, l	0	tal revenue, gains, and other support per audited financial statements \ldots .			1		
b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities . 2b c Other (Describe in Part XII.) 2d 2d e Add lines 2a through 2d 2d 2d a Donated services and use of facilities . 2a 2a b Prior year adjustments 2c 2d 2d	m	nounts included on line 1 but not on Form 990, Part VIII, line 12:					
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aDonated services and use of facilities2abPrior year adjustments2bcOther losses2cdOther (Describe in Part XIII.)2deAdd lines 2a through 2d2d3Subtract line 2e from line 134Amounts included on Form 990, Part IX, line 25, but not on line 1:4aa4abOther (Describe in Part XIII.)cAdd lines 4a and 4b4bcAdd lines 3 and 4c. (This must equal Form 990, Part I, line 18.)5	0	tal expenses and losses per audited financial statements			1		
b Prior year adjustments 2b 2c c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	m	nounts included on line 1 but not on Form 990, Part IX, line 25:					
c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	0	nated services and use of facilities	2a		_		
d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	ri	or year adjustments	2b		_		
e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) 5)tł	ner losses	2c		_		
3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5							
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 4b 4b 4c c Add lines 4a and 4b 4c 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	d	d lines 2a through 2d	• • •		2e		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4b 4b c Add lines 4a and 4b 4c 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	u	btract line 2e from line 1	· · ·		3		
b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	m	nounts included on Form 990, Part IX, line 25, but not on line 1:					
c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	۱V	restment expenses not included on Form 990, Part VIII, line 7b	4a		_		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)							
					4c		
Part XIII Supplemental Information.	_				5		
		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.

SCH	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					es	OMB No. 1545-0047		
(Forn	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.							2022	
	ment of the Treasury I Revenue Service					990-EZ. Id the latest informati	ion		Open to Public Inspection
	f the organization		ee te minneigen					r identificat	tion number
RISE	Augusta Inc						5	8-2246	5930
Part			. Complete if the	he organiz	ation ansv	vered "Yes" on I			
		-EZ filers are not	•	-			,	,	
1	Indicate whether	the organization rais	sed funds through	any of the fo	llowing activit	ies. Check all that a	pply.		
а	Mail solicitatio	ins		е] Solicitation	of non-government	grants		
b	Internet and e	mail solicitations		f		of government gran	ts		
C	Phone solicita	tions		g	Special fun	draising events			
d	In-person solic								
2a	-		-	-		g officers, directors			
			· ·		•	sional fundraising se			🔄 Yes 📋 No
b		•	,	undraisers) p	oursuant to ag	reements under whi	ch the fundrais	er is to be	e
	compensated at I	east \$5,000 by the	organization.						
				(11) 5: 1 ((v) Amount p	aid to	
	(i) Name and addres or entity (fun		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(or retained fundraiser list col. (i)	l by)	(vi) Amount paid to (or retained by) organization
				Yes	No				
1									
2									
3									
4									
5									
6									
0									
7									
•									
8									
9									
10									
Total	••••••			• • • • • • • •	• • • • • •				
3		-	on is registered or	licensed to s	olicit contribu	tions or has been no	otified it is exem	npt from	
	registration or lice	ensing.							

RISE Augusta Inc

58-2246930 Page 2

Pa	art II	II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more								
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 6b	. List events with				
	1	gross receipts greater than	\$5,000.	I						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			Golf Tournam		None	(add col. (a) through col. (c))				
			(event type)	(event type)	(total number)					
JUB										
Revenue	1	Gross receipts	47,278			47,278				
Ř										
	2	Less: Contributions								
	3	Gross income (line 1 minus	45.050			45.050				
		line 2)	47,278			47,278				
	4	Cash prizes								
	-									
	5	Noncash prizes								
S										
	6	Rent/facility costs								
ense		2								
	7	Food and beverages								
Direct Expenses										
	8	Entertainment								
	9	Other direct expenses	12,098			12,098				
	10	Direct expense summary. Add lin	12,098							
	11	Net income summary. Subtract lin				35,180				
Pa	art III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li	-	res" on Form 990, Part	IV, line 19, or reported n	nore than				
		\$15,000 OII FOIIII 990-EZ, I	ine oa.							
IUe			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (c))				
Revenue										
Re	1	Gross revenue								
	2	Cash prizes								
ses										
xpenses	3	Noncash prizes								
ш										
Direct	4	Rent/facility costs								
Ō										
	5	Other direct expenses								
			Yes%	Yes %	Yes%					
	6	Volunteer labor	No	No	No					
	_			D.						
	7	Direct expense summary. Add lin	es 2 through 5 in column (c	a)						
	8	Net gaming income summary. Su	ubtract line 7 from line 1 co	lump (d)						
	0	Net gaming income summary. St			• • • • • • • • • • • • •					
ç) F	nter the state(s) in which the organiz	zation conducts gaming act	ivities:						
		the organization licensed to conduc								
		"No," explain:	0 0							
	_									
10	1 0	/ere any of the organization's gamin	g licenses revoked, suspen	ded, or terminated during t	he tax year?	Yes 🗌 No				
		,								
				-						

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

Open to Public

Department of the Treasury

Internal Revenue Service Name of the organization

RISE Augusta Inc

Employer identification number

58-2246930

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

The form 990 is reviewed by the Board of Directors of the organization. Minutes of that

review note acceptance of document and/or requests for revision.

