Return of Organization Exempt From Income Tax

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2022 calendar year, or tax year beginning $\exists  \cup  \bot  \bot  ,   2  \cup  2  Z  =  1$ and	ل ending	UN 30, 2023	
<b>B</b> c	Check if pplicabl	C Name of organization		D Employer identifi	cation number
	Addre chang	e THE GO PROJECT, INC.			
	Name chang	Doing business as		27-14110	19
	Initial return	,	Room/suite	E Telephone numbe	
	Final return			(212) 53	3-3744
	termin ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	3,280,388.
	Ameno return	NEW TORK, NY 10003		H(a) Is this a group re	
	Application	F Name and address of principal officer: GAYLE VILLANI		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u>1 1</u>	Гах-ех	empt status: $X$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	<b>Nebsi</b>			H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2010	A State of legal domicile: NY
Pa	art I	Summary			
•		Briefly describe the organization's mission or most significant activities: GO PI			
Governance		SOCIAL EMOTIONAL SUPPORT, STARTING IN THE	EARLY	Y ELEMENTARY	YEARS.
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	25
တ္	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	216
jŧ		Total number of volunteers (estimate if necessary)			157
Activities &				7a	0.
_ ⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		3,188,637.	3,112,469.
Ž	9	Program service revenue (Part VIII, line 2g)		100.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		690.	5,737.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,388.	5,377.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,194,815.	3,123,583.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,225,835.	2,405,193.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 627,51	10.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-101 1624e		677,447.	752,526.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,903,282.	3,157,719.
		Revenue less expenses. Subtract line 18 from ine 12		291,533.	-34,136.
or			Ве	ginning of Current Year	End of Year
t Assets or	20	Total assets (Part X, line 16)		2,814,111.	2,740,216.
ASS	21	Total liabilities (Part X, line 26) Sax LLP		126,093.	86,334.
-Net		Net assets or fund balances. Subtract im 21 figm in PAD/ic. Account an	<i>t</i> :ς	2,688,018.	2,653,882.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sigi	n	Signature of officer		Date	
Her		GAYLE VILLANI, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name	] [	Date Check	PTIN
Paid	I	MIKE SCHALL //////////////MIKE SCHALL	1	.2/20/23 self-employ	P02024184
Prep	arer	Firm's name SAX LLP			1-2950760
	Only	Firm's address 1040 AVENUE OF THE AMERICAS, 16TH	FL		
_		NEW YORK, NY 10018		Phone no. 21	2-661-8640
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III	Statement of Program S	_				X
1		Check if Schedule O contains a ly describe the organization's miss SCHEDULE O		any line in this Part III			<b>__</b>
2	Did th	he organization undertake any sig	inificant program se	ervices during the year	which were not listed o	n the	
_							Yes X No
	•	es," describe these new services o					
3		he organization cease conducting		nt changes in how it co	nducts, any program se	ervices?	Yes X No
_		es," describe these changes on So					
4	Section	ribe the organization's program sion 501(c)(3) and 501(c)(4) organiz	ations are required				
4a	(Code:	nue, if any, for each program servi		including grapts of \$		) (Revenue \$	
та		E SCHEDULE O	723077011	including grants of \$		_ / (Nevenue \$	_
	-						
4b	(Code:	(Expenses \$		including grants of \$		) (Revenue \$	
4c	(Code:	) (Expenses \$		including grants of \$		) (Revenue \$	
4d	Other	r program services (Describe on S	Schedule O.)				
_	(Expens		including grants of \$		) (Revenue \$		)
4e	Total	program service expenses	2,23	6,704.			

# Form 990 (2022) THE GO PROJECT, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
14a	Did the constitution maintain on office construction and the Light of Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  17</del> 4		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<sub>v</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>V</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l _
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2022) THE GO PROJECT, INC.

