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TIN: 13-3492792 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

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

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public

		f the Treasury nue Service	► Go to <u>www.irs.go</u>		Inspection					
A Fo	or th	e 2022 c	alendar year, or tax year begin	ning 01-01-2022 $$, and ending 12	2-31-2022					
O Add	dress	applicable: change nange	C Name of organization GOAL USA INC			D Employer 13-34927		ication number		
O Init	tial re	-	Doing business as							
☐ Am	ende	d return ion pending	Number and street (or P.O. box if ma RAINES FISCHER 555 5TH AVE 901	ail is not delivered to street address) Room	n/suite	E Telephone (202) 914				
			City or town, state or province, coun NEW YORK, NY 10017	try, and ZIP or foreign postal code		G Gross rece	ints \$ 5	59 806		
			F Name and address of principa	l officer:	H(a) Is this					
			RONAN RYAN 3 LONGWOOD ROAD MORRISTOWN, NJ 07960			linates? subordinates		☐Yes ✓No ☐ Yes ☐No		
		mpt status:	✓ 501(c)(3) □ 501(c)() ◀(i) /W.GOALUS.ORG	insert no.) 4947(a)(1) or 527		" attach a lis				
K Form	n of o	organization:	Corporation Trust Assoc	ciation Other	L Year of forma	tion: 1988	M State	of legal domicile: DE		
Pa	ırt I	Sumi	mary							
			Scribe the organization's mission or	most significant activities: SISTANCE TO UNDERDEVELOPED COI	INTRIES					
nce		TOTROVI								
эша										
3OV6		Check thi	اما	2						
×	4		of voting members of the governin of independent voting members of	4	3					
les				endar year 2022 (Part V, line 2a)		•	5	8		
Activities & Governance	6		• •	essary)			6	0		
	7a		•	VIII, column (C), line 12			7a	0		
	b	Net unrel	ated business taxable income from	n Form 990-T, Part I, line 11			7b	0		
					Pric	r Year		Current Year		
9	8	Contribut	5	569,278						
Revenue		Program	0	0						
æ			ent income (Part VIII, column (A), li	27	_	528				
			renue (Part VIII, column (A), lines 5	905,98	0	569,806				
			nd similar amounts paid (Part IX, co	st equal Part VIII, column (A), line 12)			_			
			, , ,	* **		723,95	+	526,579 0		
			Senefits paid to or for members (Part IX, column (A), line 4)							
Seg			nal fundraising fees (Part IX, colun	, , , , , , , , , , , , , , , , , , , ,	" 		0	47,449		
Expenses			aising expenses (Part IX, column (D), li							
Д			penses (Part IX, column (A), lines I	· ——		39	3	47,806		
	18	Total exp	enses. Add lines 13-17 (must equ	al Part IX, column (A), line 25)		737,74	6	621,834		
	19	Revenue	less expenses. Subtract line 18 fro	om line 12		168,24	0	-52,028		
ances				Beginning o	of Current Yea	r	End of Year			
00 775										
S iii	20	Total asse	ets (Part X, line 16)			582,00	5	799,691		
let Assund Ba	21	Total liabi	ilities (Part X, line 26)			109,01	7	379,169		
Net Assets or Fund Balances	21 22	Total liabi	ilities (Part X, line 26)				7			
Pa Under knowl	21 22 rt II pen edge	Total liabi Net asset Signa lalties of pote and belie	ilities (Part X, line 26)			109,01 472,98 statements,	7 8 and to	379,169 420,522 the best of my		
Pa Under	21 22 rt II pen edge	Total liabi Net asset Signa lalties of pote and belie	ilities (Part X, line 26)	21 from line 20	officer) is based or 	109,01 472,98 statements, a all informat	7 8 and to	379,169 420,522 the best of my		
Pa Under knowl	21 22 rt II pen edge nowle	Net asset Signa alties of pe e and belie edge. Signatu RONAN	ilities (Part X, line 26)	21 from line 20	officer) is based or 	109,01 472,98 statements, n all informat	7 8 and to	379,169 420,522 the best of my		
Under knowl any ki	21 22 rt II pen edge nowle	Net asset Signa ialties of pie and belie edge. Signatu RONAN Type on	ilities (Part X, line 26)	21 from line 20	officer) is based or	109,01 472,98 statements, n all informat	and to ion of v	379,169 420,522 the best of my		

raiu **Preparer**

			self-employed
	Firm's name RAINES & FISCHER LLP		Firm's EIN 13-3217649
′	Firm's address > 555 FIFTH AVENUE 9TH FLOOR		Phone no. (212) 953-9200
	NEW YORK, NY 100172416		

llse	se Only	Firmula address A FEE FIETH AVENUE OTH FLOOR							
000	. Omy	Firm's address 555 FIFTH AVENU		Phone no. (212)	953-9200				
		NEW YORK, NY 1							
		uss this return with the preparer Reduction Act Notice, see the	shown above? See Instructions.		. Yes No				
FOF I	Paperwork	Reduction Act Notice, see the	separate instructions.	Cat. No. 11282Y	Form 990 (2022)				
			——————————————————————————————————————						
_	000 (2022)		_		_				
	990 (2022)		- A !! - l		Page 2				
Pa		tement of Program Service		4 III					
1		cribe the organization's mission:	inse or note to any line in this Par	rt III					
TO P	ROVIDE REL	IEF AND DEVELOPMENT ASSISTA	NCE TO UNDERDEVELOPED COUN	ITRIES					
_	5:1.1			1.1					
2		orm 990 or 990-EZ?	ant program services during the ye	ear which were not listed on	🗆 Yes 🗸 No				
	•	escribe these new services on Sch	nedule O.		a res ano				
3	•		nake significant changes in how it	conducts, any program					
	services?				. 🗆 Yes 🔽 No				
_	•	escribe these changes on Schedul							
4				three largest program services, as mount of grants and allocations to othe					
		ie, if any, for each program servi			, , , , , , , , , , , , , , , , , , , ,				
4a	(Code:) (Expenses \$	526,579 including grants of	\$ 526,579) (Revenue \$)				
	•	, , ,	NCE TO UNDERDEVELOPED COUNTRIES		,				
4b	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)				
	•								
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)				
	•								
4d	Other prog	ram services (Describe in Sched	ule O.)						
	(Expenses	\$ incl	luding grants of \$) (Revenue \$)				
4e	Total pro	gram service expenses 🕨	526,579						
					Form 990 (2022)				
			——————————————————————————————————————						
			rage 5						
	990 (2022)				Page 3				
Pa	rt IV Ch	ecklist of Required Schedu	iles		Yes No				
1	Is the orga	nization described in section 501	(c)(3) or 4947(a)(1) (other than:	a private foundation)? <i>If "Yes," comp</i>					
-	Schedule A	1.1.2			1 Tes				
2	Is the orga	nization required to complete Sc.	hedule B, Schedule of Contributors	s? See instructions. 🐒	2 Yes				
3	Did the org	janization engage in direct or ind	irect political campaign activities of	on behalf of or in opposition to candi	dates No				
	TOT DUBLIC C	nnce: 11 "res," complete Schedul	le C, Part I		1 - 1				

