			EXTENDED TO MAY 15, 2024 Return of Organization Exempt From	Income Tax	OMB No. 1545-0047					
For	_ Q	90			2022					
1.01	- U		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e Do not enter social security numbers on this form as it may							
Dep: Inter	artment nal Reve	t information.	Open to Public Inspection							
A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023										
	Check if applicat	ole: C Name o	f organization	D Employer identificat	on number					
Г	Addr	ess THE	GO PROJECT, INC.							
	Name	e <u> </u>	usiness as	27-1411019						
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/su OOPER SQUARE, 3RD FLOOR	ite E Telephone number (212) 533-	3744					
	termi ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,280,388.					
	Amer	1 11 C W	YORK, NY 10003	H(a) Is this a group retur						
	Appli tion pend		nd address of principal officer: GAYLE VILLANI	for subordinates?						
		SAME	AS C ABOVE	H(b) Are all subordinates includ						
		empt status:		527 If "No," attach a list						
	Webs		GOPROJECTNYC.ORG	H(c) Group exemption n						
	Form o art 1		X Corporation Trust Association Other L Y	ear of formation: 2010 M S	iate of legal domicile: N Y					
F	T		CO DDOUT							
e	1		be the organization's mission or most significant activities:							
Governance			EMOTIONAL SUPPORT, STARTING IN THE EAR							
ern	2	Check this bo								
20	3		ting members of the governing body (Part VI, line 1a)		<u>25</u> 25					
				25						
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)		157					
tivit	6		of volunteers (estimate if necessary)		0.					
Ac	/ a		d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.					
		Net unrelated		Prior Year	Current Year					
	8	Contributions	and grants (Part VIII, line 1h)	3,188,637.	3,112,469.					
ne	9			100.	0.					
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	690.	5,737.					
Be	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,388.	5,377.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,194,815.	3,123,583.					
	-		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
			to or for members (Part IX, column (A), line 4)	0.	0.					
ú	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,225,835.	2,405,193.					
Sec	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.					
Expenses	b		ing expenses (Part IX, column (D), line 25)627 , 510 .							
ш	17		es (Part IX, column (A), lines 11a 10 freae	677,447.	752,526.					
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (Ay, Jhe 25)	2,903,282.	3,157,719.					
	19	Revenue less	expenses. Subtract line 18 from ine TP. U	291,533.	-34,136.					
or	6			Beginning of Current Year	End of Year					
t Assets or	20	Total assets (I		2,814,111.	2,740,216.					
tAs	21	Total liabilities	(Part X, line 26) Sax LLP	126,093.	86,334.					
ER.	22	Net assets or	fund balances. Subtract Ing 21 fign in Public Accountants	2,688,018.	2,653,882.					
	art II	Signatur	e Block							
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my kn	owledge and belief, it is					
true	e, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.						
		1		1						

Sign	Signature of officer	Date								
Here	GAYLE VILLANI, EXECUTIVE DIRECTOR									
	Type or print name and title									
	Print/Type preparer's name	Date Check PTIN								
Paid	MIKE SCHALL MULL MIKE SCHALL	12/20/23 self-employed P02024184								
Preparer	Firm's name SAX LLP (Firm's EIN 81-2950760								
Use Only	Firm's address 1040 AVENUE OF THE AMERICAS, 16TH FL									
	NEW YORK, NY 10018	Phone no. 212-661-8640								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-13	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

PUBLIC DISCLOSURE COPY

гa	rt III Statement of Program	-		
			art III	<u>X</u>
1	Briefly describe the organization's mi SEE SCHEDULE O	ssion:		
	SEE SCHEDULE O			
2	• •	ignificant program services during the	•	Yes X No
~	If "Yes," describe these new services		it could at a second second second	Yes X No
3	If "Yes," describe these changes on \$		it conducts, any program services?	
4			ts three largest program services, as mea	oured by expenses
4			ount of grants and allocations to others, the	
	revenue, if any, for each program ser			ie total expenses, and
4a) (Revenue \$	
ти	SEE SCHEDULE O) (nevenue \$	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(code) / (Expenses +			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
		00		
4d	Other program services (Describe on	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	2,236,704.		
				Form 990 (202
32002	2 12-13-22	SEE SCHEDULE O	FOR CONTINUATION(S)	