Part IV Checklist of Required Schedules (continued)

ı u	Officerist of Nequired Scriedules (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		<u> X</u>
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<del>ا آ</del>		
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			.,,5
b	Enter the number reported in 55% 5 of 1 of 11 of 25%. Enter 40 in 10t applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22			(2022)

Form 990 (				PROJECT,				27-1411	019	Pa	age 5
Part V	Statements	Regardi	ing C	Other IRS Filin	gs and	Tax Compliance	(continued)				
										Yes	No

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_		
	filed for the calendar year ending with or within the year covered by this return	_	37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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	140		X
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	4a		
ь	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
e	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		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	7h		
8	an analysing averagization have average business heldings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
<b>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand 13c	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.15		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

Form **990** (2022)

THE GO PROJECT 27-1411019 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 25 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 25 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** 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 X Upon request \_\_ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records LARA OLIVIERI - (212) 533-3744

Form **990** (2022)

50 COOPER SQUARE, 3RD FL, NEW YORK.

10003

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l		((	C)		Jaco	(D)	(E)	(F)
Name and title	Average hours per		not c		more	<b>)</b> than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi				r/trus		from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation from the
	related	ee or d	stee			nsated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ll trust	nal tru		loyee	om pe		1099-NEC)	,	and related
	below line)	dividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GAYLE VILLANI	40.00	=	Ë	70	- S	<u> </u>	Fo			
EXECUTIVE DIRECTOR	10.00	1		x				171,223.	0.	7,344.
(2) ANDREW DIBELLA	40.00									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CHIEF DEVELOPMENT OFFICER		1				Х		147,588.	0.	17,144.
(3) LINDSAY MITCHER	40.00									-
DIRECTOR OF INDIVUAL GIVING						Х		104,516.	0.	10,165.
(4) JENNIFER BENSTRAUM	40.00									
CHIEF PROGRAM OFFIER						X		111,034.	0.	341.
(5) MARLAINE OLINICK	1.00	]						_	_	_
CO-CHAIR		Х		Х				0.	0.	0.
(6) MELANIE WHELAN	1.00	1								_
CO-CHAIR		Х		Х				0.	0.	0.
(7) CHARLIE JOHNSTON	1.00	1								
TREASURER	1 00	Х		Х				0.	0.	0.
(8) LEE CHAMBERLIN	1.00	l								
SECRETARY	1 00	Х		Х				0.	0.	0.
(9) CHRISTINE ANDERSON	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(10) SHAWN ANDERSON	1.00	ļ							_	
DIRECTOR	1 00	Х						0.	0.	0.
(11) RACHEL BACHNER	1.00	٠,,							_	_
DIRECTOR (12) PANIEL PERCEP	1 00	Х	_					0.	0.	0.
(12) DANIEL BERGER DIRECTOR	1.00	х						0.	0.	_
(13) BELLE BURDEN	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(14) PETER H. GILMAN	1.00	^						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(15) BILLY GRACE	1.00							0.	0.	<del>-</del>
DIRECTOR	1.00	x						0.	0.	0.
(16) PHILIP KASSEN	1.00									<u>_</u>
DIRECTOR	1.00	x						0.	0.	0.
(17) ANDIE KULLY	1.00	<del> </del>						· ·	•	<u>·</u>
DIRECTOR	=:	х						0.	0.	0.
232007 12-13-22	1									Form <b>990</b> (2022)

232007 12-13-22

Form **990** (2022)

Form 990 (2022) THE GO P.	ROJECT,	IN	IC.						27-1411	019 Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi		than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson is	s both	an	compensation	compensation	amount of
	week		cer an	id a di	Irecto	r/trus	ee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee ee	m pen		1099-NEC)	1099-1120)	and related
	below	dualt	utiona	<u></u>	m ploy	st co	er	1300 1.20,		organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(18) RAJ MAHAJAN	1.00									
DIRECTOR		Х						0.	0.	0.
(19) LEE S. MILLSTEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(20) REV. JULIA OFFINGER	1.00									
DIRECTOR		Х						0.	0.	0.
(21) ROBBIE PENNOYER	1.00									
DIRECTOR		Х						0.	0.	0.
(22) REV. BO REYNOLDS	1.00									
DIRECTOR		Х						0.	0.	0.
(23) VASUDHA SAXENA	1.00									
DIRECTOR		Х						0.	0.	0.
(24) DOMINIQUE SCHULTE	1.00									
DIRECTOR		Х						0.	0.	0.
(25) KEVIN L. SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(26) LISA WALLER, PH.D.	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								534,361.	0.	34,994.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								534,361.	0.	34,994.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	_
compensation from the organization										4
									ı	Yes No
3 Did the organization list any former officer	, director, trust	ee, k	еу е	empl	oye	e, or	higl	hest compensated emp	loyee on	