the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Parl III. If the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete hedule D, Part I If the organization receive or hold a conservation easement, including easements to preserve open space, environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II If the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," malete Schedule D, Part III If the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation vices? If "Yes," complete Schedule D, Part IV If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, manent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete hedule D, Part VI If the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII If the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its lets 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 VII If the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported i	11a		No
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete hedule D, Part I	7 8 9 10 11a 11b		No No No No No No
the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," mplete Schedule D, Part III	7 8 9 10 11a 11b		No No No No
In the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation vices? If "Yes," complete Schedule D, Part IV	9 10 11a 11b		No No No
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation vices? If "Yes," complete Schedule D, Part IV	11a 11b 11c		No No
The organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, X, as applicable. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete hedule D, Part VI. If the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII If the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII If the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its all assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII If the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Part X, line 16? If "Yes," complete Schedule D, Part IX	11a 11b		No No
X, as applicable. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete inedule D, Part VI. If the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII If the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its all assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII If the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Part X, line 16? If "Yes," complete Schedule D, Part IX	11a 11b 11c		No
the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b 11c		
al assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			No
Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		INU
I the organization report an amount for other liabilities in Part X. line 25? If "Yes." complete Schedule D. Part X 🧐			No
and organization report an amount for other maximum and in the complete defication by	11e	Yes	
the organization's separate or consolidated financial statements for the tax year include a footnote that addresses organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
I the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete hedule D, Parts XI and XII 📆	12a		No
s the organization included in consolidated, independent audited financial statements for the tax year? 'Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional '	12b		No
the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
the organization maintain an office, employees, or agents outside of the United States?	14a		No
I the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, siness, investment, and program service activities outside the United States, or aggregate foreign investments valued \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any eign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
I the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
I the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, umn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
If the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, es 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
If the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," in the organization report more than \$15,000 of gross income from gaming activities on the organization report more than \$15,000 of gross in the organization report more than \$15,000 of gross in the organization report more than \$15,000 of gross in the organization report more than \$15,000 of gross in the organization report more than \$15,000 of gross in the organization report more than \$15,000 of gross in the organization report more gaming activities on the organization report more gaming activities on the organization report more gaming activities on the organization report more gaming activities of the organization report more gaming activities of the organization report more gaming activities of the organization report more gaming activities o	19		No
the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		
the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic vernment on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
eliber of the second of the se	the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X steedule D, Parts XI and XII is optional 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 are organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E the organization maintain an office, employees, or agents outside of the United States? the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, iness, investment, and program service activities outside the United States, or aggregate foreign investments valued 100,000 or more? If "Yes," complete Schedule F, Parts I and IV the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or foreign individuals? If "Yes," complete Schedule F, Parts III and IV the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or foreign individuals? If "Yes," complete Schedule F, Parts III and IV the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, mn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. See instructions. the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, so can dea? If "Yes," complete Schedule G, Part II. the organization operate one or more hospital facilities? If "Yes," complete Schedule H (es" to line 20a, did the organization attach a copy of its audited financial statements to this return? the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X edule D, Part X edule D, Part X and XII so the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete edule D, Parts XI and XII so 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 are organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E the organization maintain an office, employees, or agents outside of the United States?	the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12a 12b 12a 12a 12b 12

Form 990 (2022)
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		No			
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? <i>If "Yes," complete Schedule J</i>	23		No			
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		No			
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b						
С	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					

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4 3a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No					
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No					
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		No					
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No					
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV								
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No No					
С	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV								
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\tt M}$	29		No					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No					
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		No					
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	Yes						
35a	5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?								
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes						
Pai	Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No					
b	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							
		F	orm 99	0 (2022)					
	Page 5 ————								
Form	990 (2022)			Page 5					
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			raye 3					
	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								
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No					
	- · · · · · · · · · · · · · · · · · · ·								

orm	990 (2022)			Page !				
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country: - See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
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).							

members of the governing body?

6

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

.

Nο

No No

6

7a

7b

5/08/2	2024, 16:42 Goal Usa Inc - Full Filing- Nonprofit Explorer - ProPublica									
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Yes							
	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	Yes							
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	للتل								
	ection b. 1 oncies (This Section & requests information about poincies not required by the Internal Nevertal		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		No						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	· ' ' ' '									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i>	120	165							
·	Schedule O how this was done	12c	Yes							
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	Yes							
ь	Other officers or key employees of the organization	15b	Yes							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No						
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?	164								
	ction C. Disclosure	16b								
17 18	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 Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest									
	policy, and financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NONAN RYAN 3 LONGWOOD ROAD MORRISTOWN, NJ 07960 (202) 914-9955									
	- No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	F	orm 99	0 (2022)						
	Page 7 ———————————————————————————————————									
Form	990 (2022)			D 7						
Par		lovos	<u> </u>	Page 7						
I al	and Independent Contractors	noyee	.s,							
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>								
Se	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
	emplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	ie orga	nization	's tax						
	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amon npensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	unt								
	ist all of the organization's current key employees, if any. See the instructions for definition of "key employee."									
who r	ist the organization's five current highest compensated employees (other than an officer, director, trustee or key employ eceived reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of mo ganization and any related organizations.		n \$100,0	000 from						
	ist all of the organization's former officers, key employees, or highest compensated employees who received more than ortable compensation from the organization and any related organizations.	\$100,0	00							
organ	ist all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of ization, more than \$10,000 of reportable compensation from the organization and any related organizations.	the								
	ne instructions for the order in which to list the persons above.									
<u> </u>	Check this box if neither the organization nor any related organization compensated any current officer, director, or trusted	_		· - \						
	(A) Name and title Average hours per week (list (B) Average hours per week (list (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the form the	table sation elated	Estir amo ot	mated unt of ther						
	any hours for related organizations below dotted line) Institutional Frustee; Trustee; Trustee; Institutional Frustee; In	1099- 1099-	fror organ	ensation n the nization related						
	line) bor the line in the line	•		izations						

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		Istee			Ð	pensated				
(1) DAVIS FLEMING	0.80	X						0	0	0
DIRECTOR	'	,						0		0
(2) EDWARD KENNEY DIRECTOR	0.80	х						0	0	0
(3) RONAN RYAN DIRECTOR, CHAIRMAN	0.80	Х		Х				0	0	0
(4) STEPHEN MURPHY DIRECTOR, SECRETARY & TREASURER	0.80	Х		X				0	0	0
(5) FIONA GIBBONS DIRECTOR	0.80	Х						0	0	0
(6) CONOR O'DRISCOLL DIRECTOR	0.80	X						0	0	0
(7) SIOHBAN WALSH EXECUTIVE OFFICER	0.80			Х				0	0	0
										orm 000 (2022)

Form **990** (2022)

————— Page 8 ——

Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	-							-		•
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position box, Individual trustee or director	(C) on (do not checunless person i and a directo Institutional Trustee;	k m s bo r/tru	th a	n offic	ne er Former	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		rustee			yee	mpensated				
										_

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			+										
1h Cub Tatal							. 1			1			
1b Sub-Total c Total from continuation shee	· · · · · · · · · · · · · · · · · · ·	Section	A			*	\vdash						
d Total (add lines 1b and 1c)						•			0		0		(
2 Total number of individuals (i of reportable compensation fr				listed abo	ove) ı	who re	eceiv	ed mo	re than \$1	00,000			
												Yes	No
3 Did the organization list any 1 line 1a? If "Yes," complete So				, key em	ploye •	e, or l	high •	est con	npensated	employee on	3		No
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										N.			
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for												No
services rendered to the orga	nization? <i>If "Ye</i>	es," compl	lete Sched	dule J for	such	perso	n.				5		No
Section B. Independent Co													
Complete this table for your f from the organization. Report											compen	sation	
	(A Name and bus		acc						Desc	(B) cription of service	200	(C Comper	
	Name and bus	iness addre	255						Desc	Inpulation of service	.63	Compe	isation
2 Total number of independent co	ntractors (incl	udina but	not limite	ed to thos	se list	ed ab	ove)) who r	eceived m	ore than \$100	0.000 of		
compensation from the organiza							,	,					
												Form 99	0 (2022
				- Page 9	9 —								
Form 990 (2022)													Page S
Part VIII Statement of Re	venue												
Check if Schedule O	contains a res	ponse or	note to an	1		Part VI	<u>II .</u>		 B)	 (C)	<u> </u>	 (D	
				Total	(A) reve	nue		Relat	ed or	Unrelate		Rever	nue
									mpt ction	busines revenu	_	excluded ax under	sections
Federated campaigns	10							reve	enue			512 -	514
Contributions,	1a												
Gifts, Grants, and Membership dues	1b												
) Ther Amt													
Similar Ar <mark>fi</mark> olingdraising events	1c												
d Related organizations	1d												
e Government grants (contributions)	1e												
f All other contributions, gifts, grants, and similar amounts not included above	1f												
569,278	ı												
g Noncash contributions included in lines 1a - 1f:\$	1 g												
h Total. Add lines 1a-1f		>	569,278	3									
2-		Busin	ess Code				-						
2a													
ž							-						
% ·													
Service Revenue													
Že.													
5 1 E													

Part IV, line 22 .