_		
Form	990	(2022)

 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	X	
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			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	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,	⊢ Ŭ		
'	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	-		
Ŭ	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			
Ū	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, VII, 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	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	11b		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	11c		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	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	<u>_</u>		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	-	
19		10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
- •	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
232003			990	(2022)
				. –/

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 Form 990 (2022)
 THE GO PROJECT, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			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> </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,			
20	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		x
h	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? <i>If</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		x
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	25		
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	51		- 23
32		20		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<u>0-</u>	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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			37
	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 19?		37	
Do	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
232004	12-13-22 F	Form	990	(2022)
	5			

Form	990 (2022) THE GO PROJECT, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	27-14110)19	Pa	age 5			
				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	[
	filed for the calendar year ending with or within the year covered by this return 2a	216						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	x			
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial accourt	it)?	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 Account	ts (FBAR).	_		77			
			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	E E E E E E E E E E E E E E E E E E E	5b		<u> </u>			
-	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 orga any contributions that were not tax deductible as charitable contributions?		6a		х			
b			ua					
D	were not tax deductible?	-	6b					
7	Organizations that may receive deductible contributions under section 170(c).		0.0					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services p	rovided to the payor?	7a	х				
			7b	x				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ							
	to file Form 8282?		7c		х			
d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
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?							
9	9 Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b			9b					
10	Section 501(c)(7) organizations. Enter:	ı						
a h	Initiation fees and capital contributions included on Part VIII, line 12 <u>10a</u> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:	L						
 а	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
-	amounts due or received from them.) <u>11b</u>							
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					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	.						
	organization is licensed to issue qualified health plans 13b							
С	Enter the amount of reserves on hand 13c							
14a			14a		<u> </u>			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		15		х			
	excess parachute payment(s) during the year?		15		<u> </u>			
16	If "Yes," see the instructions and file Form 4720, Schedule N.	ne?	16		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incor If "Yes," complete Form 4720, Schedule O.	י סוו <i>ר</i> (10					
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	5 12-13-22	1	Form	990	(2022)			

Form 990	(2022)
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THE GO PROJECT, INC.

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

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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

					Yes	N	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	5			
	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 on line 1a, above, who are independent	1b	2!	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other				
	officer, director, trustee, or key employee?			2			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5			
6	Did the organization have members or stockholders?			6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint c	one or				
	more members of the governing body?			7a			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockhol	ders, or			_	
	persons other than the governing body?			7b		2	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-				
а	The governing body?			<u>8a</u>	X	\vdash	
b	Each committee with authority to act on behalf of the governing body?			8b	X	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					,	
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			Γ.	
					Yes		
	Did the organization have local chapters, branches, or affiliates?			10a		ŀ	
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		104			
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	x	┢	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belon		<u>11a</u>			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	x		
-	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	┢	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			120	- 23	┢	
С		,		12c	x		
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	┢	
14	Did the organization have a written document retention and destruction policy?			14	X	\vdash	
15	Did the process for determining compensation of the following persons include a review and approva			14			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by inc	lependent				
а	The organization's CEO, Executive Director, or top management official			15a	x	Г	
b	Other officers or key employees of the organization			15b			
2	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			10.5			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a				
	taxable entity during the year?			16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?			16b		Г	
Sect	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \mathbf{NY}						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	nd 990-	T (section 501(c)(3	s only)	availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial		
	statements available to the public during the tax year.		and the set policy, a	ur			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records				
	LARA OLIVIERI - (212) 533-3744						
	50 COOPER SQUARE, 3RD FL, NEW YORK, NY 10003						