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

### Section B. Independent Contractors

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

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
	Name and business address	NONE	Description of services	Compensation
2	Total number of independent contractors (including but	not limited to those listed	d above) who received more than	

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990 THE GO PI	ROJECT,	IN	Ю.						27-141	1019
Part VII   Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099-10130)	organization
	related	ee or	stee			nsate		(** 2/ : 55555)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itutio	Officer	emp	hest o	Former			
	line)	pul	Inst	) 	Ke	Hig	For			
(27) AMY WONG	1.00									
DIRECTOR		Х						0.	0.	0.
(28) SALLY ZUNINO	1.00									
DIRECTOR		Х						0.	0.	0.
(29) CHRISTINE HARLAND	1.00									
DIRECTOR		Х						0.	0.	0.
		ł								
			_							
			$\vdash$							
		ļ								
		ł								
		}								
	1		$\vdash$		$\vdash$	$\vdash$				
	1	l			<u> </u>		l			
Total to Part VII, Section A, line 1c										
, 500 , 10								i		

		Check if Schedule O contains a response or	r note to any lin	e in this Part VIII			
		Officer in Correctation Contraction a response of	Thore to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
nts 1ts		a Federated campaigns1a					
iral our	- 1	b Membership dues1b					
s, c		c Fundraising events 1c 1 , 1	128,290.				
ar J		d Related organizations1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)	593,945.				
Sign	1	f All other contributions, gifts, grants, and					
her			390,234.				
햦		g Noncash contributions included in lines 1a-1f	•				
ν		h Total. Add lines 1a-1f		3,112,469.			
<u>U 10</u>			Business Code	3 / 112 / 103 (			
	_	<u> </u>	Dusiness Code				
<u>ice</u>	2						
er v		b					
J.S.	•	c					
an Jev		d					
Program Service Revenue		e					
Ā	•	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		5,737.			5,737.
	4	Income from investment of tax-exempt bond pro					,
	5	Royalties					
	5	(i) Real	(ii) Personal				
	_	_	(ii) i ersoriai				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
		<b>b</b> Less: cost or other basis					
e		and sales expenses <b>7b</b>					
Revenue		c Gain or (loss) 7c					
ev		d Net gain or (loss)					
er F		a Gross income from fundraising events (not					
ď	0	including \$1,128,290 of					
٥							
		contributions reported on line 1c). See	156 005				
			156,805.				
			<u> 156,805.</u>	0			
		c Net income or (loss) from fundraising events		0.			
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
$\overline{}$			Business Code				
ns	11	a OTHER INCOME	900099	5,377.			5,377.
eo ne	113		200022	3,311.			3,311.
llar ren		b					
Miscellaneous Revenue		C					
Mis		d All other revenue		F 200			
		e Total. Add lines 11a-11d		5,377.			44 44 4
	12	Total revenue. See instructions		3,123,583.	0.	0.	11,114.

# Form 990 (2022) THE GO PROJECT, Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	175,000.	131,250.	17,500.	26,250
_	trustees, and key employees	1/3,000.	131,230.	17,300.	20,230
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,915,001.	1,514,801.	99,325.	300,875
7 8	Other salaries and wages  Pension plan accruals and contributions (include	±,,,±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I, JII, 001.	,,,,,,,,,	500,075
0	section 401(k) and 403(b) employer contributions)	27,550.	21,698.	1 540	<b>∆</b> 312
9	Other employee benefits	89,284.	70,318.	1,540. 4,991.	13 975
9 10	Payroll taxes	198,358.	156,224.	11,087.	4,312 13,975 31,047
10 11	Fees for services (nonemployees):	150,550.	150,224.	11,007.	31,047
	Management				
b					
	Accounting	21,275.		21,275.	
	Lobbying	22/2/01		22/2/31	
e	B ( )   (   )				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch O.)	140,105.	65,808.	63,762.	10,535
12	Advertising and promotion		00,0001	00/10=1	
13	Office expenses	40,520.	31,913.	2,265.	6,342
14	Information technology	73,712.	58,054.	4,121.	11,537
15	Royalties	•	•		•
16	Occupancy	42,900.	33,787.	2,398.	6,715
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,712.	32,064.	2,276.	6,372
23	Insurance	63,759.	50,216.	3,564.	9,979
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	202 562	0.001		100 551
а	EVENT EXPENSES	202,562.	2,991.		199,571
b	PROGRAM EXPENSES	60,115.	60,115.	20 050	
C	STAFF DEVELOPMENT	35,515.	7,465.	28,050.	
d	BANK AND PROCESSING FEE	31,351.		31,351.	
	All other expenses	2 157 710	2 226 704	202 EDE	627 510
25_	Total functional expenses. Add lines 1 through 24e	3,157,719.	2,236,704.	293,505.	627,510
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (22

