(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury Internal Revenue Service

### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use	Form 7004 to request an extension of time to file incom	ne tax retur	ns.			
Part I - Io	dentification					
Type or Print	Name of exempt organization, employer, or other filer, see instructions.         Tax			Taxpayer identification number (TII		mber (TIN)
	GOLD ANTI-TRUST ACTION COM	MITTEE	, INC.		**-***72	205
File by the due date for filing your 7 VTLLA LOUTSA ROAD						
return. See instructions.	City, town or post office, state, and ZIP code. For a for MANCHESTER, CT 06043-7541	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	le a separat	e application for each return)			01
Applicati	on Is For	Return Code	Application Is For			Return Code
Form 990	) or Form 990-EZ	01	Form 4720 (other than individual)			09
	20 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	)-T (trust other than above)	06	Form 5330 (individual)			13
	)-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
● If this a Pla Pla	e Form 5330. pplication is for an extension of time to file Form 5330, y n Name n Number n Year Ending (MM/DD/YYYY)		nter the following information.			
	utomatic Extension of Time To File for Exempt Organ	nizatione (e	ee instructions)			
	poks are in the care of CHRIS POWELL					
THE B		OAD -	MANCHESTER, CT 060	40		
Telepł	none No. $860-646-7383$		Fax No			
	organization does not have an office or place of business	s in the Uni				
	is for a Group Return, enter the organization's four-digit					. check this
box	. If it is for part of the group, check this box					
<b>1</b> Ire	quest an automatic 6-month extension of time until	OVEMB	ER 15 , 20 24 , to file	e the exem	pt organization re	eturn for
	organization named above. The extension is for the org calendar year 20 23 or					
	tax year beginning	, 20	, and ending		. ,	20
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	check reaso	on: Initial return	Final retur	n	
3a lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	tentative tax, less			
	nonrefundable credits. See instructions.		·	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter any	refundable credits and			
	imated tax payments made. Include any prior year overp			Зb	\$	0.
c Ba	ance due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required, by			
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	Ο.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	00	0
Form	<b>99</b>	U

# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2023 calendar year, or tax year beginning and	ending		
В	Check if applicab	le: C Name of organization		D Employer identific	cation number
	Addre	GOLD ANTI-TRUST ACTION COMMITTEE, INC.			
	Name			**-***72	05
	Initial		Room/suite	E Telephone number	
	Final	7 VILLA LOUISA ROAD		860-646-	7383
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	56,276.
	Amer returr	Manchester, CT 06043-7541		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: CHAID FOWEDD		for subordinates	? Yes X No
	pend	<sup>ng</sup> 7 VILLA LOUISA ROAD, MANCHSTER, CT 060	43-75	H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) (	or 📃 527	If "No," attach a	list. See instructions
	Webs			H(c) Group exemption	
<u>K</u>	Form o	f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1999 N	I State of legal domicile: CT
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: TO D			
nce		AS SECURED BY STATE AND FEDERAL ANTI-TRUS			
erne	2	Check this box if the organization discontinued its operations or dispos	sed of more		
9V6	3			3	4
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			2
es	AS SECURED BY STATE AND FEDERAL ANTI-TRUST LAW, Check this box if the organization discontinued its operations or disposed of more t Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total unrelated business revenue from Part VIII, column (C), line 12				1
iviti	6	Total number of volunteers (estimate if necessary)		6	0
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year 85,528.	Current Year 54,178.
ne	8	Contributions and grants (Part VIII, line 1h)		05,520.	<u> </u>
Revenue	9	Program service revenue (Part VIII, line 2g)		1,621.	2,098.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2,098.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		87,149.	56,276.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,149.	0.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		73,443.	78,949.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ene		Total fundraising expenses (Part IX, column (A), line 11e)	0.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		29,064.	50,406.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		102,507.	129,355.
	19	Revenue less expenses. Subtract line 18 from line 12		-15,358.	-73,079.
or				eginning of Current Year	End of Year
Assets (	20	Total assets (Part X, line 16)		540,259.	527,107.
ASS	21	Total liabilities (Part X, line 26)		0.	0.
Net	-	Net assets or fund balances. Subtract line 21 from line 20		540,259.	527,107.
P		Signature Block		<i>i</i> 1	•

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date			
Here	CHRIS POWELL, SECRETARY/TH	REASURER				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	JEFFREY D. MYSHRALL	JEFFREY D. MYSHRALL	10/16/24 self-employed P01385368			
Preparer	Firm's name PUE, CHICK, LEIBO	WITZ & BLEZARD, LLC	Firm's EIN **-***2902			
Use Only	Firm's address 76 SOUTH FRONTAGE	ROAD				
	VERNON, CT 06066		Phone no. 860 - 871 - 1722			
May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) GOLD ANTI-TRUST ACTION COMMITTEE, INC. **-**7205 Page 2 t III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III					
	Briefly describe the organization's mission: SEE SCHEDULE O					
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?					
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?					
	If "Yes," describe these changes on Schedule O.					
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.					
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and					
	revenue, if any, for each program service reported. (Code:) (Expenses \$44,256. including grants of \$) (Revenue \$)					
чa	INVESTIGATED AND PUBLICIZED COLLUSION TO CONTROL THE PRICE AND SUPPLY					
	OF GOLD AND RELATED COMMODITIES AND SECURITIES. EDUCATED THE PUBLIC					
	ABOUT THE MONETARY VALUE OF GOLD AND GOLD'S IMPORTANCE IN THE					
	INTERNATIONAL ECONOMY.					
46	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )					
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)					
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)					
4d	Other program services (Describe on Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue \$ )					
4e	Total program service expenses 44,256.					
	Form <b>990</b> (2023)					
332002	12-21-23 <b>3</b>					

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Form 990			ANTI-TR
Part IV	Ch	ecklist of Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		_ <u></u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Form	990	(2023)	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	~		- v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i>	01		
02		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
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		X
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	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>
332004	¥ 12-21-23	Form	990	(2023)

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Form	990 (2023) GOLD ANTI-TRUST ACTION COMMITTEE, INC.	**-***72	205	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·····	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)	?	4a	X	
b	If "Yes," enter the name of the foreign country <b>CANADA</b>				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).	_		37
		·····	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organi		6.		х
h	any contributions that were not tax deductible as charitable contributions?		6a		<u></u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or g were not tax deductible?	1115	6b		
7	Organizations that may receive deductible contributions under section 170(c).		do		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro	wided to the payor?	7a		х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requir	Γ	10		
•	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Γ	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	·····	15a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand				
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	L	17		
	If "Yes," complete Form 6069.			000	
332005	12-21-23		Form	990	(2023)

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Form 990	(2023)
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### GOLD ANTI-TRUST ACTION COMMITTEE, INC.