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governments, and foreign individuals. See Part IV, lines and 16.		320,375		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, a key employees	nd •			
6 Compensation not included above, to disqualified personal defined under section 4958(f)(1)) and persons describe section 4958(c)(3)(B)	ed in			
7 Other salaries and wages	32,830		32,830	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1 .			
9 Other employee benefits	5,281		5,281	
10 Payroll taxes	9,338		9,338	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,000		8,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, colu (A) amount, list line 11g expenses on Schedule O)	ımn 13,018		13,018	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	30,022		30,022	
17 Travel	8,110		8,110	
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				
23 Insurance	10,905		10,905	
24 Other expenses. Itemize expenses not covered above (miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 2 expenses on Schedule O.)				
a PAYROLL PROCESSING FEES	3,793		3,793	
b BANK & CREDIT CARD CHAR	2,455		2,455	
c COMMUNICATIONS	837		837	
d FILING FEES	770		770	
e All other expenses	-30,104		-30,104	
Total functional expenses. Add lines 1 through 24e	621,834	526,579	95,255	0
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	0).			
<u></u>		1	Fr	orm 990 (2022)
	Page 11			
	~g			
orm 990 (2022)				Page 11
Part X Balance Sheet				
Check if Schedule O contains a response or note	to any line in this Part IX		<u> </u>	🗆

ear
541,645
134,424
122,415
_

	ь	Loans and other receivables from other disquall section $4958(f)(1)$), and persons described in s			6			
	7	Notes and loans receivable, net	+		7			
ets	8	Inventories for sale or use			8			
Assets	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·	2,500	9			0
A		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,000				
	ь	Less: accumulated depreciation	10b		10c			
	11	Investments—publicly traded securities .	100	1,645				1,207
	12	Investments—publicly traded securities : Investments—other securities. See Part IV, line	11	1,040	12			1,201
		,			13			
	13	Investments—program-related. See Part IV, line						
	14	Intangible assets	+		14			
	15	Other assets. See Part IV, line 11	+	500.005	15			700.004
	16	Total assets. Add lines 1 through 15 (must eq	-	582,005	16			799,691
	17	Accounts payable and accrued expenses		18,158				22,134
	18	Grants payable	-		18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
SS	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21			
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .		22				
	23	Secured mortgages and notes payable to unrela	ted third parties		23			
	24	Unsecured notes and loans payable to unrelated	I third parties		24			
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		90,859	25			357,035
	26	Total liabilities. Add lines 17 through 25 .	. †	109,017	26			379,169
Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck here 🕨 🔽 and					
lar	27	Net assets without donor restrictions		472,988	27			393,967
id Ba	28	Net assets with donor restrictions						26,555
or Fund					29			
ts	30	Paid-in or capital surplus, or land, building or ed	juipment fund		30			
Assets	31	Retained earnings, endowment, accumulated in	come, or other funds		31			
11.00	32	Total net assets or fund balances		472,988				420,522
Net	33	Total liabilities and net assets/fund balances .		582,005	33			799.691
1000				,,,,,		F	orm 99	0 (2022)
	n 990	(2022)	——————————————————————————————————————					
	art XI	Reconcilliation of Net Assets						Page 12
Го	ai t 🔨 i	Check if Schedule O contains a response or n	ata ta any lina in this Bart VI					
		Check it Schedule O contains a response of it	ote to any line in this Fart At .	<u></u>	Τ.	· · ·		
1	Tota	al revenue (must equal Part VIII, column (A), line	12)		1			569,806
2		al expenses (must equal Part IX, column (A), line	•		2			621,834
3		venue less expenses. Subtract line 2 from line 1	•		3			-52,028
4		assets or fund balances at beginning of year (mu			4			472,988
5		unrealized gains (losses) on investments			5			-438
6		nated services and use of facilities			6			
7		estment expenses			7			
8		or period adjustments			8			
9		ner changes in net assets or fund balances (explai	n in Schedule (1)		9			0
		assets or fund balances at end of year. Combine	·					420,522
		· · · · · · · · · · · · · · · · · · ·		Tr.X, lille 32, column (b))	10			720,322
ra	art XII	•						✓
		Check if Schedule O contains a response or i	note to any line in this Part XII .		• •	• •	· · Yes	
							res	No
1		counting method used to prepare the Form 990:		Other				
2 a	Sch	he organization changed its method of accounting nedule O. re the organization's financial statements compile				2a	Yes	
		res,' check a box below to indicate whether the find a basis, consolidated basis, or both:	nancial statements for the year we	ere compiled or reviewed	on a			

)5/08/	2024, 16:42		Goal Usa Inc - Full Filing- Nonprofit Explorer - ProPublica			
	☐ Separate basis	☐ Consolidated basis	Both consolidated and separate basis			
b	Were the organization's f	inancial statements audited b	y an independent accountant?	2b		No
	If 'Yes,' check a box belo consolidated basis, or bo		ncial statements for the year were audited on a separate basis,			
	☐ Separate basis	Consolidated basis	☐ Both consolidated and separate basis			
c			committee that assumes responsibility for oversight ements and selection of an independent accountant?	2c	Yes	
	If the organization change	ed either its oversight process	s or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal a Guidance, 2 C.F.R. Part 2		quired to undergo an audit or audits as set forth in the Uniform	3a		No
b			dit or audits? If the organization did not undergo the required e any steps taken to undergo such audits.	3b		
				F	Form 99	0 (2022)
	990 (2022)					
Ac	ditional Data			Retur	n to Fo)rm
			Software ID:			
		Sof	tware Version:			
Forn	n 990, Special Condi		truic versioni			
	, .	•	cial Condition Description			
		Spe	orar oorarion bescription			

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ObjectId: 202312699349302021 - Submission: 2023-09-26