Par	τX	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,142,024.	1	721,428.
	2	Savings and temporary cash investments	1,122,080.	2	747,409.		
	3	Pledges and grants receivable, net			378,002.	3	829,994.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	or former	officer, director,			
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	-	· ·			
		under section 4958(f)(1)), and persons describe		Г		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۷	9	Prepaid expenses and deferred charges			72,063.	9	64,594.
	10a	Land, buildings, and equipment: cost or other		244 205			
		basis. Complete Part VI of Schedule D		341,387.	00.040		<b>50.000</b>
	b	Less: accumulated depreciation		282,157.	99,942.	10c	59,230.
	11	Investments - publicly traded securities				11	305,314.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14	10 047		
	15	Other assets. See Part IV, line 11			<u>0.</u> 2,814,111.	15	12,247. 2,740,216.
_	16	Total assets. Add lines 1 through 15 (must equ	105,293.	16	71,387.		
	17	Accounts payable and accrued expenses			103,293.	17	11,301.
	18	Grants payable				18	
	19 20	Deferred revenue				19 20	
	21	Tax-exempt bond liabilities		(0   1   5		21	
	22	Loans and other payables to any current or for		•••••		21	
Liabilities	22	trustee, key employee, creator or founder, subs					
ii		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D			20,800.	25	14,947.
	26	Total liabilities. Add lines 17 through 25			126,093.	26	86,334.
		Organizations that follow FASB ASC 958, ch	eck here	X	·		
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			2,214,782.	27	2,463,182.
Bal	28	Net assets with donor restrictions			473,236.	28	190,700.
Pu		Organizations that do not follow FASB ASC					
Ţ		and complete lines 29 through 33.					
S OI	29	Capital stock or trust principal, or current funds	s			29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Se	32	Total net assets or fund balances			2,688,018.	32	2,653,882.
	33	Total liabilities and net assets/fund balances			2,814,111.	33	2,740,216.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,12		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,15	<u>7,7</u>	<u> 19.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		4,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,68	8,0	18.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,65	3,8	82.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	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		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

# Schedule B (Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

**Employer identification number** 

**2022** 

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE CO DROTECT INC

27-1411019

	IRE GO PROJECI, INC.
Organization type (chec	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, 0	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 ring 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; +EZ, line 1. Complete Parts I and II.
contributor, du literary, or educ	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering n (b) instead of the contributor name and address), II, and III.
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively table, etc., contributions totaling \$5,000 or more during the year\$
answer "No" on Part IV,	In that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

THE GO PROJECT, INC.

27-1411019

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 90,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Schedule B (Form 990) (2022) Name of organization Employer identification number 27-1411019 THE GO PROJECT, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP  $\pm$  4 **Total contributions** Person Payroll

		\$593,945.	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

HE GO	PROJECT, INC.		7-1411019
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022) Page **4** 

Name of organization Employer identification number THE GO PROJECT, 27-1411019 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE GO PROJECT, INC.