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Form 990 (2022) THE GO PROJECT, INC.	27-1411019	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box, unles		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of		
	week				recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruster	l trus		/ee	npen		1099-NEC)	1099-NEO)	organization and related
	below	ndividual trustee or director	nstitutional trustee	_	nploy	st cor	1	1000 (120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) GAYLE VILLANI	40.00									
EXECUTIVE DIRECTOR				Х				171,223.	Ο.	7,344.
(2) ANDREW DIBELLA	40.00									
CHIEF DEVELOPMENT OFFICER						X		147,588.	Ο.	17,144.
(3) LINDSAY MITCHER	40.00									
DIRECTOR OF INDIVUAL GIVING						X		104,516.	Ο.	10,165.
(4) JENNIFER BENSTRAUM	40.00									
CHIEF PROGRAM OFFIER						Х		111,034.	0.	341.
(5) MARLAINE OLINICK	1.00									
CO-CHAIR		Х		Х				0.	0.	0.
(6) MELANIE WHELAN	1.00									
CO-CHAIR		Х		Х				0.	0.	0.
(7) CHARLIE JOHNSTON	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) LEE CHAMBERLIN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) CHRISTINE ANDERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) SHAWN ANDERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) RACHEL BACHNER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DANIEL BERGER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BELLE BURDEN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) PETER H. GILMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) BILLY GRACE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) PHILIP KASSEN	1.00							_		
DIRECTOR		х						0.	0.	0.
(17) ANDIE KULLY	1.00									
DIRECTOR		Х						0.	0.	0.
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THE GO PROJECT, INC.

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Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		```	
(A)	(B)				C) sitior	n		(D)	(E)	(F)
Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable	Estimated amount of
	week					is botł or/trus		from	compensation from related	other
	(list any	ctor						the	organizations	compensation
	hours for	ır dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	truste			pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional t		ployee	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) RAJ MAHAJAN	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(19) LEE S. MILLSTEIN	1.00								0	0
DIRECTOR	1 00	Х				-		0.	0.	0.
(20) REV. JULIA OFFINGER DIRECTOR	1.00	x						0.	0.	0
(21) ROBBIE PENNOYER	1.00					-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(22) REV. BO REYNOLDS	1.00	Δ						0.	0.	
DIRECTOR	1.00	x						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	1 00	X						0.	0.	0.
(26) LISA WALLER, PH.D.	1.00	x						0	0	0
DIRECTOR								0. 534,361.	0.	0. 34,994.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VI								534,361.	0.	34,994.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 										54,554.
compensation from the organization		036	11310	ua	5006	<i>5)</i> WII	010	ceived more than \$100,		4
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mp	loye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for s	uch individual									3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J fe	or such individual		4 X
5 Did any person listed on line 1a receive or a								•	lual for services	
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or si	ich ,	pers	son				5 X
Section B. Independent Contractors	moonootod ind	long	ndor	at or	optr	ooto	ro th	at received more than ¢	100 000 of component	tion from
 Complete this table for your five highest control the organization. Report compensation for the organization. 										
(A)	ine calendar ye		- TGII	<u>ig 11</u>				(B)		(C)
Name and business	address	NC	ONE	3				Description of s	ervices C	compensation
							_			
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz	zation				(0				
SEE PART VII, SECTION	I A CONT	ΙN	UΆ	ΊΊ	ON	S	ΗĒ	ETS		Form 990 (2022)
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Form 990 THE GO PI									27-141	1019
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per						-	from	from related	other
	week					yee		the	organizations	compensation
	(list any	Individual trustee or director				Highest com pen sated em ployee		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ed ei		(W-2/1099-MISC)		organization
	related	tee o	ustee			en sat				and related
	organizations	trus	Institutional trustee		Key employee	dwo				organizations
	below	idua	tutior	er	em pl	est c	ıer			
	line)	Indiv	Insti	Officer	Key	High	Former			
(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.
		<u> </u>								
		-								
Total to Part VII, Section A, line 1c								1	L	L

232201 04-01-22

Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Fundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$,128,290. 593,945. ,390,234.	3,112,469.			
0 0	h	Total. Add lines 1a-1f	Business Code	5,112,405.			
Program Service Revenue	2a b c d f						
	3 4	Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond	rest, and proceeds	5,737.			5,737.
	5 6 a	Royalties	(ii) Personal				
	b c d	Less: rental expenses 6b Rental income or (loss) 6c					
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis					
Revenue	с	and sales expenses 7b Gain or (loss) 7c					
Other R			a156,805.				
	b	· · · · · · · · · · · · · · · · · · ·	<u>ь156,805.</u>	0			
	c Q	Net income or (loss) from fundraising events Gross income from gaming activities. See		0.			
		Part IV, line 19 92 Less: direct expenses 91					
	с 10 а	Gross sales of inventory, less returns					
		and allowances 10 Less: cost of goods sold 10 Net income or (loss) from sales of inventory	b				
eous		OFFICE THOMAS	Business Code 900099	5,377.			5,377.
Miscellaneous Revenue	b c						
Misc	d	All other revenue					
_	е	Total. Add lines 11a-11d		<u>5,377</u> . 3,123,583.	0.	0.	11,114.
23200	12 9 12-13	Total revenue. See instructions		5,145,303.			Form 990 (2022)

THE GO PROJECT, INC.