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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
а	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	5			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ff "\gamma$				
·	on Schedule O how this was done	,	12c		
13	Did the organization have a written whistleblower policy?				Х
14	Did the organization have a written document retention and destruction policy?				X
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ndopondone			
а	The organization's CEO, Executive Director, or top management official		15a		х
	Other officers or key employees of the organization		15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	pent with a			
100	taxable entity during the year?		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed <u>CT</u>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501)		availat	
10	for public inspection. Indicate how you made these available. Check all that apply.			avalla	JIE
10		on Schedule O)	and finan		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	muct of interest policy	, and inan	udi	
00	statements available to the public during the tax year.	ke and reasoning			
20	State the name, address, and telephone number of the person who possesses the organization's boo CHRIS POWELL $-860-646-7383$	oks and records			
	7 VILLA LOUISA ROAD, MANCHESTER, CT 06040				
	,,,,, <b></b> , <b></b> , <b></b> , <b></b> , <b>_</b> , <b></b>				(2023

Form 990 (2023)		Page 7								
Part VII Con	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Emp	ployees, and Independent Contractors									
Chec	ck if Schedule O contains a response or note to any line in this Part VII									
Section A. Offic	icers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
<ul> <li>List all of th</li> </ul>	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizatio he organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount of compe nns (D), (E), and (F) if no compensation was paid.	,								
• 1 1-4 - 11 - <b>6</b> 41-	har ann a fartha da ann an thar ann an thar an 16 ann. On a tha far than this a far the farthar a fillen ann an									

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck i ss per	more rson i	1 than is both pr/trus	n an	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CHRIS POWELL	30.00									
SEC/TREAS		Х		Х				45,000.	0.	0.
(2) WILLIAM MURPHY	30.00									
CHAIRMAN		Х		Х				25,000.	0.	0.
(3) WISTAR W. HOLT	7.00									
DIRECTOR		Х						5,000.	0.	0.
(4) ED STEER	7.00				-					_
DIRECTOR		х						0.	0.	0.
			<u> </u>			<u> </u>				
						<u> </u>				
						<u> </u>				
			<u> </u>			-				
						$\vdash$				
		1								
		1								
						1				
		1								
		1								
		1								
		1								

8

	OFT 990 (2023) GOLD ANTI-TRUST ACTION COMMITTEE, INC. **-**7205 Page 8													
Par	Jection A. Onicers, Directors, Trus	tees, Key Emp (B)	oloye	ees,			ghes	t C		, ,				
	Name and title Average hours pe week (list any			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		Est am	(F) imate ount c other ensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS( 1099-NEC)	C/	orga and	m the nizati relate nizatio	on ed
									$\mathbf{O}$					
1b	Subtotal								75,000.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th					) wh	o re	75,000.		0.			0.
	compensation from the organization			_									<b>X</b>	0
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on	Г		Yes	No
	line 1a? If "Yes," complete Schedule J for s											3	_	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-							-	-		4		х
5	Did any person listed on line 1a receive or a	accrue compen	Isatio	on fr	oma	any	unre	elate	ed organization or individ	dual for services				37
Sec	rendered to the organization? If "Yes." com ion B. Independent Contractors	plete Schedule	e J fo	or su	ich <u>r</u>	oers	on .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for										ensati	ion fror	n	
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	С	(C) ompen	satior	1
								_						
_														
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lin	nitec	to t	thos C		ted	above) who received mo	ore than			00	

Form **990** (2023)

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- orm	990	(2023) GOLD ANTI-TR	UST ACTIO	N COMMITTER	E, INC.	**-***7	205 Page 9
	t VI				,		J
		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
		Oneck in Schedule O contains a respons	se of flote to any lift	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
s s	1 a	Federated campaigns 1a					
un		Membership dues 1b		1			
ତ୍ର ଗ୍ର		Fundraising events					
Contributions, Gifts, Grants and Other Similar Amounts		• · · · · · · · · · · · · · · · · · · ·		-			
ja j	C	Related organizations 1d	0 000	-			
n, s	e	e Government grants (contributions) 1e	2,789.				
P.S.	f	All other contributions, gifts, grants, and					
the f		similar amounts not included above 1f	51,389.				
ŌĘ	ç			]			
5 D		<b>—</b> • • • • • • • • • • • • • • • • • • •		54,178.			
0 0		Total. Add lines 1a-11	Business Code	54,1700			
			Business Code				
e	2 a	l	_				
Program Service Revenue	k	)	_				
am Ser evenue	c						
E S	c						
Be			_				
õ	e		_				
<u> </u>	f	All other program service revenue					
$ \rightarrow $	g	<b>Total.</b> Add lines 2a-2f					
	3	Investment income (including dividends, inte	erest, and				
		other similar amounts)		2,098.			2,098.
	4	Income from investment of tax-exempt bond					
	5	Royalties	-				
	5	(i) Real	(ii) Personal				
			(II) Personal				
	6 a						
	k	b Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities					
	1 6						
		assets other than inventory <b>7a</b>					
	k	Less: cost or other basis					
venue		and sales expenses 7b					
/eu	c	Gain or (loss)					
0	c	Net gain or (loss)					
Other R		Gross income from fundraising events (not					
Ę	0.						
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a				
	k	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events	s				
		Gross income from gaming activities. See					
			9a				
			9b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances1	10a				
	ł		0b				
		Net income or (loss) from sales of inventory					
-+			Business Code				
S			Dusiness Code				
e S	11 a	l	-				
an a	k		_				
ell:	c						
		All other revenue					
ŝĉ			· · ·	1	1		
Miscellaneous Revenue							
Misce Be		Total. Add lines 11a-11d     Total revenue. See instructions		56,276.	0.	0.	2,098.