**Employer identification number** 27-1411019

Par			nds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	1 /	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	'	Turius and other accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)  Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor a	udvised fund	
Ū	are the organization's property, subject to the organization's	_		
6	Did the organization inform all grantees, donors, and donor a			
_	for charitable purposes and not for the benefit of the donor o	· · ·		•
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 9	90, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) Preservation	on of a histo	orically important land area
	Protection of natural habitat	Preservation	on of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the f	orm of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by	the organi	zation during the tax
_	year			
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the per			□ Vaa □ Na
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,			
0	Stall and volunteer riours devoted to monitoring, inspecting,	rialiding of violations, and emorcing	Coriservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	ervation ea	sements during the year
•	7 thount of expenses meaned in mornioring, mapeeting, hare	aming or violations, and officially cons	orvacion ca	somerite daring the year
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section	170(h)(4)(B)	(i)
		, ,		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expe	ense statem	ent and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial sta	tements tha	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, o	r Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stateme	ent and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research	in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these	items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement a	and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treatment of the organization received or held works of art, historical treatment of the organization received or held works of art, historical treatment of the organization received or held works of art, historical treatment of the organization received or held works of art, historical treatment of the organization received or held works of art, historical treatment of the organization received or held works of art, historical treatment of the organization received or held works of art, historical treatment of the organization of the org		ncial gain, p	orovide
	the following amounts required to be reported under FASB A			•
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.		Schedule D (Form 990) 2022

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

Sche	dule D (Form 990) 2022	PROJECT, IN	NC.				27	-14	11019	Page	e <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	easures, o	r Other	Similar A	ssets	(continue	ed)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	s, check	any of the	following tha	t make siç	gnificant use	of its	,		
а	Public exhibition	d		Loan or ove	change progr	am					
	Scholarly research	e e			rialige progr						
b		е		Other							
C	Preservation for future generations	Uantinua and avelation						- D-4	VIII		
4	Provide a description of the organization's co							n Part	XIII.		
5	During the year, did the organization solicit of to be sold to raise funds rather than to be ma								Yes	П,	No
Par	t IV Escrow and Custodial Arrang							art IV I			10
	reported an amount on Form 990, Par			- organizatio	on answered	163 011		ait iv, i			
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contribution	s or other as	sets not ir	ncluded		_		
	on Form 990, Part X?							L	Yes	r	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or co	ustodial acco	unt liabilit	:y?	C	Yes	ı	No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete in	f the organization an	swered	"Yes" on Fo	orm 990, Parl	IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	( <b>d)</b> Three years	s back	(e) Four y	ears ba	ck
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end halance	line 1	n column (a	ı)) held as:						
	Board designated or quasi-endowment	•	% %	g, 00:amm (a	,,, mora ao.						
h	Permanent endowment	%	_′°								
·	The percentages on lines 2a, 2b, and 2c shou	, -									
32	Are there endowment funds not in the posses	· ·	tion tha	nt are held a	nd administa	red for the	2				
Ja	organization by:	ssion of the organiza	ilion ina	it are rielu a	ila administe	ied ioi tiie	7		Γv	es N	No
	-									-	<del></del>
	(i) Unrelated organizations								3a(i)		—
	(ii) Related organizations	None Baked as well							3a(ii)		
D	If "Yes" on line 3a(ii), are the related organizar								3b		
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	runas.							
rai			Dort IV	/ lino 110 S	Soo Form 000	Dort V I	ino 10				
	Complete if the organization answered	T									
	Description of property	(a) Cost or o		` ,	t or other		cumulated		(d) Book v	/alue	
		basis (investn	nent)	basis	(other)	aep	reciation	+			
	Land										
	Buildings			-							
С	Leasehold improvements							$\perp$			

Schedule D (Form 990) 2022

58,<u>655</u>.

59,230.

575.

116,532.

165,625.

e Other

175,187.

166,200.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990) 2022 THE GO PROJI Part VII Investments - Other Securities.	ECT, INC.	27	'-1411019 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives	(-,	(2)	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)	` '		•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
•	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.	. 10./		1
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability	, , , , ,	,	(b) Book value
(1) Federal income taxes			(,,
(2) OPERATING LEASE LIABILITY			14,947
(c) 01 11 11 11 11 11 11 11 11 11 11 11 11			+ + + + + + + + + + + + + + + + + + + +
(3)			

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

Schedule D (Form 990) 2022

14,947.