Form 990 (2022)

2022.05010 THE GO PROJECT, INC.

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Form 990 (2022

THE GO PROJECT INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		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,	175 000	121 050	17 500	
_	trustees, and key employees	175,000.	131,250.	17,500.	26,250
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	1 015 001	1 514 001	00 225	200 075
7	Other salaries and wages	1,915,001.	1,514,801.	99,325.	300,875
8	Pension plan accruals and contributions (include	27,550.	21,698.	1 5/0	1 210
~	section 401(k) and 403(b) employer contributions)	89,284.	70,318.	<u> 1,540.</u> 4,991.	<u>4,312</u> 13,975
9	Other employee benefits	198,358.	156,224.	11,087.	31,047
0	Payroll taxes	190,550.	130,224.	11,007.	51,047
1	Fees for services (nonemployees):				
a ⊾					
b	Γ	21,275.		21,275.	
	Accounting	41,473.		21,273.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch 0.)	140,105.	65,808.	63,762.	10,535
2	Advertising and promotion	110/1000		00,7020	10,000
23	Office expenses	40,520.	31,913.	2,265.	6,342
4	Information technology	73,712.	58,054.	4,121.	11,537
- 5	Royalties	,			
6	Occupancy	42,900.	33,787.	2,398.	6,715
7	Traval			_,	• / · = •
8	Payments of travel or entertainment expenses				
Ŭ	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	40,712.	32,064.	2,276.	6,372
3	Insurance	63,759.	50,216.	3,564.	9,979
4	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.)				
а	EVENT EXPENSES	202,562.	2,991.		199,571
b	PROGRAM EXPENSES	60,115.	60,115.		
с	STAFF DEVELOPMENT	35,515.	7,465.	28,050.	
d	BANK AND PROCESSING FEE	31,351.		31,351.	
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	3,157,719.	2,236,704.	293,505.	627,510
6	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)				

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2022.05010 THE GO PROJECT, INC.

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Form 990 (2022)

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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(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 or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	าร		5	
	6	Loans and other receivables from other disqualit	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	l in secti	on 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			72,063.	9	64,594.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		341,387. 282,157.			
	b	Less: accumulated depreciation	10b	282,157.	99,942.	10c	59,230.
	11	Investments - publicly traded securities				11	305,314.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	12,247.
	16	Total assets. Add lines 1 through 15 (must equa			2,814,111.	16	2,740,216.
	17	Accounts payable and accrued expenses			105,293.	17	71,387.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form		· · · · ·			
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes	-	F		22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					14 047
		of Schedule D			20,800.		14,947.
	26	Total liabilities. Add lines 17 through 25	<u></u>	T	126,093.	26	86,334.
s		Organizations that follow FASB ASC 958, che	ck here	X			
ЭС		and complete lines 27, 28, 32, and 33.			2 214 702		2 462 102
alar	27				<u>2,214,782.</u> 473,236.	27	2,463,182.
ğ	28	Net assets with donor restrictions			4/3,230.	28	190,700.
Ğ		Organizations that do not follow FASB ASC 9	58, cheo	k here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ŝts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ec				30	
∍t A	31	Retained earnings, endowment, accumulated in			2,688,018.	31	2,653,882.
ž	32	Total net assets or fund balances			2,814,111.	32	2,740,216.
	33	Total liabilities and net assets/fund balances			4,014,111.	33	Form 990 (2022)

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THE GO PROJECT, INC.

Part X Balance Sheet

Form 990 (2022)

Form	1990 (2022) THE GO PROJECT, INC.	27	-1411019	Pag	_{je} 12
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	3,123	, 58	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,157	7:	19.
3	Revenue less expenses. Subtract line 2 from line 1	3	-34	.,1:	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,688	,01	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	2,653	, 88	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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
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?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2022)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

|--|

	THE GO PROJECT, INC.
Organization type (chec	sk one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization

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

501(c)(3) taxable private foundation

501(c)(3) exempt 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

Form 990-PF

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 for an $_{exclusively}$ s

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).