	t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 (	Grants and other assistance to domestic organizations				
а	Ind domestic governments. See Part IV, line 21				
2 (	Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
3 (	Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (	Compensation of current officers, directors,				
t	rustees, and key employees	75,000.		75,000.	
6 (	Compensation not included above to disqualified				
p	persons (as defined under section 4958(f)(1)) and				
p	persons described in section 4958(c)(3)(B)				
7 (	Other salaries and wages		<u> </u>		
	Pension plan accruals and contributions (include				
S	section 401(k) and 403(b) employer contributions)				
9 (	Other employee benefits				
<b>10</b> F	Payroll taxes	3,949.		3,949.	
	Fees for services (nonemployees):				
a M	Management				
bι	_egal				
c A		6,100.		6,100.	
dL	_obbying				
e F	Professional fundraising services. See Part IV, line 17				
f l	nvestment management fees				
g (	Other. (If line 11g amount exceeds 10% of line 25,				
C	column (A), amount, list line 11g expenses on Sch 0.)	450.	400.	50.	
<b>12</b> /	Advertising and promotion	500.	500.		
13 (	Office expenses	100.	100.		
	nformation technology	339.	339.		
<b>15</b> F	Royalties				
16	Dccupancy				
<b>17</b> 7	Fravel	28,178.	28,178.		
<b>18</b> F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
19 (	Conferences, conventions, and meetings				
<b>20</b> l	nterest				
<b>21</b> F	Payments to affiliates				
	Depreciation, depletion, and amortization				
<b>23</b> l	nsurance				
	Other expenses. Itemize expenses not covered				
	bove. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A),				
а	Imount, list line 24e expenses on Schedule O.)				
_	MEALS & ENTERTAINMENT	7,417.	7,417.		
-	DUES AND SUBSCRIPTIONS	3,775.	3,775.		
-	MISCELLANEOUS	1,756.	1,756.		
d	NEB SITES & RELATED	1,690.	1,690.		
e A	All other expenses	101.	101.		
<u>25</u> T	Total functional expenses. Add lines 1 through 24e	129,355.	44,256.	85,099.	0
<b>26</b> J	loint costs. Complete this line only if the organization				
r	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
(	Check here if following SOP 98-2 (ASC 958-720)				

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#### 16361016 251716 002411.0

Form **990** (2023)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

16361016 251716 002411.0

GOLD	ANTI-TRUST	ACTION	COMMITTEE,	INC.
------	------------	--------	------------	------

	990 (2 <b>t X</b>	2023) GOLD ANTI-TRUS	T A	CTION COMMITTE	E, INC.	**_	***7205 Page <b>11</b>
		Check if Schedule O contains a response or not	e to an	v line in this Part X			
		·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			14,532.	1	65,355.
	2	Savings and temporary cash investments			17,842.	2	1,063.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
		Land, buildings, and equipment: cost or other				_	
		basis. Complete Part VI of Schedule D	10a	5,915.			
	b	Less: accumulated depreciation			0.	10c	0.
	11	Investments - publicly traded securities			451,530.	11	401,780.
	12	Investments - other securities. See Part IV, line		56,355.	12	58,909.	
	13	Investments - program-related. See Part IV, line			13	•	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			540,259.	16	527,107.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
abil		controlled entity or family member of any of the	se pers	ons		22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, che	eck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			540,259.	27	527,107.
Ba	28	Net assets with donor restrictions			28		
pu		Organizations that do not follow FASB ASC 9	58, ch	eck here			
Ľ		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances		L	540,259.	32	527,107.
	33	Total liabilities and net assets/fund balances			540,259.	33	527,107.

Form 990 (2023)

Form	GOLD ANTI-TRUST ACTION COMMITTEE, INC. **-	***7205	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>,276.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		,355.
3	Revenue less expenses. Subtract line 2 from line 1		<u>,079.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		<u>,259.</u>
5	Net unrealized gains (losses) on investments   5	59	<u>,927.</u>
6	Donated services and use of facilities 6		
7	Investment expenses 7		
8	Prior period adjustments 8		
9	Other changes in net assets or fund balances (explain on Schedule O)		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	column (B))	527	<u>,107.</u>
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
	consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	<u>2c</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<u>3a</u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2023)