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

TIN: 13-3492792

OMB No. 1545-0047

2022

Open to Public Inspection

	ne of t	he organization								Emplo	yer identificati	on number
GUA	L USA II	VC								13-349	92792	
	art I	Reason for Public C								ee inst	ructions.	
The	organi	zation is not a private found	dation because	e it is: (F	or lines 1 thro	ough	12, check or	nly on	e box.)			
1		A church, convention of c	hurches, or as	ssociation	of churches	desc	ribed in sect	ion 1	70(b)(1)(A)(i).		
2		A school described in sec	tion 170(b)((1)(A)(ii). (Attach Sch	hedul	le E (Form 9	90).)				
3		A hospital or a cooperativ	e hospital ser	vice orga	inization desc	ribed	in section	170(I	b)(1)(A)(ii	ii).		
4		A medical research organ name, city, and state:	ization operat	ed in con	ijunction with	a ho	spital descri	bed ir	section 1	70(b)((1)(A)(iii). Ente	r the hospital's
5		An organization operated 170(b)(1)(A)(iv). (Com			llege or unive	rsity	owned or op	erate	d by a gove	rnmen	tal unit described	l in section
6		A federal, state, or local of	government or	r governn	nental unit de	escrib	ed in sectio	n 170	0(b)(1)(A)	(v).		
7	✓	An organization that norm section 170(b)(1)(A)(vi). (Complete	e Part II.))				nmental ur	nit or fr	om the general p	oublic described in
8		A community trust descri	bed in sectio i	n 170(b))(1)(A)(vi).	(Con	nplete Part II	[.)				
9		An agricultural research of non-land grant college of										e or university or a
10		An organization that norm from activities related to investment income and u 30, 1975. See section 5 0	nally receives: its exempt fur nrelated busin	: (1) mor nctions—s ness taxa	re than 331/3% subject to cer ble income (le	% of i	ts support fr exceptions, a	om co and (2	ontributions !) no more t	, meml than 33	pership fees, and 1/3% of its supp	ort from gross
11		An organization organized	d and operated	d exclusiv	vely to test fo	r pub	olic safety. S	ee se	ction 509(a)(4).		
12		An organization organized more publicly supported on lines 12a through 12d	organizations (described	d in section 5	509(a	a)(1) or sec	tion	509(a)(2)	. See s	ection 509(a)(
а		Type I. A supporting orgonization(s) the power	anization oper	rated, sup appoint o	pervised, or c	ontro	lled by its s	uppor	ted organiza	ation(s), typically by giv	
b		Type II. A supporting or management of the supp	ganization sup orting organiz	ervised of ation ves								
С		must complete Part IV, Type III functionally in supported organization(s)	ntegrated. A :	supportir	ng organizatio ou must com	n ope	erated in cor	nectio	on with, and	d functi	onally integrated	I with, its
d		Type III non-functional functionally integrated. The instructions (a) You must (a)	Illy integrate he organizatio	d. A sup _l n genera	porting organ Illy must satis	izatio	on operated i distribution r	n con	nection witl	h its su		
е		Check this box if the orga	nization recei	ved a wri	itten determir	natior	n from the IF	RS tha	nt it is a Typ	e I, Ty	oe II, Type III fu	nctionally
f	Ente	integrated, or Type III no er the number of supported	,									
g		ride the following informatio									· · · · <u>—</u>	
		Name of supported	(ii) EIN	(iii)) Type of	(iv) Is the orga				Amount of	(vi) Amount of
		organization		(descri 1- 10	anization bed on lines above (see ructions))	in '	your governi	ng do	cument?		tary support of nstructions)	other support (see instructions)
						,	Yes	N	o			
Tota			N T-		f	C-	t Na 11205				Cala adula A	(Farme 000) 2022
	•	work Reduction Act Notice or 990-EZ.	ce, see the I	nstructio	ons for	Ca	t. No. 11285	r			Schedule A	(Form 990) 2022
					Pa	ge 2						
Sche	edule A	(Form 990) 2022										Page 2
P	art II	Support Schedule (Complete only if you If the organization for	u checked th	he box o	on line 5, 7,	or 8	of Part I o	r if tl	ne organiz	ation	failed to qualify	
s	ectio	n A. Public Support		, unde								
	endar	year year beginning in)	(a) 201	.8	(b) 2019		(c) 2020		(d) 2021		(e) 2022	(f) Total
1	Gifts, g	grants, contributions, and ership fees received. (Do no any "unusual grant.")	ot	116,086	200	6,148	30	09,575	9	905,715	569,27	8 2,106,802
2	Tax rev	venues levied for the zation's benefit and either p	paid									

The value of services or facilities

	/2024, 16:42		Goal Usa Inc - Fu	III Filing- Nonprofi	t Explorer - ProPu	blica	
	numismed by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3	116,086	206,148	309,575	905,715	569,278	2,106,802
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.						2,106,802
	ection B. Total Support						
	endar year	(-) 2010	(h) 2010	(a) 2020	(4) 2021	(-) 2022	(f) Tabal
(or	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	116,086	206,148	309,575	905,715	569,278	2,106,802
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	13,111	272	270	271	90	14,014
	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through						0.400.046
	10						2,120,816
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	80
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					▶□	
S	ection C. Computation of Public						
14	Public support percentage for 2022 (lin			column (f))		14	99.340 %
	Public support percentage for 2021 Sch					15	98.940 %
	33 1/3% support test—2022. If the o					_	
10a	and stop here. The organization qualif						
h	33 1/3% support test—2021. If the	organization did	not check a box o	n line 13 or 16a. a		3% or more, chec	k this
	box and stop here. The organization	-		•		·	▶ □
17a	10%-facts-and-circumstances test	-2022. If the ord	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "facts	s-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the orga	anization
	meets the "facts-and-circumstances" to	est. The organizat	ion qualifies as a p	oublicly supported	organization		🕨 🗆
b	10%-facts-and-circumstances tes						
	more, and if the organization meets the		•		•		
	meets the "facts-and-circumstances" t	est. The organiza	tion qualifies as a	publicly supported	d organization		🕨 🗆
18	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 1/a, or 1	/b, check this box	and see	
	instructions						▶∪
						Schedule A (Form 990) 2022
			Page 3				
Caba	odulo A (Form 000) 2022						
	edule A (Form 990) 2022						Page 3
P	Part III Support Schedule fo						
	(Complete only if you						er Part II. If
	the organization fails t	o quality under	the tests listed	below, please c	ompiete Part II.)	
	ection A. Public Support endar year	T		1	1		_
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grants.") . Gross receipts from admissions,	<u> </u>			 		
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	1					
3	Gross receipts from activities that are						
-	not an unrelated trade or business	1					
	under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities	1					
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	-			1		-
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line	1					
_	13 for the year. Add lines 7a and 7b	 			+		
8 8	Public support. (Subtract line 7c	<u> </u>					
_	from line 6.)	<u>1 </u>					
S	ection B. Total Support						
Cal	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total

(or t	iscal year beginning in) 🟲		· · / · ·			· - / -	` '		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources					ļ			
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
с 11	Add lines 10a and 10b. Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						_		
13	11, and 12.)								
14	First 5 years. If the Form 990 is for the	_			•		-		
	this box and stop here							<u> </u>	ightharpoons
	ction C. Computation of Public S Public support percentage for 2022 (lir	Support Perce	intage	column (f))		15			
16	Public support percentage from 2021 S					16			
	ction D. Computation of Invest					10			
17	Investment income percentage for 202			line 13, column (f	·))	17			
18	Investment income percentage from 2	,	,	, ,	,,	18			
	33 1/3% support tests-2022. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		ne 17	is not	
	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2021. If the	organization did	not check a box	on line 14 or line 1	9a, and line 16 is	more than 33 i	/3% a	nd line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization α	qualifies as a publi	cly supported org	anization	1	▶ □	
20	Private foundation. If the organization	on did not check a	box on line 14,	19a, or 19b, check	this box and see	instructions		ightharpoons	
						Schedule A	(Forn	n 990)	2022
			Page 4						
Sched	dule A (Form 990) 2022							P	Page 4
Par	t IV Supporting Organization	s							
	(Complete only if you checked a	hov on line 12 o	f Dart I If you ch	ocked hov 12a of	Part I complete 9	Sections A and F	3. If vo	ou choc	استا
	box 12b, of Part I, complete Se	ctions A and C. If	you checked box	12c, of Part I, cor	nplete Sections A,	, D, and E. If yo	u chec	cked bo	xea
Se	box 12b, of Part I, complete Se 12d, of Part I, complete Section	ctions A and C. If ns A and D, and co	you checked box	12c, of Part I, cor	mplete Sections A,	, D, and E. If yo	u ched	ked bo	х
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	contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	,		
9a	complete Part I of Schedule L (Form 990). Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"	8		
	provide detail in Part VI .	9a		<u> </u>
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a		
	Schedule A		1 990)	2022
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	Tage 3			
Sche	dule A (Form 990) 2022		F	Page 5
Par	t IV Supporting Organizations (continued)		,	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	<u>VI.</u> ection B. Type I Supporting Organizations			
	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			<u> </u>
	oction of Type 12 oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		1	
			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for			