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 additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>225,000.</u>	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
2		\$ <u>100,000.</u>	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
3		\$ <u>75,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution Person X Payroll
No. 4 (a)	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4	Total contributions \$ 95,000. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll Image: Complete Part II for noncash (d) Type of contribution Person X Payroll Image: Complete Part II for noncash
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4	Total contributions \$ 95,000. (c) Total contributions \$ 90,000. (c)	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Noncash Image: Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.)

2022.05010 THE GO PROJECT, INC.

10411220 795584 46100.00

Page **2**

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

Employer identification number

Page 2

THE GO PROJECT, INC.

27-1411019

(b)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution

		\$593,945. 	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
		\$	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.)

Schedule B (Form 990) (2022)

Schedule I	З(Form	990)	(2022
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Name of organization

Page 3 Employer identification number

THE GO PROJECT, INC.

27-1411019

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II 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
		[\$	

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2022.05010 THE GO PROJECT, INC. 46100.01

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Name of or	rganization		Employer identification number						
THE C(O PROJECT, INC.		27-1411019						
Part III		ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line entry	/. For organizations						
	Use duplicate copies of Part III if additional	space is needed.	SS for the year. (Enter this into, once.) ♥						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Faili									
	(e) Transfer of gift								
	Transferee's name, address, a	nd 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							
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
223454 11-15	5-22	-	Schedule B (Form 990) (202						
		5							

		Supplement	ol Financial Statemento		OMB No. 1545-0047
	HEDULE D		al Financial Statements		2002
(Forn	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury Revenue Service		Attach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
-	e of the organization		o for instructions and the latest information.	Emp	bloyer identification number
		THE GO PROJECT, IN			27-1411019
Par		-	d Funds or Other Similar Funds or A	ccoun	ts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(1.) [
	Tatal works an at an	al of your	(a) Donor advised funds	(b) Fun	ds and other accounts
1 2		nd of year f contributions to (during year)			
2		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fur	nds	
	-		exclusive legal control?		Yes No
6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	rring	
Dor	impermissible priva				
Par			ganization answered "Yes" on Form 990, Part I	V, line 7.	
1		ervation easements held by the organization of land for public use (for example, recreated to the second seco		torically	important land area
		f natural habitat	Preservation of a cel	-	-
		of open space		theams	
2			fied conservation contribution in the form of a c	onservat	tion easement on the last
	day of the tax year				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	•				
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired a	after July 25,2006, and not on a		
				-	
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	nization	during the tax
4	year	 where property subject to conservation eas	amont is located		
- - 5		tion have a written policy regarding the per			
•	•	orcement of the conservation easements it			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat		
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asement	s during the year
8			e satisfy the requirements of section 170(h)(4)(E		
•					
9	,	o 1	on easements in its revenue and expense state note to the organization's financial statements t		
		ounting for conservation easements.		lat desc	
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Simila	r Assets.
		the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sh	neet works
	of art, historical tre	asures, or other similar assets held for put	olic exhibition, education, or research in further	ance of p	public
	•		ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balance		
			exhibition, education, or research in furtherand	ce of pub	DIIC Service,
		ng amounts relating to these items:			¢
					Ψ \$
2	.,	, , , , , , , , , , , , , , , , , , , ,	asures, or other similar assets for financial gain		Ψ ۱
_		ints required to be reported under FASB A			
а	-				\$
					\$
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022