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

Each Year Board Members and Employees are asked to complete a conflict of interest

statement.

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

The executive committee of the organization completes an annual review of the executive

director. Recommendations and comments are presented to the full board for review.

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

Financial Statements are reviewed by the Board of Directors and an independent Accountant

quarterly. Avalable upon request.

05. Part III, response or note to any other line in Part III

Rise Augusta champions the connection of needed community resources with schools to help

young people successfully learn, stay in school and prepare for life. The primary focus is

on improving student and school success by providing needed support and services to

students and schools so that students can complete their education at least through high

school. Services provided include intense mentoring and case management, tutoring,

 $\underline{\text{connection of needed resources such as food, clothing, health-related items, etc.}$

	4562		Depreciatio	on and A	mortizati	on			OMB No. 1545-0172
Form	4302		(Including Infor			erty)			2022
	ment of the Treasury	Go to a	Attacl www.irs.gov/Form4562	h to your tax re		st info	rmation		Attachment Sequence No. 179
	I Revenue Service (s) shown on return	6010			hich this form relat		imation.		ifying number
	SE Augusta Inc		Dusines	-	990 - 1	.00			246930
Pa			rtain Property Und					PU 2	210930
		-	property, complete Pa			Part I.			
1			s)					1	
2		•	, placed in service (see					2	
3	Threshold cost of		3						
4	Reduction in limita		4						
5	Dollar limitation for	r tax year. Subtra	act line 4 from line 1.	If zero or less	, enter -0 If	marrie	d filing		
	separately, see in	structions						5	
6		Description of property		(b) Cost (busin			(c) Elected cost		
7	Listed property. E	nter the amount	from line 29		7				
8	Total elected cost	of section 179 p	roperty. Add amounts	in column (c), lines 6 and	7.		8	
9			aller of line 5 or line 8					9	
10	Carryover of disal	lowed deduction	from line 13 of your 2	021 Form 45	62			10	
11	Business income lim	itation. Enter the sr	naller of business income	e (not less than	zero) or line 5.	See in	structions	11	
12	•		dd lines 9 and 10, but					12	
13			to 2023. Add lines 9 a			13			
			for listed property. Ins						
Par			owance and Other					ee inst	ructions.)
14			qualified property (ot						
			NS					14	
15			1) election					15	
			S)			• • •		16	
Par	t III MACRS De	epreciation (D	on't include listed pro		structions.)				
				ection A					
17			ced in service in tax ye	-	-			17	
18		•	sets placed in service	•	•		° –		
								Cuat	
	Section	B - ASSetS Plac	ed in Service During (c) Basis for depreciation (business/investment use		ear Using the	Gene	eral Depreciation	Syste	em
(a)	Classification of propert	, p	((d) Recovery period	(e) Conventior	n	(f) Method	(g) [Depreciation deduction
19a	3-year property	service	only-see instructions)	ponod		_			
b			16,045	5	HY		200 DB		3,209
C			10,045	5	пі		200 DB		5,209
d						_			
	15-year property								
f									
g				25 yrs.			S/L		
	Residential renta			27.5 yrs.	MM		S/L		
	property			27.5 yrs.	MM		S/L		
i	Nonresidential re	al		39 yrs.	MM		S/L		
	property			,	MM		S/L		
		C - Assets Place	d in Service During	2022 Tax Ye	ar Using the	Altern	ative Depreciati	on Sy	stem
20a	Class life						S/L		
-	12-year			12 yrs.			S/L		
	30-year			30 yrs.	MM		S/L		
-	40-year			40 yrs.	MM		S/L		
	t IV Summary (S	See instructions.)		•					
21	Listed property. E		m line 28					21	
22			ines 14 through 17, lir						
	here and on the a	ppropriate lines of	of your return. Partner	ships and S	corporations -	<u>see i</u> r	structions	22	3,209
23		•	ed in service during th	•					
	portion of the basi	is attributable to	section 263A costs			23			

Form 8879-TE

Department of the Treasury

IRS e-file Signature Authorization for a Tax Exempt Entity

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.