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	the organization's position that its supported organization(s) would have engaged in to organization's involvement.	these a	ctivities but for the	_	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			_			
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.	icers, d	lirectors, or trustees of e	each of	3a		
b	Did the organization exercise a substantial degree of direction over the policies, prograpported organizations? If "Yes," describe in Part VI. the role played by the organizations?			s [
	Tapported organizations: 1. 100, document in the selection played by the organization			dula A	3b	000	2022
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	,	·					Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C						
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.					3	
	Section A - Adjusted Net Income		(A) Prior Year		3) Curre (optio		r
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7		+			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		+			
	Section B - Minimum Asset Amount		(A) Prior Year	(F	3) Curre	ent Yea	r
	Section B. Filling and Asset Amount		, ,	`	(optio	nal)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			4'	Current	t Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5		+			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting or	ganizatio	on (se	е	
	mscraccions)		Sche	edule A ((Form	990)	2022
	Page 7						
	-5-						
	lule A (Form 990) 2022	·	Li (continued)			F	Page :
Pai	7,	rgani	zations (continued)			V	
эec	tion D - Distributions			Cu	ırrent	rear	

Section D - Distributions	Current Year	
Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	

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4 Amounts paid to acquire exempt-use assets			4
Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI))	5
Other distributions (describe in Part VI). See instructio	ns		6
Total annual distributions. Add lines 1 through 6.		7	
Distributions to attentive supported organizations to wh	sive (provide	8	
details in Part VI). See instructions Distributable amount for 2022 from Section C, line 6			9
D Line 8 amount divided by Line 9 amount			10
Section E - Distribution Allocations	(1)	(ii)	(iii)
(see instructions)	(i) Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
Distributable amount for 2022 from Section C, line 6			
Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.			
Excess distributions carryover, if any, to 2022:			
From 2017			
From 2018			
From 2019			
From 2021			
Total of lines 3a through e			
Applied to underdistributions of prior years			
Applied to 2022 distributable amount	-		
Carryover from 2017 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
Distributions for 2022 from Section D, line 7:			
Applied to underdistributions of prior years			
Applied to 2022 distributable amount			
Remainder. Subtract lines 4a and 4b from line 4.			
Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
Excess distributions carryover to 2023. Add lines 3j and 4c.			
Breakdown of line 7:			
Excess from 2018			
Excess from 2019			
Excess from 2020			
Excess from 2021			
Excess Holli 2022			Schedule A (Form 990) (20
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adula A (Farm 000) 2022			_
art VI Supplemental Information. Provide the expl	anations required by Part II, li	ine 10; Part II, line 17a o	Pag or 17b; Part III, line 12; Part IV,
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	n E, lines 1c, 2a, 2b, 3a and 3	3b; Part V, line 1; Part V,	Section B, line 1e; Part V
Fa	ncts And Circumstances Tes	t	
Return Reference	E	explanation	
•			Schedule A (Form 990) 20
dditional Data			
Additional Data			Return to Form

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(Form 990) Department of the Treasury Internal Revenue Service	у	► Attach to Form 990, 990-EZ, or 99 Go to <u>www.irs.gov/Form990</u> for the latest	0-PF.		2022
Name of the organize GOAL USA INC	ation			Employer 13-349279	identification number
Organization type	(check one	a):		13-349273	72
Filers of:		Section:			
Form 990 or 990-E	Z	☐ 501(c)() (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated	as a private foundation	on	
		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			
General Rule For an organoney or contribution Special Rules For an organoney or contribution	ganization fi other prope ons.	overed by the General Rule or a Special Rule . (a), (8), or (10) organization can check boxes for both the cling Form 990, 990-EZ, or 990-PF that received, during erty) from any one contributor. Complete Parts I and II. scribed in section 501(c)(3) filling Form 990 or 990-EZ to the clinic form 170(b)(4)(4)(4)(5) that the lead School and 170(b)(4)(4)(5) that the lead School and 170(b)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)	the year, contribution See instructions for do that met the 33 ¹ /3% su	ns totaling etermining	g \$5,000 or more (in g a contributor's total t of the regulations
received fro 990, Part VI For an orga during the y	om any one ill, line 1h, canization de year, total co	1) and 170(b)(1)(A)(vi), that checked Schedule A (Form contributor, during the year, total contributions of the grown (ii) Form 990-EZ, line 1. Complete Parts I and II. scribed in section 501(c)(7), (8), or (10) filing Form 990 contributions of more than \$1,000 exclusively for religious evention of cruelty to children or animals. Complete Pa	reater of (1) \$5,000 or or 990-EZ that receives, charitable, scientifi	r (2) 2% o	of the amount on (i) Form
during the y If this box is purpose. Do	/ear, contrib s checked, e on't comple	scribed in section 501(c)(7), (8), or (10) filing Form 990 outions exclusively for religious, charitable, etc., purposenter here the total contributions that were received dure te any of the parts unless the General Rule applies to c., contributions totaling \$5,000 or more during the year	es, but no such contri ring the year for an ex this organization beca	butions to cclusively ause it rec	otaled more than \$1,000. religious, charitable, etc., ceived <i>nonexclusively</i>
990-EZ, or 990-PF)), but it mus PF, Part I, liı	isn't covered by the General Rule and/or the Special R st answer "No" on Part IV, line 2, of its Form 990; or cho ne 2, to certify that it doesn't meet the filing requiremen	eck the box on line H	of its Forr	
For Paperwork Reduc for Form 990, 990-EZ,		ce, see the Instructions Page 2	Cat. No. 30613X	S	Schedule B (Form 990) (2022)
Schedule B (Form 9 Name of organization GOAL USA INC	, , ,)			ication number
Part I	Contrib	OUTORS (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.		
(a) No.		(b) Name, address, and ZIP + 4	(c) Total contribution	ns .	(d) Type of contribution
		,			Person

\$

	-						
(a) No. from Part I	(b) Description of noncash	property given			(c) or estimate) nstructions)	(d) Date received	
-					\$_		
(a) No. from Part I	(b) Description of noncash	property given			(c) or estimate) nstructions)	(d) Date received	
-					\$_		
(a) No. from Part I	(b) Description of noncash	property given			(c) or estimate) nstructions)	(d) Date received	
-					\$		
		Pa	ge 4 ———			Schedule B (Form 990) (2022)	
Schedule	B (Form 990) (2022)					Page 4	
Name of or GOAL USA	rganization				Employer ide	ntification number	
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete total of exclusitructions.)	te columns (a) thr ively religious, cha	ough (e) a	and the following	ig line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c	c) Use of gift		(d) Description of how gift is held		
-							
-	Transferee's name, address, and 2		Transfer of gift Ro	elationship	o of transferor t	o transferee	
(a) No. from Part I	(b) Purpose of gift	(c	c) Use of gift		(d) Descri	ption of how gift is held	
-	Transferee's name, address, and 2	(e) (E	Transfer of gift Re	elationship	o of transferor t	o transferee	
(a) No. from Part I	(b) Purpose of gift	(c	c) Use of gift		(d) Descri	ption of how gift is held	
-							
-	Transferee's name, address, and 2	(e) (ZIP 4	Transfer of gift R	elationship	o of transferor t	o transferee	
		<u> </u>					
(a) No. from Part I	(b) Purpose of gift	(c	c) Use of gift		(d) Descri	ption of how gift is held	
-							
-	Transferee's name, address, and 2	(e) ⁽	Transfer of gift R	elationship	o of transferor t	o transferee	

Schedule B (Form 990) (2022)

Additional Data Return to Form

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TIN: 13-3492792 OMB No. 1545-0047

SCHEDULE D

(Form 990)

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.