232051 09-01-22

	2	9					
2	2		Λ	5	٥	1	Λ

Sche		PROJECT, I					27-14	11019) Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or Oth	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that make	e significant	use of its			
	collection items (check all that apply):		_							
а	Public exhibition	c			hange program					
b	Scholarly research	e	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	-		-	-		se in Part	XIII.		
5	During the year, did the organization solicit o							7		1
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran							Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "Yes"	on Form 990	J, Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodi		liany for c	ontributions	or other assets n	ot included				
Ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII						L			
			nowing ta					Amount	:	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fo					L 111 0		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete i	f the organization ar	swered "	Yes" on Fo	rm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Pr	rior year	(c) Two years back	(d) Three	years back	(e) Four	years I	back
1a	Beginning of year balance									
b	Contributions					_				
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					_				
	Administrative expenses									
-	End of year balance		//: 4							
2	Provide the estimated percentage of the curr			, column (a)) held as:					
a L	Board designated or quasi-endowment		_%							
D	Permanent endowment	% %								
C	Term endowment									
30	Are there endowment funds not in the posse		ation that	are held an	d administered for	the				
ou	organization by:		ation that	are neio ar				ן	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the							<u> </u>	•	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or c basis (investr		• •		Accumulat		(d) Bool	k value	÷
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment	175,				116,5		58	3,65	
	Other					165,6				75.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. columi</u>	<u>n (B). line 1</u>	0c.)		<u></u>	59	9,23	30.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (Form 990) 2022 IFE GO FROUE	ICI, INC.	
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		

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 end-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.

(G) (H)

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.	

(a) Description of liability (b) Book value (1) Federal income taxes OPERATING LEASE LIABILITY 14,947 (2) (3) (4) (5) (6) (7) (8) (9) 14,947. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

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 X

Schedule D (Form 990) 2022

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Sche	edule D (Form 990) 2022 THE GO PROJECT, INC.			27-	1411019 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1 .			
1	Total revenue, gains, and other support per audited financial statements			1	3,318,583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	195,000.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		_	
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,123,583.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per l	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
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:				
а	Donated services and use of facilities	. 2 a	195,000.	_	
b	Prior year adjustments	. 2b		_	
с	Other losses	_ 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	195,000.
3	Subtract line 2e from line 1			3	3,157,719.
					0/20///201
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
4 a					
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b		4c	0.
a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		4c 5	0. 3,157,719.

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

PART X, LINE 2:

GO 1	PROJECT	DOES	NOT	BELIEVE	ITS	FINANCIAL	STATEMENTS	INCLUDE	ANY	MATERIAL,
------	---------	------	-----	---------	-----	-----------	------------	---------	-----	-----------

UNCERTAIN TAX POSITIONS. TAX FILINGS FOR PERIODS ENDING JUNE 30, 2020 AND

LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2022		
Department of the Treasury		Attach to Form 990 c			-			Open to Public		
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest informatior	า.		Inspection		
Name of the organization		PROJECT, INC.					Employer id	entification number		
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1				
required to	complete this part	t								
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 										
•	key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?									
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	ne fur	ndraiser is to b	De		
								1		
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	fundraiser to (or retained		(vi) Amount paid to (or retained by) organization		
				No	-	1				
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration		
or licensing.										

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

Schedule G (Form 990) 2022

232081 10-27-22

THE GO PROJECT, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 ANNUAL BENEFIT	(b) Event #2 OTHER EVENT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
2			(event type)	(event type)	(total number)	
	1	Gross receipts	1,171,490.	113,605.		1,285,095
	2	Less: Contributions	1,026,775.	101,515.		1,128,290
1	3	Gross income (line 1 minus line 2)	144,715.	12,090.		156,805
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	144,715.	12,090.		156,805
	7	Food and beverages				
- 1	8	Entertainment				
	9	Other direct expenses				
1	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			156,805
_		Net income summary. Subtract line 10 from li Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.		1 990, Part IV, line 19, or r	eported more than	-
ar		II Gaming. Complete if the organization				(d) Total gaming (add
ar		II Gaming. Complete if the organization	answered "Yes" on Form	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
ar	1 1	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
ar	1 1	Gross revenue	answered "Yes" on Form	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
ar	1 1 2	Gross revenue	answered "Yes" on Form	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
ar	<u>1</u> 2 3	Gross revenue	answered "Yes" on Form	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add col. (a) through col. (c
	1 2 3 4 5	Gross revenue	answered "Yes" on Form	1 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add col. (a) through col. (d
	1 2 3 4 5 6	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	answered "Yes" on Form (a) Bingo (a) Pingo (b) Pingo (b) Pingo (c)	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1 2 3 4 5 6 7	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1 2 3 4 5 6 7 8	Gross revenue	(a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1 2 3 4 5 6 7 8 Ent	Gross revenue	(a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Public States?	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1 2 3 4 5 6 7 8 Ent	Gross revenue	(a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Public States?	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	THE GO	PROJECT,	INC.		27-1	411019	Page 3
	Does the organization conduct ga						Yes	No
	Is the organization a grantor, bene							
	to administer charitable gaming?						Yes	No No
13	Indicate the percentage of gaming							
a	The organization's facility						13a	%
	An outside facility						13b	%
14	Enter the name and address of th	e person who p	prepares the organ	nization's gam	ing/special events boo	ks and records:		
	Name							
	Address							
15a	Does the organization have a con	tract with a thi	rd party from who	m the organiza	tion receives gaming r	revenue?	🗌 Yes	🗌 No
F	If "Yes," enter the amount of gam	ina revenue re	ceived by the orac	anization \$	6	and the amount		
	of gaming revenue retained by the							
c	If "Yes," enter name and address							
-		o	- , .					
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employe	e	Independen	t contractor			
			• <u> </u>		contractor			
17	Mandatory distributions:							
a	Is the organization required under	r state law to m	ake charitable dis	tributions from	n the gaming proceeds	to		
	retain the state gaming license?						Yes	🗌 No
b	Enter the amount of distributions	required under	state law to be di	istributed to ot	her exempt organizati	ons or spent in the		
_	organization's own exempt activit							
Pa	rt IV Supplemental Infor						rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Al	so provide any ad	ditional inform	ation. See instructions			
2320	33 10-27-22					Sched	ule G (Form	990) 2022
				35				