(5) (6) (7) (8)

Par	TXI Reconciliation of Revenue per Audited Financial		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	s		1	3,318,583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		195,000.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			405.000
е	Add lines 2a through 2d			2e	195,000.
3	Subtract line 2e from line 1			3	3,123,583.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	0.
5 <b>D</b> o:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line rt XII   Reconciliation of Expenses per Audited Financial	e 12.) Stotomonto With	Evnances per E	5	3,123,583.
Pai			Expenses per F	veturi	1.
	Complete if the organization answered "Yes" on Form 990, Part I			. I	2 252 710
1	Total expenses and losses per audited financial statements			1	3,352,719.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	105 000		
a	Donated services and use of facilities		195,000.		
b	Prior year adjustments				
С.	Other losses				
d	Other (Describe in Part XIII.)				105 000
e	Add lines 2a through 2d			2e	195,000. 3,157,719.
3	Subtract line 2e from line 1			3	3,131,113.
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				
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4.0	0.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, Ii.			4c 5	3,157,719.
	rt XIII Supplemental Information.	<u>ne 18.)</u>		<u> </u>	3,137,713.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h	and 2h: Part V line 4	· Part )	( line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			, 1 4117	t, iiio z, i ait Xi,
	24 and 45, and 1 arryin, into 24 and 45.71100 complete this part to provid	ac any additional inform	idilon.		
PAF	RT X, LINE 2:				
	,				
GO	PROJECT DOES NOT BELIEVE ITS FINANCIA	AL STATEMENT	S INCLUDE	ANY	MATERIAL,
					,
UNC	CERTAIN TAX POSITIONS. TAX FILINGS FO	R PERIODS EN	DING JUNE	30,	2020 AND
LAI	TER ARE SUBJECT TO EXAMINATION BY APP	LICABLE TAXI	NG AUTHORI	TIES	S.

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

THE GO	PROJECT, INC.				27-1411	019
	Complete if the organization answer	ed "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the following e Solicitati f Solicitati g Special f  or oral agreement with any individual ( art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra includ	non-govern govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit co		 utions	or has been notified	it is exempt from re	gistration
or noonoing.						

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			ANNUAL		NONE	(add col. (a) through
			BENEFIT	OTHER EVENT		col. <b>(c)</b> )
4			(event type)	(event type)	(total number)	COI. <b>(C)</b> )
Revenue						
eve	1	Gross receipts	1,171,490.	113,605.		1,285,095.
ď				-		
	2	Less: Contributions	1,026,775.	101,515.		1,128,290.
			, , ,	·		, ,
	3	Gross income (line 1 minus line 2)	144,715.	12,090.		156,805.
			,	,		,
	4	Cash prizes				
	'	Cuon prizos				
	5	Noncash prizes				
Ø		1101104311 p11200				
nse	6	Rent/facility costs	144,715.	12,090.		156,805.
, pe	١	Tienth actinity costs	111,713.	12,000.		130,003.
Direct Expenses	_	Food and bourgess				
rec	7	Food and beverages				
	۱.					
	8	Entertainment				
	9	Other direct expenses	2			156 005
	10					156,805.
Da	ırt I	Net income summary. Subtract line 10 from li		000 Dest IV line 10 and		0.
ГС	11 L I	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered Yes on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 OH FOHH 990-EZ, line 6a.	I	(In) Dull tobo/instant		(a) Total coming (add
ē			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo, progressive billigo		con (a) amough con (c)
Вè	١.	_				
	1	Gross revenue				
		Ocale asima				
es	2	Cash prizes				
Expenses	_					
X	3	Noncash prizes				
ct.		5 . (6 . 11)				
Direct E	4	Rent/facility costs				
_						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	) If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 THE GO PROJECT, INC.	27-1411019 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a   %
<ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares the organization's gaming/special events books</li></ul>	
the the name and address of the person who prepares the organization's gaming/special events books	s and records.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming re-	venue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
46 Caming manager information:	
16 Gaming manager information:	
N.	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	0
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	as or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	s (iii) and (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990)	THE GO PROJECT,	, INC.	27-1411019	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
	<del></del>				

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE GO PROJECT, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 27-1411019 \end{array}$ 