ernal Revenue Service		990 for instruction	ne a	nd the latest inf	ormatic		Inch	
Name of the organiza		TOT MISCIACCIO	J.110 U	ina tine natese iiii			tification nu	ection umber
GOAL USA INC					13-3	3492792		
Part I Organiza	tions Maintaining Donor Advis	sed Funds or Ot	ther	Similar Funds				
Complete	if the organization answered "Yes				1	(In) Francis a		
Total number at en	d of year	(a) Dollor	auvi	sed funds		(b) runus a	and other acc	Lourits
	contributions to (during year)							
	grants from (during year)							
	end of year							
Did the organization	ı on inform all donors and donor advisoı	rs in writing that th	e ass	ets held in donor	advised	funds are th	e	
Did the organization	perty, subject to the organization's exc on inform all grantees, donors, and do is and not for the benefit of the donor	nor advisors in writ	ting th	hat grant funds ca	n be use			es 🗌 No
					comen	ing imperim		es 🗆 No
	ation Easements. if the organization answered "Yes	s" on Form 990,	Part :	IV, line 7.				
Purpose(s) of cons	servation easements held by the organ	nization (check all t	hat ap	pply).				
Preservation	of land for public use (e.g., recreation	or education)		Preservation of a	ın histor	ically import	ant land are	a
Protection of	natural habitat			Preservation of a	certifie	d historic str	ructure	
Preservation	of open space							
Complete lines 2a	through 2d if the organization held a	qualified conservati	ion co	ntribution in the f	orm of a	conservation	n	
	ast day of the tax year.				i i	Held at 1	the End of t	he Year
	nservation easements				2a			
-	icted by conservation easements				2b			
	ration easements on a certified historic		•	•	2c			
	ration easements included in (c) acqui sted in the National Register	red after July 25, 2	006,	and not on a	2d			
Number of conserv	vation easements modified, transferre	d, released, extingu	uished	d, or terminated b	y the or	ganization d	uring the	
Number of states v	where property subject to conservation	n easement is locat	ed 🕨					
						_		
	tion have a written policy regarding th of the conservation easements it holds		ng, in	spection, handling	g of viola	_	Yes	□ No
and enforcement o		5?	ng, in	spection, handling				
and enforcement o	of the conservation easements it holds	ting, handling of vio	ng, in	nspection, handling ns, and enforcing	conserv	ation easem	ents during t	the year
Amount of expense \$	of the conservation easements it holds r hours devoted to monitoring, inspec	i?	ng, in	nspection, handling ns, and enforcing and enforcing conso	conserv	ation easem	ents during t	the year
Amount of expense Does each conservand section 170(h) In Part XIII, describalance sheet, and	of the conservation easements it holds r hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, action easement reported on line 2(d)	ting, handling of violatio above satisfy the received the received the control of the control o	ng, in olation ons, an equire	nspection, handling ns, and enforcing nd enforcing conscients of sections revenue and exp	conservation 170(h)(easements (4)(B)(i)	ents during the your of the yo	the year
Amount of expense Amount of expense See a conservand section 170(h) In Part XIII, describalance sheet, and the organization's art III Organiza	of the conservation easements it holds it hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, vation easement reported on line 2(d) ()(4)(B)(ii)?	ting, handling of violation above satisfy the receivation easements footnote to the orges.	ng, in olation ons, an equire of the sin its paniza	nspection, handling ns, and enforcing and enforcing considerates and enforcing considerates and enforcing considerates and enforcing considerates are assures, or Office and expection's financial states	conservation 170(h)(ense statements	easements (4)(B)(i) (atement, and sthat describ	ents during the year of year of the year of ye	the year
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Amount of expense Amount of expense \$ Does each conserve and section 170(h) In Part XIII, describalance sheet, and the organization's accomplete If the organization historical treasures Part XIII, the text of lowing amounts (i) Revenue included (ii) Assets included in Revenue included (Assets included in Paperwork Reductive dedule D (Form 990) 2	of the conservation easements it holds it hours devoted to monitoring, inspecting, easincurred in monitoring, inspecting, vation easement reported on line 2(d) ()(4)(B)(ii)?	ting, handling of violation above satisfy the reservation easements footnote to the orges. of Art, Historics of Form 990, Inc. 200, Inc	ng, in olation ons, and equire sin its realition, these sits restriction, these sits restriction.	nspection, handling in the process of the process o	conservation 170(h)(ense statements cher Sin ent and cherance and bala cherance	easements (4)(B)(i) Attement, and that describe balance sheet we of public seen that the control of the contro	Yes does ets. et works of a ervice, provice orks of art, ervice, provice the	No Part, de, in de the Page

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b		Scholarly research			•	e (_					
С		•										
4		Preservation for future le a description of the	-	ections and	d explain how	they f	urther th	e organiz	ation's e	exempt purpo	se in	
	Part X	III. g the year, did the org	anization colicit or	rocoivo do	nations of art	hicto	rical troa	curoc or a	othor cir	nilar		
		to be sold to raise fu									☐ Yes	□ No
Part	iV	Escrow and Cust Complete if the or line 21.			" on Form 9	90, Pa	art IV, li	ne 9, or	reporte	ed an amou	ınt on Form	n 990, Part X,
		organization an agent ed on Form 990, Part									☐ Yes	□ No
								г				
		s," explain the arrange				-		F	1c	Α	mount	
_	-	ning balance ons during the year .						F	1d			
		outions during the year.						F	1e			
_		g balance						F	1f			
		e organization include						-	scount li	iahilitu?	□ v	□ No
		e organization include s," explain the arrange										∪ NO
Par		Endowment Fun		CHECK HEI	e ii tile explai	iation	nas been	Provided	illitait	XIII		
		Complete if the or										
1 - D) o a i n n i	na of work halance		(a) Curre	nt year (t) Prior	year	(c) Two ye	ears back	(d) Three ye	ears back (e)	Four years back
	_	ng of year balance . utions								1		
		estment earnings, gair	ns, and losses									
		or scholarships	•									
e 0	Other e	expenditures for faciliting										
		strative expenses										
_		le the estimated perce		nt waar on	d balanco (line	10.0	olumn (s)) hold a	~.			
а	Board	designated or quasi-e	-	year en		19,0	orariir (c	ayy mela a.	J.			
С	Term	endowment 🕨										
За	Are th	ercentages on lines 2a ere endowment funds		-		hat ar	e held ar	nd admini	stered fo	or the		
	-	ization by:									2-(:)	Yes No
		related organizations elated organizations				•		• •			3a(i) 3a(ii)	
		s" on 3a(ii), are the re		s listed as	required on So	 chedul	e R? .	: :			3b	+ + -
4	Descri	ibe in Part XIII the inte	ended uses of the	organizatio	n's endowme	nt fund	ds.					<u> </u>
Part	: VI	Land, Buildings,										_
	Descri	Complete if the or	ganization answ (a) Cost or oth		" on Form 9 (b) Cost or ot					rm 990, Pa		0. ook value
	Descrip	ocion of property	(investmen		(b) cost or ot	ilei bas	ois (otilei)	(C) Acci	umulateu	чергестация	(u) b	ook value
1a	and											
		, , , , , , , , , , , , , , , , , , ,										
		old improvements										
d E	quipm	ent										
e 0	Other											
Total.	. Add I	ines 1a through 1e. (C	Column (d) must e	qual Form	990, Part X, c	olumn	(B), line	10(c).)		•		0
										Sch	edule D (F	orm 990) 2022
					Page	3 —						
Sched	ule D ((Form 990) 2022										Page 3
Part	VII	Investments - O			" on Fares 2	00 5	T\ / 1.	no 111-1		000 . 5:	+ V 1: 10	
		Complete if the or (a) Descript	ganization answ ion of security or o		on Form 9	90, Pa	(b)	ne 11b.s		m 990, Par (c) Method (
			ing name of securi				Book			or end-of-ye		
(1) [:	inancio	ıl derivatives					value					
(2) CI	losely-	held equity interests		: : :		· -						
(A)												
(B)												
(C)												
(~ <i>)</i>								1				