Schedule G	(Form 990) TH	E GO PROJECT,	INC.	27-1411019 Page 4
Part IV	(Form 990) TH Supplemental Information	on (continued)		
000004 04 01	20			Schedule G (Form 990)

232084 04-01-22

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2022				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU	_ _	-		
Depar	tment of the Treasury	Attach to Form 990.		Open to				
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspe				
Nam	e of the organization			nployer identification numbe 27-1411019				
		THE GO PROJECT, INC.	27-1	41101	9			
Pa		s Regarding Compensation				T		
4-			000		Yes	No		
па		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.						
		, i i i i i i i i i i i i i i i i i i i						
	Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Health or social club dues or initiation fees							
		spending account						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
		, , , , , , , , , , , , , , , , , , , ,						
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	3					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation	committee Written employment contract						
	Independent of	ompensation consultant X Compensation survey or study						
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee					
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 re	lated organization:						
а		e payment or change-of-control payment?		4 a		X		
b	-	eive payment from a supplemental nonqualified retirement plan?				X		
С	•	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only another FO.4							
-)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	111					
~	contingent on the r			Fo		x		
	Any related organiz	ation?				X		
U.	, ,	ation? r 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
Ŭ	contingent on the n							
а	•			6a		x		
	Any related organiz					X		
	, 0	r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3					
		ies 5 and 6? If "Yes," describe in Part III		. 7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in						
	Regulations section		<u></u>	9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990) 2022		

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27-1411019

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(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)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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 J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization 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.



27 - 1411019

THE GO PROJECT, INC.

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

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Name of the organization					Employer identification number
C C	THE	GO	PROJECT,	INC.	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.

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232212 10-28-22

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

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

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

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

Type or	Name of exempt organization or other filer, see instru-	ctions.		Taxpayer identification number (TIN)			
print	THE GO PROJECT, INC.				27-1411019		
File by the due date for filing your			ions.				
return. See instructions			ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)				
Applica	tion	Return	Application		Return		
ls For		Code	Is For	Code			
Form 99	0 or Form 990-EZ	01	Form 1041-A	08			
Form 4720 (individual)			Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	0-T (trust other than above)	06	Form 8870	12			
Form 99	0-T (corporation) LARA OLIVIERI	07					
 If the If this box 1 1 1 + 	organization does not have an office or place of business organization does not have an office or place of business osis for a Group Return, enter the organization's four digit (Group Exe and atta MAX anization's , an	mption Number (GEN) If ch a list with the names and TINs of <u>X 15, 2024</u> , to file return for: d ending <u>JUN 30, 2023</u>	f this is fo all memb	r the whole ers the exte npt organiza	group, check this	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
es	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
с Ва	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by				
us	ing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.	
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	53-TE and	d Form 887	9-TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev. 1-2022)	

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