332012 12-21-23

SCHEDULE A							OMB No. 1545-0047
(Form 990)		rity Status an					つりつつ
		nization is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζυ
Department of the Treasury Internal Revenue Service	А	ttach to Form 990 or Fo	orm 990-E2	Ζ.			Open to Public
		/Form990 for instruction	ns and the	latest inf	ormation.	Employer	Inspection
Name of the organization	GOLD ANTI-TRUS		ฬากมายาย	י דאר	r		identification number *-**7205
Part I Reason	for Public Charity Status.						- 7205
	private foundation because it is:						
<u> </u>	vention of churches, or association	• •		,	I)(A)(i).		
	cribed in section 170(b)(1)(A)(ii).						
	a cooperative hospital service org			(b)(1)(A)(ii	ii).		
4 A medical res	earch organization operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and state	e:						
5 An organizati	on operated for the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
	(b)(1)(A)(iv). (Complete Part II.)						
	te, or local government or governr				• •		
	on that normally receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from t	ne general p	bublic described in
	b)(1)(A)(vi). (Complete Part II.) trust described in section 170(b)	(1)(A)(vi) (Complete Der	+ 11 \				
	al research organization described		-	d in coniu	inction with a	land-grant	college
j	or a non-land-grant college of agric			-		-	-
university:					,	and comogo	
10 X An organization	on that normally receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	ns, membersh	nip fees, and	d gross receipts from
activities relat	ted to its exempt functions, subject	ct to certain exceptions; a	and (2) no r	more than	33 1/3% of it	s support fi	rom gross investment
income and u	inrelated business taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
See section s	5 <b>09(a)(2).</b> (Complete Part III.)						
	on organized and operated exclus	ively to test for public sa	fety.See <b>s</b>	section 50	09(a)(4).		
12 An organization	on organized and operated exclus	ively for the benefit of, to	perform th	ne functior	ns of, or to ca	rry out the	purposes of one or
	supported organizations describe						Check the box on
	ough 12d that describes the type of						
	upporting organization operated, s						
	ted organization(s) the power to re n. <b>You must complete Part IV, S</b>		majonty o	i the direc	cors or truste	es or the st	ipporting
	supporting organization supervised		tion with its	s sunnorte	ed organizatio	n(s) by hav	ina
,	nanagement of the supporting org				0		•
	n(s). You must complete Part IV,					90 m 0 0 0 0	
	nctionally integrated. A supportir		in connect	ion with, a	and functiona	lly integrate	d with,
its supporte	ed organization(s) (see instructions	s). You must complete l	Part IV, Se	ctions A,	D, and E.		
d 🗌 Type III no	n-functionally integrated. A sup	oorting organization oper	ated in cor	nnection w	vith its suppo	rted organiz	ation(s)
that is not f	unctionally integrated. The organi	zation generally must sat	isfy a distri	bution rec	quirement and	an attentiv	veness
	t (see instructions). You must co						
	box if the organization received a				Туре I, Туре	II, Type III	
•	r integrated, or Type III non-function	nally integrated supporting	ng organiza	ation.			
	of supported organizations						
(i) Name of suppo	• •	(iii) Type of organization	(iv) Is the orga in your governin		(v) Amount o	f monetary	(vi) Amount of other
organization	I. Contraction of the second se	(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Total

Schedule A	A (Form 990) 2023	GOLD	ANTI-	-TRUST	ACTION	COMMITTEE,	INC.	**-***7205	Page <b>2</b>
Part II	Support Schedule for	or Orgai	nization	s Describ	oed in Secti	ions 170(b)(1)(A)(	iv) and <sup>•</sup>	170(b)(1)(A)(vi)	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	·	•			•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stop	•				.,.,	
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	line 6, column (f), d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o				
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	rganization		
b	0 10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line			
	more, and if the organization meets th	ne facts-and-circur	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a		
							(Form 990) 2023

332022 12-21-23

#### \*\*-\*\*\*7205 Page 3 GOLD ANTI-TRUST ACTION COMMITTEE, INC. Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support **(b)** 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 97,071 247,740. 98,438. 102,123. 52,521 597,893. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 247,740. 98,438. 102,123. 97.071 52,521 597,893. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 c Add lines 7a and 7b 0 597,893. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 247,740 98,438, 597,893. 9 Amounts from line 6 97,071. 102,123. 52,521 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 408. 2,973. 3,341. 2,098. 3,151. 11,971. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 408. 2,973. 3,151. 3,341 2,098. 11,971. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 97,479. 250,713. 101,589. 105,464. 54,619. 609,864. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 98.04 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 98.33 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 1.96 17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f)) 17 1.67 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not \_\_\_\_\_X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

16361016 251716 002411.0

16

2023.04030 GOLD ANTI-TRUST ACTION CO 002411.1

%

%

%

%

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

17

332024 12-21-23

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes No

1

2

Schedule A (Form 990) 2023

#### \*\*-\*\*\*7205 Page 5 GOLD ANTI-TRUST ACTION COMMITTEE, INC. Schedule A (Form 990) 2023

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	tion B. Type I Supporting Organizations			

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI have providing each handfit corriad and the number of the supported experimetics (a) that experted			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C	. Týpe II	Supporting	Organizations

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	1

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	] The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (see instruction <u>s).</u>
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18

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

Yes No 2a 2b 3a 3b

2

Yes No

Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

_	dule A (Form 990) 2023 GOLD ANTI-TRUST ACTION C			**-***7205 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	1
Sect	ion A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

GOLD ANTI-TRUST ACT	ION COMMITTEE, I
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		ST ACTION COMMI			*-***7205	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ied)		
Secti	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023	GOLD ANT	I-TRUST	ACTION	COMMITTEE	, INC.	**-***7205 Page 8
Part VI	Supplemental Info Part IV, Section A, lines	1, 2, 3b, 3c, 4b, 4c ), lines 2 and 3; Par	, 5a, 6, 9a, 9b, t IV, Section E,	9c, 11a, 11b, a lines 1c, 2a, 2	and 11c; Part IV, Se b, 3a, and 3b; Part:	ection B, lines 1 ; V, line 1; Part V,	I7b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
	(See instructions.)	· · ·			· · ·		
332028 12-21-2	3						Schedule A (Form 990) 2023
				21			

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

OMB No. 1545-0047

2023

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

Employer identification number

	GOLD ANTI-TRUST ACTION COMMITTEE, INC.	**-***7205
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	

 Form 990-PF
 501(c)(3) exempt private foundation

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

 501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Name of organization

Employer identification number

GOLD ANTI-TRUST ACTION COMMITTEE, INC.

\*\*-\*\*\*7205

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NETURI LTD UNKNOWN MONACO	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SEAN FIELER 1540 RIVERBANK ROAD STAMFORD, CT 06903	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ARCADIA ECONOMICS 1819 SOUTH RAILROD AVE ARCADIA, LA 71001	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

16361016 251716 002411.0

GOLD A	ANTI-TRUST ACTION COMMITTEE, INC.		**-***7205
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		L ?	<u> </u>

Name of organization

323453 12-26-23

24

Schedule B (Form 990) (2023)

	B (Form 990) (2023) organization		Page <sup>2</sup> Employer identification number
COLD	ANTI-TRUST ACTION COMM	TUUEE TNC	**-**7205
Part III		tions to organizations described in (a) through (e) and the following line , charitable, etc., contributions of <b>\$1,000</b>	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year e entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	f gift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	f gift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
		(e) Transfer of	fgift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	f gift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
323454 12-26	6-23		Schedule B (Form 990) (2023)

# 16361016 251716 002411.0

SCHEDULE D	)
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Department of the Treasury

Internal Revenue Service

(Form	990)
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# **Supplemental Financial Statements**

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

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



Name of the organization

GOLD ANTI-TRUST ACTION COMMITTEE, INC.