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out 11			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			v
a	The organization?	5a		X
a	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	·			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	60		х
	The organization?	6a		X
b	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
3		8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53.4958-6(c)?	9		
	1 logalitation 5 5 5 5 to 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ı <del>y</del>		

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		other deferred benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GAYLE VILLANI	(i)	171,223.	0.	0.	7,000.	344.	178,567.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREW DIBELLA	(i)	147,588.	0.	0.	5,952.	11,192.	164,732.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							(5

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

## **SCHEDULE 0** (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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE GO PROJECT, INC. **Employer identification number** 27-1411019

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE GO PROJECT SHAPES THE FUTURES OF NEW YORK CITY PUBLIC SCHOOL
CHILDREN BY PROVIDING CRITICAL ACADEMIC AND SOCIAL EMOTIONAL SUPPORT,
STARTING IN THE EARLY ELEMENTARY YEARS. GO PROVIDES YEAR-ROUND
EDUCATIONAL AND FAMILY SUPPORT SERVICES TO CHILDREN WHO ARE PERFORMING
BELOW GRADE LEVEL AND EQUIPS THEM WITH THE CONFIDENCE AND SKILLS NEEDED
TO SUCCEED AT SCHOOL, AT HOME AND IN LIFE.
·
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RECENT ACHIEVEMENTS FOR THE GO PROJECT ARE LISTED BELOW:
NEIGHBORHOOD SATURATION: WE SERVED 725 STUDENTS IN MANHATTAN AND
BROOKLYN.
SUMMER LEARNING: GO STUDENTS AVOIDED THE "SUMMER SLIDE" BY EITHER
INCREASING OR MAINTAINING THEIR PROFICIENCY IN READING AND MATH SKILLS
OVER A 5-WEEK PERIOD.
- ACCELERATED SCHOOL YEAR LEARNING: NON-PROFICIENT STUDENTS
ACCELERATED THEIR LEARNING IN READING AND MATH DURING THE SCHOOL YEAR,
GROWING AT A FASTER RATE THAN WHAT IS EXPECTED AT THEIR GRADE LEVEL BY
ATTENDING GO'S SATURDAY PROGRAM AND THE WEEKDAY LITERACY INTERVENTION
PROGRAM.
- SOCIAL-EMOTIONAL GROWTH: STUDENTS GREW IN AT LEAST ONE CORE SOCIAL
EMOTIONAL CAPACITY INCLUDING SELF-MANAGEMENT AND SOCIAL SKILLS THROUGH
PARTICIPATION IN SOCIAL EMOTIONAL LEARNING LESSONS AND ACTIVITIES IN GO  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization Employer identification number THE GO PROJECT, INC. Employer identification number 27-1411019

CLASSROOMS.

- VOLUNTEERISM: GO LEVERAGED THE SUPPORT OF 157 COMMITTED AND ONE-TIME CORPORATE VOLUNTEERS.

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

MANAGEMENT REVIEWED A DRAFT OF THE FORM 990 WITH THE AUDIT COMMITTEE AND
PROVIDED EDITS TO THE TAX PREPARER. AFTER THIS PROCESS WAS PERFORMED, THE
FORM 990 WAS SENT TO THE FULL BOARD OF DIRECTORS PRIOR TO BEING FILED WITH
THE IRS.

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

GO HAS A BOARD APPROVED CONFLICT OF INTEREST POLICY. EVER BOARD MEMBER MUST SIGN AN ANNUAL DISCLOSURE FORM STATING THEY HAVE NO CONFLICTS OR THE NATURE OF THEIR INTEREST IN A RELATED PARTY TRANSACTION.

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

EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES BASED ON A

RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR TO

DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A

DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE IS

VOTED ON.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE GO PROJECT, INC. 27-1411019 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 50 COOPER SQUARE, 3RD FLOOR return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW YORK, NY 10003 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) LARA OLIVIERI Telephone No. ▶ (212) 533-3744 Fax No. ▶ (212) 533-5012 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$   $\underline{\hspace{0.5cm}}$  JUN  $\underline{\hspace{0.5cm}}$  30 ,  $\underline{\hspace{0.5cm}}$  2023 ► X tax year beginning JUL 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

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