, 20

58-2246930

boparation of and froadaily		
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer	EIN or SSN	

RISE Augusta Inc

Name and title of officer or person subject to tax

Laurie L Cook, Executive Director Part I Type of Return and Return Information

8038-C 3a, 4a, 3b, 4b ,	P and Form 5330 filers may enter dolla 5a, 6a, 7a, 8a, 9a, or 10a below, and th	rs a ne a s ap	g this Form 8879-TE and enter the applicable amount, if any, from the return. For nd cents. For all other forms, enter whole dollars only. If you check the box or mount on that line for the return being filed with this form was blank, then leav plicable, blank (do not enter -0-). But, if you entered -0- on the return, then er one line in Part I.	n line /e line	1b, 2b,
1a	Form 990 check here 🗴	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	838,521
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
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	
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)	9b	

10a Form 8038-CP check here	b Amount of credit payment request	ted (Form 8038-CP, Part III, line 22) . 10b
Part II Declaration and Sign	ature Authorization of Officer or P	Person Subject to Tax
Under penalties of perjury, I declare that	I am an officer of the above entity or	I am a person subject to tax with respect to (name
of entity)	, (EIN)	and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c)
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this
retum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at
1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the
processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to
the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to
electronic funds withdrawal.

PIN: check one box only

X lauthorize VS Cooper and Company LLC	to enter my PIN	46930	as my signature
ERO firm name		Enter five numbe do not enter all z	,
on the tax year 2022 electronically filed return. If I have indicated within this r agency(ies) regulating charities as part of the IRS Fed/State program, I also return's disclosure consent screen.			
As an officer or person subject to tax with respect to the entity, I will enter my filed retum. If I have indicated within this return that a copy of the return is be of the IRS Fed/State program, I will enter my PIN on the return's disclosure of	ing filed with a state ager		
Signature of officer or person subject to tax		Date 04-2	5-2023
Part III Certification and Authentication			
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	672709 2977	1	
	Do not ent	er all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2022 am submitting this return in accordance with the requirements of Pub. 4163 , Mod Providers for Business Returns.	2		
ERO's signature	Date	05-16-202	3
ERO Must Retain This Form			
Do Not Submit This Form to the IRS	Unless Requested	To Do So	

990	Overflow Statement (This page is not filed with the return. It is for your records only.)		2022 Page 1
Name(s) as shown on return RISE Augusta	Inc	F	FEIN 58-2246930
Description			Amount
Payroll Proc	ressing Tot	tal:	_ \$ 3,505 \$ 3,505
Description			Amount
Housekeeping Payroll Proc	no a a i na		667
14/1011 1100	Tot	tal:	\$1,934

Form	990
Works	sheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

	(This page is not filed with the return. It is for your records only.)	2022
Name(s) as shown on return		Tax ID Number
RISE Augusta Inc		58-2246930

2% of the amount on Schedule A, Part II, line 11, column (f)

Name	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
Community Foundation of the CSRA		50,500	83,721	92,443	135,600	362,264	309,410
Creel Harrison Foundation		20,000	20,000	20,000	74,958	134,958	82,104
Communities in Schools in Georgia			13,250			13,250	
The Comcast Foundation			10,000			10,000	
GOSA Innovation Fund		38,548	36,315	10,000		84,863	32,009
Jefferson Energy Co Op Foundation			10,000			10,000	
Knox Foundation		10,000	25,000		15,000	50,000	
St Joseph Foundation			15,000	15,000	15,000	45,000	
Truist Foundation			10,000	43,500	10,000	63,500	10,646
United Way of the CSRA			10,943	18,181	20,755	49,879	
The Family Y							
Lake Forest Hill Elementary School							
Lamar Milledge Elementary school							
Augusta University School of Dentis							
Community Foundation Greater Atlant				30,000		30,000	
Marks Family Foundation				10,000	10,000	20,000	
Women In Philantropy				13,500		13,500	
Doctor's Hospital				10,000		10,000	
Toys For Tots							
United Way of Greater Atlanta					50,000	50,000	
The JEM Project					15,000	15,000	
Regions Bank					20,000	20,000	
P Caye					75,000	75,000	22,146
Gaylord Meyers Charitable Fund					15,000	15,000	
Bank of America					35,000	35,000	
ATT					50,000	50,000	

Total____

456,315

52,854

Depreciation Detail Listing

2022 PAGE 1

for Section 199A calculations.

See "UBIA" in lower right corner.

Management & General (This page is not filed with the return. It is for your records only.)

Social security number/EIN

Name(s) as shown on return

* Item is included in UBIA

F	ISE Augusta Inc											58	-2246930		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Computers Pollock Co	07112022	16,045		100.00			16,045	5	200 DB HY	20		3,209	3,209	3,209
	Totals		16,045					16,045					3,209	3,209	3,209

3,209

			s Depreciation V d with the return. It is for yo			202	22
e(s) a		0 Number 2246930					
	Augusta						
n r	Multi-Form 1	Description Computers Pollock Co	Date 07-11-2022	Basis 16,045	Method M	Life 5	Deduction 5,134
-	-	computers porrock co	07-11-2022	10,045	M	5	5,134
		TOTAL					5,134
						1	