Employer identification number \*\*-\*\*\*7205

Par			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year		a d feur da			
5	Did the organization inform all donors and donor advisors in w	-				
~	are the organization's property, subject to the organization's of					
6	Did the organization inform all grantees, donors, and donor at					
	for charitable purposes and not for the benefit of the donor of	, <b>,</b> , , , , ,	°			
Par		nanization answered "Yes" on Form 990				
1	Purpose(s) of conservation easements held by the organization					
•	Preservation of land for public use (for example, recreat		f a historically important land area			
	Protection of natural habitat		f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last			
-	day of the tax year.		Held at the End of the Tax Year			
а			2a			
b						
c	Number of conservation easements on a certified historic stru		0.			
d	Number of conservation easements included on line 2c acqui					
	on a historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele					
	year		5 5			
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it	holds?	Yes 🗌 No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year			
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h				
•						
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the			
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or O	her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
-1a	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works			
	of art, historical treasures, or other similar assets held for pub					
	service, provide in Part XIII the text of the footnote to its finan					
b	<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items.		· · ·			
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical trea		l gain, provide			
	the following amounts required to be reported under FASB A	SC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		\$			
b	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2023			
332051	09-28-23	26				
		/ <b>b</b>				

	2	6				
_	-		-	-	-	-

Sche		<u>'I-TRUST AC</u>						**_**			<sub>age</sub> 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Hist	orical Tre	easures, o	or Other S	Similar	Assets	contin	nued)	
3	Using the organization's acquisition, accessio	n, and other records	s, checł	k any of the	following that	at make sigr	nificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange prog	ram					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's col	lections and explair	how th	ney further th	ne organizat	ion's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical treas	sures, or oth	ner similar as	ssets				
	to be sold to raise funds rather than to be mai	ntained as part of th	ne orgai	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang								ne 9, or		
	reported an amount on Form 990, Part			-							
1a	Is the organization an agent, trustee, custodia	n, or other intermed	liary for	contributior	ns or other a	ssets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a							······ —			
	, I	i i	5						Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
Par											
		(a) Current year		Prior year	(c) Two ye		I) Three y	ears back	(e) Fou	vears	back
1a	Beginning of year balance		. ,								
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C											
f	Administrative expenses										
g 2	Provide the estimated percentage of the curre	nt year and balance		a column (a	)) hold as:						
	Board designated or quasi-endowment		%	g, column (a	jji fielu as.						
a h	Permanent endowment	%	70								
b	Term endowment 9										
С											
20	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses		tion the	t are hold a	ad adminiat	rad for the					
Ja		SION OF THE OFGALIZA		at are neiù ai					1	Yes	No
	organization by:								3a(i)	100	
	(i) Unrelated organizations?								3a(ii)		
<b>h</b>	(ii) Related organizations?	iono liotod oo roquir		abadula D0							
4									3b		
Par	t VI Land, Buildings, and Equipme		vment	iunas.							
	Complete if the organization answered		Part I\	/ line 11a S	See Form 99	0 Part X lin	ne 10				
	Description of property	(a) Cost or o	-	1	t or other	1	umulate	4	(d) Boo	k volu	•
	Description of property	basis (investr		. ,	(other)	1	eciation	iu	( <b>u)</b> 600	k valu	e
10	Land			240.0							
	Land			1							
	Buildings Leasehold improvements			1							
	Equipment				5,915.		5,91	5			0.
	Other				-						0.
TOLA	. Add lines 1a through 1e. (Column (d) must eq	uai Form 990, Part J	<u>, iine 1</u>	<u>uc, coiumn</u>	( <u>d))</u>					- 000)	

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Securities	UST ACTION CC		
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value		, line 12. on: Cost or end-of-year market value
(1) Financial derivatives		(c) monod or valuation	
(2) Closely held equity interests			
(3) Other			
(A) GOLD & PRECIOUS METALS	58,568.	END-OF-YEAR	MARKET VALUE
(B) BITCOIN	341.	END-OF-YEAR	MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	58,909.		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	50,909.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1c. See Form 990. Part X	line 13.
(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
(1)		()	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	-		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	- Fauna 000 (David IV) line 1	1 el Oso Forme 000 Deut V	line d.C.
Complete if the organization answered "Yes" of	escription	Id. See Form 990, Part X	, line 15. (b) Book value
	escription		
(1)			
(2) (3)			
(3)(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(</i> B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1e or 11f. See Form 990,	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(8) (9)			
(9) Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide th</li> </ol>			l statements that reports the
organization's liability for uncertain tax positions under F			

Schedule D (Form 990) 2023

332053 09-28-23

_	dule D (Form 990) 2023 GOLD ANTI-TRUST ACTION CON			7205 <sub>Page</sub> 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem		enue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	-	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	>	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	t XIII Supplemental Information			

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

SCHEDULE O	Supp
(Form 990)	c

Department of the Treasury

Internal Revenue Service Name of the organization plemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number \*\*-\*\*\*7205

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GOLD ANTI-TRUST ACTION COMMITTEE

REGARD TO FREE, COMPETITIVE, AND TRANSPARTENT MARKETS IN GOLD AND

RELATED COMMODITIES AND SECURITIES.