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(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990	. Part IV.	line 11c. See For	m 990. P	art X. line 13.
(a) Description of investment	, . a.c 1 v,	(b) Book value	(c)	Method of valuation: end-of-year market value
(1)			2031 01	ena di year markee value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11d. See Fori	n 990, Pa	art X, line 15.
(a) Description				(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Till (6 / - (1) - / - (5 - 200 0 / × - / (9) / - / 5)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.				•
Complete if the organization answered 'Yes' on Form 990, 1. (a) Description of liability	Part IV,	line 11e or 11f.Se	e Form 9	90, Part X, line 25. (b) Book value
(1) Federal income taxes				
DUE TO GOAL				357,035
Total (Column (b) must equal Form 900, Part V, col (P) line 35.)				257.025
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	357,035

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

- Page 4

chec	lule D (Form 990) 2022			Page 4
Par		dited Financial Statements With Revenued 'Yes' on Form 990, Part IV, line 12a.	e per Return.	
L	Total revenue, gains, and other support per audite	ed financial statements	1	
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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
1	Amounts included on Form 990, Part VIII, line 12,	but not on line 1:		
а	Investment expenses not included on Form 990, F	art VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · · 	4c	
5	Total revenue. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 12.)	5	
Par		udited Financial Statements With Expens	es per Return	·
	·	ed 'Yes' on Form 990, Part IV, line 12a.	1 . 1	
L	· ·	etements	1	
2	Amounts included on line 1 but not on Form 990,	· 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, b	out not on line 1:		
а	Investment expenses not included on Form 990, F	art VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	-	ual Form 990, Part I, line 18.)	. 5	
Par	t XIII Supplemental Information			
		and 9; Part III, lines 1a and 4; Part IV, lines 1b and nplete this part to provide any additional information		; Part X, line 2; Part XI,
	Return Reference	Expla	ination	
PART	X, LINE 2:	EFFECTIVE JANUARY 1, 2009, GOAL USA ADOPTE UNCERTAINTY IN INCOME TAXES INCLUDED IN A ACCOUNTING STANDARDS UPDATE ("ASU") 2009 ACCOUNTING FOR UNCERTAINTY IN TAXES AND ENTITIES. THIS GUIDANCE REQUIRES GOAL USA THE ORGANIZATION IS MORE LIKELY THAN NOT APPLICABLE TAXING AUTHORITY, INCLUDING THE LITIGATION PROCESSES, BASED ON THE TECHNI ORGANIZATION DETERMINED THERE ARE NO UNFINANCIAL STATEMENT RECOGNITION. THE ORGEXAMINATION BY TAX AUTHORITIES FOR A PERICE THE 2019, 2020 AND 2021 FEDERAL AND 2020 MASSACHUSETTS TAX RETURNS ARE CURRI	SC 740, INCOME 1 -06, IMPLEMENTA' -06, IMPLEMENTA' TO DETERMINE W TO BE SUSTAINED E RESOLUTION OF CAL MERITS OF TI CERTAIN TAX POS: ANIZATION'S TAX DD OF THREE YEAL NEW YORK TAX R	TAXES, AS AMENDED BY ITON GUIDANCE ON ENDMENTS FOR NONPUBLIC WHETHER A TAX POSITION O UPON EXAMINATION BY THE ANY RELATED APPEALS OR HE POSITION. THE ITIONS THAT REQUIRE RETURNS REMAIN OPEN FOR SFROM WHEN THEY ARE ETURNS, AND THE 2019 ANI
			Schedu	le D (Form 990) 2022
Ad	ditional Data			Return to Form

Software ID: Software Version:

Sub-total .

b Total from continuation sheets to Part I .

efile Public Visual I	Render Ol	bjectId: 2023	1269934930	2021 - Submission: 2	2023-09-26	TIN: 13-3492792
SCHEDULE F (Form 990)			ntion answered "Y	Outside the Uni		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	•	Go to www.irs.go		o Form 990. estructions and the latest in	nformation.	Open to Public Inspection
Name of the organization					Employer id	lentification number
GOAL OSA INC					13-3492792	
	Information of Part IV, line 1		Outside the U	nited States. Comple	te if the organization	n answered "Yes" on
			tain records to s	substantiate the amount	of its grants and	
other assistance,	the grantees' e	eligibility for the	grants or assis	tance, and the selection	criteria used	
to award the grar	its or assistanc	e?				Yes No
2 For grantmaker outside the United		Part V the organ	nization's proced	lures for monitoring the	use of its grants and	other assistance
3 Activites per Regio	n. (The following	g Part I, line 3 ta	ble can be duplic	ated if additional space is	needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) program service, describ specific type of service(s) in the region	for and investments in the region
SUB-SAHARAN AI ANGOLA, BENIN, BURKINA FASO,		0	0		TO SUPPORT MOMENTI INTEGRATED HEALTH RESILIENCE IN NIGER AND SOUTH SUDAN.	JM 145,114
EUROPE (INCLUD GREENLAND) - AI ANDORRA, AUSTI	BANIA, RIA, BELGIUM	2			TO SUPPORT GOAL IRELAND'S CHARITABL MISSION.	
MIDDLE EAST AN AFRICA		0	0		TO SUPPORT EMERGEN PROGRAM IN UKRAINE	
CENTRAL AMERIC	A AND THE	0	0	PROGRAM SERVICES	TO SUPPORT CHOLERA OUTBREAK RELIEF IN	

c Totals (add lines 3a and 3b) 2 120

For Paperwork Reduction Act Notice, see the Instructions for Form 990. — Page 2 —

Schedule F (Form 990) 2022 Page 2 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

553,134

•		<u> </u>						
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
		BOTSWANA, BURKINA FASO,	MOMENTUM INTEGRATED HEALTH RESILIENCE IN NIGER AND SOUTH SUDAN.		WIRE TRANSFER	(
		GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	TO SUPPORT GOAL IRELAND'S CHARITABLE MISSION.		WIRE TRANSFER	(
			TO SUPPORT EMERGENCY PROGRAM IN UKRAINE.		WIRE TRANSFER	(
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	TO SUPPORT CHOLERA OUTBREAK REFLIEF IN HAITI.	50,000	WIRE TRANSFER	(
•	1	i	1					İ

	er organizations or	entities	<u> </u>		<u> </u>	► Sch	edule F (Form 990) 20
				— Page 3 —————			
nedule F (Form 990) 2022							Pag
art III Grants and Otl	her Assistance t			ed States. Complete if	the organization a	nswered "Yes" on Form	
Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV,
							appraisal, other)
						Sche	dule F (Form 990) 20
				— Page 4 ———————————————————————————————————	Dec		dule F (Form 990) 20
				— Page 4	Pago		dule F (Form 990) 20
Was the organization a U.S organization may be required.	ed to file Form 926, I	Return by a U.S. T.	ransferor of Property to			e 4	dule F (Form 990) 20
Was the organization a U.S organization may be requir- Instructions for Form 926) Did the organization have a to separately file Form 3520-A, and/or Form 3520-A.	ed to file Form 926, I an interest in a foreig 0, Annual Return to I Annual Information	Return by a U.S. T. n trust during the Report Transaction Return of Foreign	tax year? If "Yes," the s with Foreign Trusts a Trust With a U.S. Own	y year? If "Yes," the o a Foreign Corporation (see o organization may be require nd Receipt of Certain Foreigr er (see Instructions for Form	☐ Yes ☑ I	e 4	dule F (Form 990) 20
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Schedule F (Form 990) 2022

Additional Data

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202312699349302021 - Submission: 2023-09-26

TIN: 13-3492792 OMB No. 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

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 990-EZ.