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

BY THE BOARD AT THE EARLIEST MEETING FOLLOWING THE TAX RETURN IS REVIEWED

THE PREPARATION OF THE TAX RETURN

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

THE GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST AND ALSO ON THE

WEBSITE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 11-14-23

Schedule O (Form 990) 2023

LHA

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

#### FOF

ORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	LAPTOP, PRINTERS & DESKTOP	08/04/09	SL	5.00		16	4,215.				4,215.	4,215.		0.	4,215.
5	COMPUTERS	02/01/15	SL	5.00		16	1,700.				1,700.	1,700.		0.	1,700.
	* TOTAL 990 PAGE 10 DEPR						5,915.				5,915.	5,915.		0.	5,915.
										-					

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 8	879-TI	εİ			IRS E-file for a	Signatu Tax Exe	re Auth empt Er	norization ntity	n	-	OMB No. 1545-0047
ronn -			For calendar y	ear 202	3, or fiscal year beginnin		-	-	, 20		0000
Dente						nd to the IRS. I					2023
	ent of the Treasu Revenue Service				Go to www.irs.g	ov/Form88791	E for the lat	est information	n.		
Name o	ıf filer									IN or SSN	
	GO:	LD Al	NTI-TRU	JST	ACTION CO	OMMITTEE	, INC.			**_**	7205
Name a	nd title of offi	cer or pei	rson subject to	) tax	CHRIS PO SECRETAR		IRER				
Part	I Ty	pe of F	Return and	d Re	turn Informati						
Form 5 or <b>10a</b> whiche	5330 filers m below, and	ay enter the amo cable, bla	dollars and ount on that li	cents. ine foi	For all other form the return being f	s, enter whole filed with this fo	dollars only. I orm was blanl	If you check the k, then leave lin	e box on line e <b>1b, 2b, 3</b>	e 1a, 2a, 3a b, 4b, 5b, 6	Form 8038-CP and <b>1, 4a, 5a, 6a, 7a, 8a, 9a</b> <b>b, 7b, 8b, 9b,</b> or <b>10b,</b> <b>Do not</b> complete more
1a	Form 990	check h	ere	Х	b Total reven	<b>ue,</b> if any (Form	n 990, Part VI	II, column (A), li	ine 12)	1	ь 56,276.
2a			ck here								b
3a	Form 112										b
4a	Form 990			$\square$	b Tax based o						b
5a	Form 886										b
6a	Form 990				b Total tax (Fe						ib
7a	Form 472			$\square$							b
7a 8a	Form 522				b FMV of ass						b
9a	Form 533			$\square$	<b>b</b> Tax due (Fo						
	Form 803			$\square$	b Amount of c						b
Part		eclarat	ion and Si	igna	ture Authoriza	ation of Official	cer or Per	son Subject	to Tax	522) I	0b
				-	] I am an officer o					with respec	tto (namo
of entit	-	perjury,	i ueciare tria			i the above ent	, (EIN)		-	-	kamined a copy of the
later th payme person	an 2 busine nt of taxes t al identificat	ess days to receiv tion num	prior to the p e confidentia	ayme I infor	account. To revoke ent (settlement) da mation necessary gnature for the ele	te. I also author to answer inqu	rize the finance iries and reso	cial institutions olve issues relat	involved in t ed to the pa	the processi ayment. I ha	ing of the electronic
	heck one bo			ער	LEIBOWIT	7 c. DI 🗁 7	יז חסג	r c			37205
L	I authori	ze <u>PU.</u>	E, CHIC	<u>, n,</u>			ARD, LI		to e	nter my PIN	
					Eł	RO firm name					Enter five numbers, but do not enter all zeros
	with a st on the re As an of return. If	ate ager eturn's d ficer or p l have ii	ncy(ies) regula isclosure cor person subject ndicated with	ating nsent ct to t nin thi	screen. ax with respect to	f the IRS Fed/S the entity, I wil by of the return	tate program I enter my PII is being filed	ı, I also authoriz N as my signatu with a state age	e the aforer ure on the ta	nentioned E ax year 2023	eturn is being filed RO to enter my PIN 8 electronically filed rities as part of the
Signature	e of officer or per	rson subjec	t to tax							Date	
Part	III Ce	ertifica	tion and A	\uthe	entication						
ERO's	EFIN/PIN.	Enter yo	ur six-digit el	ectror	nic filing identificat	tion	_				
numbe	er (EFIN) follo	owed by	your five-dig	it self-	selected PIN.		L	062441 Do not enter			
submit					IN, which is my sig requirements of <b>I</b>						nfirm that I am <i>e-file</i> Providers for
ERO's s	signature	PUE	, CHICF	ζ, Ι	LEIBOWITZ	& BLEZA	RD, LL	Date	10/1	6/24	
			Do N		ERO Must Re ubmit This Fo					)	
For D-	ivacy Act -	nd Dono			Act Notice, see in						Form 8879-TE (2023
	ivacy Act al	na rape		cuon	AUL NULCE, SEE I	134 4040115.					(2023
LHA 3	302521 01-05-24	4									

Form <b>8938</b>		nent of Specified Fore /ww.irs.gov/Form8938 for instruct			OMB No. 1545-2195
(Rev. November 2021)		Attach to your ta	x return.		Attachment
Department of the Treasury Internal Revenue Service	For calendar year 2	023 or tax year beginning	and end	ling .	Sequence No. 938
If you	have attached addition	onal statements, check here	Number of a	additional statements	S
1 Name(s) shown on re GOLD		ACTION COMMITTEE,		Taxpayer identificati - * * * 7 2 0 5	on number (TIN)
3 Type of filer a Specified in	dividual <b>b</b>	Partnership c	Corporation	d 🗌	Trust
		u checked box 3b or 3c, enter the r			
-		box 3d, enter the name and TIN of t			•
		o do if you have more than one spec	• •		ary of the trust.
a Name			b		
	posit and Custo	dial Accounts Summary			
5 Number of deposit a	ccounts (reported in P	art V)			
6 Maximum value of all				\$	
	accounts (reported in	Part V)			1
8 Maximum value of all		/		\$	56,468.
		unts closed during the tax year?			es X No
Part II Other Fore			4		
10 Number of foreign as	sets (reported in Part	VI)		►	
11 Maximum value of all	l assets (reported in Pa	art VI)		\$	
12 Were any foreign ass	ets acquired or sold d	uring the tax year?			es 🛛 🗴 No
Part III Summary	of Tax Items Attr	ibutable to Specified Foreig	gn Financial Asse	ts (see instructio	ons)
(a) Asset category	(b) Tax item	(c) Amount reported on		Where reported	
( <b>u</b> ) / 10001 0410901 y		form or schedule	(d) Form and	line (e)	Schedule and line
13 Foreign deposit and	a Interest	\$			
custodial accounts	<b>b</b> Dividends	\$			
	c Royalties	\$			
	d Other income	\$			
	e Gains (losses)	\$			
	f Deductions	\$			
	g Credits	\$			
14 Other foreign assets	a Interest	\$			
	<b>b</b> Dividends	\$			
	c Royalties	\$			
	d Other income	\$			
	e Gains (losses)	\$			
	f Deductions	\$			
	g Credits	\$			
		Financial Assets (see insti			
• • •	-	on one or more of the following for	ms, enter the number o	of such forms filed. Yo	u do not need to
include these assets on Fe					
15 Number of Forms 352		16 Number of Forms 3520-A	A	17 Number of F	Forms 5471
<b>18</b> Number of Forms 862	1	<b>19</b> Number of Forms 8865			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 8938 (Rev. 11-2021)

323021 04-01-23

	; (Rev. 11-2021)	F
Part V	Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summ	nary

	(see instruct	tions)										
lf you	u have more than one a	account to report i	n Part V, attach a separa	te statemer	nt for each addi	tional account. Se	e instruct	tions.				
20	Type of account	a Deposit b X Custodia	I			Account number		designation				
22	Check all that apply	a 🗌 Account	opened during tax year	b	Account clos	ed during tax yea	r					
		c Account	jointly owned with spous	e d	] No tax item r	eported in Part III	with resp	ect to this as				
23	Maximum value of ac	count during tax y	ear			<u></u>	\$		56,468.			
24	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?											
25	If you answered "Yes	s" to line 24, comp	ete all that apply.									
	<ul> <li>(a) Foreign currency in which account is maintained</li> <li>(b) Foreign currency exchange rate used to convert to U.S. dollars</li> <li>(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service</li> </ul>											
26a	Name of financial inst GOLDMONEY				<b>b</b> Glob	bal Intermediary lo	dentificatio	on Number (G	AIIN) (Optional)			
27	Mailing address of fin 334 ADELAII		n which account is mainta 07	ained. Num	ber, street, and	room or suite no						
28	TORONTO	• • •	and ZIP or foreign posta			MSV 1R4						
Pa	rt VI Detailed In	formation for	Each "Other Foreig	yn Asset	" Included i	n the Part II S	ummar	<b>y</b> (see ins	tructions)			
lf you	u have more than one a	asset to report in F	Part VI, attach a separate	statement	for each additio	nal asset. See ins	structions.					
29	Description of asset				30 Identifying	number or other	designati	on				
31	Complete all that app	oly. See instruction	s for reporting of multiple	e acquisitio	n or disposition	dates.						
			applicable									
b	Date asset disposed	of during tax year,	if applicable									
C		t jointly owned with		d	Check if no ta	x item reported in	Part III w	ith respect to	this asset			
32			r (check box that applies)									
а	,		50,001 - \$100,000	c 🗌	\$100,001 - \$1	50,000	d 🛄 🤤	\$150,001 - \$2	00,000			
								\$				
33			e rate to convert the value	le of the as	set into U.S. do	ollars?	<u></u>	Y	es No			
34	If you answered "Yes			( avabanga	rate used to	(a) Source of a	vohongo	rata usad if p	at from U.S.			
	(a) Foreign currency denominated	IT WHICH asset is	(b) Foreign currency convert to U.S. dolla		rate used to	(c) Source of e Treasury Depar						
	denominated											
35	If asset reported on li	ine 29 is stock of a	foreign entity or an inter	est in a fore	entity ente	r the following inf	ormation	for the asset				
	Name of foreign entit		foreigh entity of an inter-			I (Optional)	onnation					
	Hame of foloigh onth	3				(optional)						
с	Type of foreign entity	/ (1)	Partnership	(2)	Corporation	(3)	Trust	(4)	Estate			
			er, street, and room or su									
е	City or town, state or	province, country	, and ZIP or foreign posta	al code								
36	-		of a foreign entity or an in suer or counterparty, atta				-					
	or counterparty. See	instructions.										
а	Name of issuer or co	unterparty										
b	Check if information i Type of issuer or cou			Counterpar	ty							
	(1) Individual	(2)	Partnership	(3)	Corporation	(4)	Trust	(5)	Estate			
	Check if issuer or cou		U.S. person		eign person							
d	Mailing address of iss	suer or counterpar	ty. Number, street, and ro	oom or suit	e no.							
е	City or town, state or	province, country	, and ZIP or foreign posta	al code								
200000	2 04 01 02							Form 8038	(Rev. 11-2021)			
323022	2 04-01-23			33					י נחפי. דו-2021)			