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

Open to Public

Inspection

Name of the organization GOAL USA INC

Employer identification number

		13-3492792
Return Reference	Explanation	
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF FORM 990 WAS GIVEN AND REVIEWED BY THE ORGANIZATIONS' GOVE	RNING BODY BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C	WHEN CONTRACTING OUTSIDE OF GOAL USA, EMPLOYEES MUST LIST ANY POTEI BE APPROVED BY A THIRD PARTY.	NTIAL CONFLICTS OF INTEREST TO
FORM 990, PART VI, SECTION B, LINE 15	THE SALARY COMMITTEE DELIBERATES AND DECIDES ALL SALARY AWARDS	
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	SIOHBAN WALSH - APT 1 BROOK HOUSE CORRIG AVENUE, DUN LAOGHAIRE, CO. E FLEMING - 1951 BEACH AVE, ATLANTIC BEACH, FL 32233. EDWARD KENNEY - 24 IRC RONAN RYAN - 3 LONGWOOD ROAD, MORRISTOWN, NY 07960. STEPHEN MURPHY ISLAND CITY, NY 11101. FIONA GIBBONS - 550 W 54TH ST, APT 20 6B, NEW YORK, NY LOCUST AVENUE, RYE, NY 10580.	OQUOIS ROAD, OSSINING, NY 10562. - 150 50TH AVENUE APT 1805, LONG
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
an Damamuant, Dades	tion Act Notice see the Instructions for Form 990 or 990-F7 Cat. No. 51056K	Schedule O (Form 990) 202

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2022

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service		▶ (o to <u>ww</u>	w.irs.gov/	Form990 for i	nstructio	ns and t	the lates	st info	rmati	ion.					pen to Inspe		IC
Name of the organization	on											mployer io 3-3492792	lentifica	ation	numbe	r		
Part I Identif	ication of Disregarded E	ntities. Co	mplete if	f the organ	nization answ	ered "Ye:	s" on Fo	rm 990	, Part	IV, lii		3-3492792						
Name, add	(a) ress, and EIN (if applicable) of disr	egarded entity			(b) Primary act	ivity	Legal d	(c) Iomicile (si eign count	tate ry)	Tot	(d) al income		(e) year asse	ts		(f) Direct cont entity	trolling	
	ation of Related Tax-Ex			ns. Compl	 ete if the orga	anization	answer	ed "Yes	on f	orm	990, Pa	t IV, line	34 beca	iuse	it had c	ne or n	nore	
•	IX-exempt organizations di (a) ress, and EIN of related organization		ix year.	Prim	(b) ary activity		(c) omicile (sta gn country		(d mpt Co	i) de sect		(e) olic charity st section 501(c	atus)(3))	Dir	(f) rect contro entity	olling	Section (13) co ent	g) n 512(b) ontrolled tity?
(1)GOAL CARNEGIE HOUSE LIBRAR DUN LAOGHAIRE, CO. DUE EI				DEDICATED ALLEVIATION SUFFERING POOR.			EI	FOR	EIGN E	XEMPT			N,	/A			Yes	No No
For Paperwork Reduc	ction Act Notice, see the In	structions f	or Form 9	990.		Ca	nt. No. 50	0135Y						Sche	edule R	(Form 9	90) 2	022
Schedule R (Form 990)	2022		— Page	e 2 ——													Pac	je 2
	ation of Related Organi ore related organizations t						e organ	ization	answe	ered '	'Yes" on	Form 990	, Part I	V, lin	ne 34, b	ecause		
Na	(a) ame, address, and EIN of related organization		(b) Primary activity		or entity	Predon income(i unrela excluded under si 512-5	ninant related, ated, from tax ections	(f) Share of total income	Shar end ye ass	re of -of- ar	Dispro alloc	h) prtionate ations?	(i) Code V- amount box 20 Schedule (Form 10	of K-1	(j Gene mana parti	ral or aging ner?	Perce	k) entage ership
											Yes	No			Yes	No		
because i	ation of Related Organi t had one or more related	organizatio	ns treate		rporation or tr	ust durii	ng the t	ax year.					Form 9			line 34		
(a Name, addres related or	s, and EIN of	(b Primary) activity	(stat	(c) Legal Iomicile e or foreign	Direct o	(d) controlling ntity	(C cor	entity rp, S p,	Share	(f) e of total come	(g) Share of en of-year assets	d- P	(h) ercent owners	tage	contro	(i) n 512(b) olled ent	tity?
				С	ountry)			or tru	uSt)							Yes		No
		i				Ī		1		1			1		Į.		1	

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		Page 3 -								Sche	edule R	(Form 9	990) 2022
Schedule R (Form 990) 2022		rage 3											D 2
Part V Transactions With Related Organiz	zations. Con	nplete if th	ne organizatio	on answe	red "Yes"	on Form 9	990, Part	IV, line 34,	35b,	or 36.			Page 3
Note. Complete line 1 if any entity is listed in Part							-						Yes No
1 During the tax year, did the organization engage in a Receipt of (i) interest, (ii) annuities, (iii) royaltie	-	-			-	anizations	listed in Pa	irts II-IV?				1a	No
b Gift, grant, or capital contribution to related organ			-									1b	
c Gift, grant, or capital contribution from related or											•	1c 1d	No No
 d Loans or loan guarantees to or for related organize e Loans or loan guarantees by related organization 										 			Yes
												1f	No
f Dividends from related organization(s)g Sale of assets to related organization(s)		 										1g	No
\boldsymbol{h} $\;$ Purchase of assets from related organization(s) .												1h	No
 i Exchange of assets with related organization(s). j Lease of facilities, equipment, or other assets to re 									٠			1i 1j	No No
, cause of facilities, equipment, or other assets to h	siacea organiza												
k Lease of facilities, equipment, or other assets from												1k 1l	No No
 Performance of services or membership or fundrai Performance of services or membership or fundrai 												1m	No
n Sharing of facilities, equipment, mailing lists, or of												1n	No No
 Sharing of paid employees with related organization 	on(s)											10	NO
p Reimbursement paid to related organization(s) fo	-											1р	Yes
q Reimbursement paid by related organization(s) for	r expenses .								•			1q	Yes
r Other transfer of cash or property to related organ	nization(s) .											1r	Yes
s Other transfer of cash or property from related or 2 If the answer to any of the above is "Yes," see the												1s	No
(a)		or illiorillati	on on who mu	st complet	e uns ime,	(b)		(c)			(d)		
Name of related	organization					Transacti type (a-		Amount involv		Method of de		amount i	nvolved
(1)GOAL					F			159,377		OOKS AND RECOR			
(2)GOAL (3)GOAL					E			357,035		OOKS AND RECOR			
(4)GOAL								174,117		OOKS AND RECOR			
(5)GOAL					E			313,650		OOKS AND RECOR			
										Sche	edule R	(Form 9	990) 2022
		Page 4 -										•	•
Schedule R (Form 990) 2022													Page 4
Part VI Unrelated Organizations Taxable Provide the following information for each entity taxed a											sets or	gross re	venue) that
was not a related organization. See instructions regarding	(b)	certain inv	estment partn (d)		(e)	(f)	(g)	(h	1)	(i)	(:	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income	Are all se	partners ction	Share of total	Share of end-of-year	Dispropi	tionate	Code V-UBI amount in	Gene mana	ral or aging	Percentage ownership
		(state or foreign country)	(related, unrelated, excluded from	organ	(c)(3) izations?	income	assets			box 20 of Schedule K-1	part	ner?	
		,,	tax under sections 512-							(Form 1065)			
			514)	Yes	No			Yes	No		Yes	No	
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		Page 5 ——										
Schedule R (Form 990) 2022												Page 5
Part VII Supplemental Inform Provide additional informat		ions on Schedule	R. See instruction	ıs.								
Return Reference					xplanation	1						
										Schedul	e R (Forr	n 990) 2022
Additional Data										Re	eturn to	o Form

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