Form 114a	Recor	d of Auth	orization to					
Department of the Treasury	Elect		File FBARs					
Financial Crimes Enforcement		-						
Network (FinCEN)	Network (FinCEN)       (See instructions below for completion)         May 2015       Do not send to FinCEN. Retain this form for your records.							
May 2015	Do not send to The fo			T20220001				
Part I Persons who have		GOLDAN.	<u>r20230001</u>					
1. Owner last name or entity	e an obligation to file a Report o	DI FOREIGII Dank	2. Owner first name			3. Owner M.I.		
,	ACTION COMMITTE	E, INC.						
4. Spouse last name (if jointly		6. Spouse M.I.						
filing year ending December 3 and complete; that I/we authors Report of Foreign Bank and F listed in Part II to receive info	rovided information concerning 31, <u>2023</u> to the preparer list orize the preparer listed in Part II Financial Accounts (FBAR) based ormation from FinCEN, answer inc tion, it is my/our legal responsibili	ted in Part II; that I to complete and I on the informati quiries and resolv	l submit to the Financial Crime on that I/we have provided; an re issues relating to this submi	t of my/our ki es Enforceme nd that I/we a ssion. I/we a	nowledge tru ent Network ( uuthorize the cknowledge	e, correct, FinCEN) a preparer that,		
7. Owner signature (Authorized representative if entity)       8. Date       9. Owner or entity TIN       10. TIN       a X EIN         MM       DD       YYYY       ********       c       Foreign								
11. Spouse signature	TIN a							
	type b	SSN/ITIN						
Part II Individual or Enti	ity Authorized to File FBAR on t			<b>6</b> 1	c	Foreign		
15. Preparer last name	ty Authorized to File FBAR on t	16. Preparer fir		17. Prepare	er M.I. 18.	Preparer PTIN		
MYSHRALL D P013853								
19. Address	22. ZIP/postal code							
76 SOUTH FRONTA	GE ROAD	VERNON		СТ	0606	6		
	eparer's (item 15) employer's (En		25. Employer EIN	26. Prepare	er's signature			
code			++ +++0000					
US PUE,	· · · · ·		**-**2902		HICK, I	LEIBOWITZ		
This record may be complete	ed by the individual or entity gran	-	Signature Authorization Record		orized to per	form such		
	ord must be signed by the individ	•			•			
FBAR. The Preparer/filing ent	tity must be registered with FinCl	EN BSA E-File sy	stem. (See http://bsaefiling.fin	cen.treas.gov	v/main.html f	or registration).		
Read and complete the acco	unt owner statement in Part I.							
	file the Foreign Bank and Financia the document in Part I, items 7/	•	( <i>I</i> )	-		tems 1 through		
Accounts Jointly Owned by S	Spouses (see exceptions in the F	BAB instructions	)					
	an FBAR jointly with his/her spou			is 4 through	6. The spous	e must also		
sign and date the report in ite	ems 11/12, (item 11 may be digita	ally signed) and c	complete items 13 and 14. A th	nird party pre	parer may be	e one of the		
	foreign account. In this case, bo	•	•	-				
	R on behalf of both spouses will	complete Part II	in its entirety (do not use such	terms as se	ee above, or	same as item		
number x). Complete Part II, items 15 th	rough 18 with the preparer's info	rmation. The adc	Iress, items 19 through 23, is t	hat of the pr	eparer <b>or</b> th	e preparer's		
	employee. Record the employer			•	•			
item 18 blank. The third party	y preparer <u>must</u> sign in item 26 (c	ligital signature a	cceptable) of Part II indicating	that the FBA	AR will be file	d as directed		
by the authorizing authority.			a such shall the first state of the state		- 1			
	and the person listed in Part II as and the filing itself, both for a po DO NOT SEND THIS REC	eriod of 5 years.			should retair	n copies		

320011 04-01-23

Rev. 10.7 May 21, 2015

#### FINANCIAL CRIMES ENFORCEMENT NETWORK

# BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

GOLDANT20230001

Filing Name GOLD ANTI-TRUST ACTION COMMITTEE, IN	Filing Name	GOLD	ANTI-TRUST	ACTION	COMMITTEE,	INC
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Submission Type NEW

PIN NOT REQUIRED

Check here X if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 15, 2024. An automatic extension to October 15, 2024 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. Other (please provide explanation below)

323151 08-19-24

FinCEN Form 114

# **REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 <u>2023</u>

Amended

Part I F	filer information		GOLD	ANT	2023(	0001						
2 Type of filer	r											
a 📃 Indivi	dual b 🗌 Partnership	c 🗴 Corpo	oration d		Consolic	lated e	Fic	duciary or ot	her - Enter	type		
3 U.S. Taxpay	yer Identification Number	3a TIN type										
******* SSN/ITIN a Type: Passport Foreign TIN Other								_   MM/I	DD/YY	YY		
	If filer has no U.S. Identification         Image: Complete item 4          Image: Com											
	or organization name ITI – TRUST ACTI	ON COMM	ITTEE,	, IN	IC.	7 Fi	irst name			8 Middle init	ial 8	3a Suffix
9 Mailing add	ress (number, street, and a	apt. or suite no	.)									
7 VILLA	LOUISA ROAD											
10 City		1	1 State	12 ZIF	P/Postal	Code	13 Cour	ntry				
MANCHES	TER		СТ	060	4375	41	USA					
	ne filer have a financial inte											
Yes	Enter number of accou	ints	[	Do not	complet	e Part I	l or Part I	II, but maint	ain records	of the information	on.	
No 🔀		ority over but n	o financial	lintoro	ot in 25		financial	aaaaunta?				
b) Does th Yes	<ul> <li>filer have signature auth</li> <li>Enter number of account</li> </ul>	•							on on whose	behalf the filer ha	s sign.	authority.
No 🛛				-								
	nformation on finance		. ,						-			
15 Maximum v	alue of account during cal	endar year 1	15a Amou unknown		Type of a	account	f a F	3ank b	Securities	s cX Other -	Enter t	type below
	56,468.						PREC	IOUS M	ETALS			
	ancial institution in which a											
18 Account nu **-**-5	mber or other designation $\mathbf{S} - \mathbf{L}$		address (n ADEL					of financial	institution i	n which account	is he	ld
20 City		21 State, if	known	2	•	· · ·		known 23	-			
TORONTO Signature		if this report is		d by a		V1R4			ANADA	y preparer sectio		
		title, if not repo								5 Date (MM/DD/ This date will au FBAR is electro	YYYY to-fill wl	) hen the signed
orgine	47 Preparer's last name	48 First na			49 MI			f 51 TIN		51a TIN type	X	
Third Party	MYSHRALL	JEFFRE		D	self	-employe	dP01385368		SSN/ITIN		Foreign	
Preparer	52 Contact phone no. 860-871-1722	52a Ext. 53	Firm's na E, CH		T.F.	LBUM	ፐሞሚ	54 Firm' **_**		54a TIN type	X	EIN
Use Only	55 Mailing address (nur	1 1						57 State 58 ZIP/Postal Code			59	Foreign Country
	76 SOUTH FROM							06066	· · · · · · · · · · · · · · · · · · ·			

323141 04-01-23