# Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning

, and ending

26-0583558

GO3ETA, Inc.

Net Asset / Fund Balance at Begin	ning of Year		_	156,831
Revenue				
Contributions	32	28,244		
Program service revenue	1	5,000		
Investment income		<u> </u>		
Capital gain / loss				
Special events:				
Gross revenue				
Direct expenses				
Net income				
Other income		0		
Total revenue			343,244	
Expenses			<u> </u>	
Program services	40	06,709		
Management and general		32,940		
Fundraising		5,491		
Total expenses			445,140	
Excess / (deficit)				-101,896
Other changes			_	
Net Asset / Fund B	alance at End of Year			54,935
Reconciliation of R Total revenue per financial statements	evenue		Reconciliation of Ex	penses
Less:		i otal expenses per	ililariciai staterrierits	
		Less:	00	
Unrealized gains		Less: Donated service		
Unrealized gains Donated services		Less: Donated servic Prior year adju:		
Unrealized gains Donated services Recoveries		Less: Donated servic Prior year adju: Losses		
Unrealized gains Donated services Recoveries Other		Less: Donated service Prior year adjust Losses Other		
Unrealized gains Donated services Recoveries Other		Less: Donated servic Prior year adjust Losses Other Plus:	stments	
Unrealized gains Donated services Recoveries Other Plus: Investment expenses		Less: Donated service Prior year adjust Losses Other Plus: Investment exp	stments	
Unrealized gains Donated services Recoveries Other	343,244	Less: Donated service Prior year adjust Losses Other Plus: Investment exp	stments	445,140
Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	343,244	Less:  Donated service Prior year adjust Losses Other Plus: Investment exp Other Total expe	enses	445,140
Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other		Less:  Donated service Prior year adjust Losses Other Plus: Investment exp Other Total expe	enses enses per return	445,140
Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets	343,244  Beginning 156,831	Less:  Donated service Prior year adjust Losses Other Plus: Investment exp Other Total expe	enses	445,140
Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning 156,831	Less: Donated service Prior year adjust Losses Other Plus: Investment exp Other Total expenses  Balance Sheet Ending 54,935	penses enses per return  Differences	
Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets	Beginning	Less:  Donated service Prior year adjust Losses Other Plus: Investment exp Other Total expe	enses enses per return	
Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning 156,831	Less: Donated service Prior year adjust Losses Other Plus: Investment exp Other Total experiment  Balance Sheet Ending 54,935	penses enses per return  Differences	
Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning 156,831 156,831	Less: Donated service Prior year adjust Losses Other Plus: Investment exp Other Total experiment  Balance Sheet Ending 54,935	penses enses per return  Differences	
Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning	Less: Donated service Prior year adjust Losses Other Plus: Investment exp Other Total experiment  Balance Sheet Ending 54,935	penses enses per return  Differences	

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009 Open to Public

me	mai Revenue	Service	I unle o	nganization may i	nave to use a copy or t	ilis retuiri to satisiy	state reportin	g requirem	CIIIO.	In	spection	<i>)</i>
<u>A</u>	For the 200	9 cal <u>endar ye</u>	ear, or tax year beg	ginning	, and er	ding						
В	Check if applicat		C Name of organization	on				D	Emp	loyer identific	cation n	umber
	Address change	use IRS		GO3ETA,	Inc.							
Ħ	Name change	label or print or	Doing Business As	;					26	-05835	58	
$\equiv$	· ·	type.	Number and street	t (or P.O. box if mail is n	ot delivered to street address)		Room/su	ite E		phone number		
Ц	Initial return	See	P.O. Box	57795	,					1-746-	1413	
	Termination	Specific Instruc-	City or town, sta	ate or country, and Z	ZIP + 4		<u>'</u>	G	Gross re			3,244
П	Amended return		Salt Lak	•	UT 841	57		ľ	0.000.0	, соры ф		,
H		E Name	e and address of prir		01 011				l(a) leth	is a group return f	for	
Ш	Application pend	aing   Harris	o una address or prii	ioipai omoor.				-		ates?	Yes	X No
								н	(b) Are	all affiliates	Yes	No
										ided?		ш
$\overline{}$	Tow overent	status: X	501(c) ( 6	) <b>t</b> (insert no.)	40.47(a)(4) ar	F07			II IN	lo," attach a list. (s	ee ii sirucii	JI 15)
÷	Tax-exempt :		goedomega:	, , ,	4947(a)(1) or	527			I/a\		alaar I I	
<u>J</u>					Otto and I I		1 Vanattan			up exemption num		e: UT
	Type of organization	Summar	poration Trust	Association	Other U		L Year of form	alion: 20	0 /	M State of le	gai domicie	<u>; UI</u>
	T		•		-:::::::::::::::::::::::::::::::::::							
	1	ee Sched	31		significant activities:	•						
çe		se scried	aute O									
Jan	• • • • • • • • • • • • • • • • • • • •											
/en												
Governance	1				ed its operations or dis				۱ ۵	15		
∘ఠ	3 Numl	ber of voting	members of the (	governing body (F	Part VI, line 1a)	- 4L\			3	15		
Activities					erning body (Part VI, lin					2		
Ξ̈́	5 Total	number of e	employees (Part V	, line za)					_	0		
ĕ	6 Total	number or v	voiunteers (estima	ite ii necessary)	(III. aaluusa (O) lisa 40				7-	+ -		
					'III, column (C), line 12					1		0
	<b>b</b> Net t	unrelated bus	siness taxable inco	ome from Form 9	990-T, line 34		· · · · · · · · · · · · · · · · · · ·	Prior Year	7b		rent Year	
	8 Cont	ributions and	I grants (Part VIII.	line 1h)				434,	,079			,244
Revenue	9 Prog	ram service	revenue (Part VIII	line 2a)					,830			,000
Ver	10 Inves	stment incom	ne (Part VIII. colun	nn (A), lines 3, 4,	and 7d)			- '				
æ	11 Othe	r revenue (P	art VIII. column (A	A). lines 5. 6d. 8c.	, 9c, 10c, and 11e)							-
					Part VIII, column (A), li			482	. 909		343	, 244
					A), lines 1–3)				,200			,800
			or for members (Pa		\ E							
"	45 0.1.	•	,	, ,	art IX, column (A), line						36	, 366
Expenses	16a Profe		raising fees (Part		ine 11e)							
per	<b>b</b> Total				e 25) <b>u</b>	5,491						
Щ	17 Othe		Part IX, column (/					340,	, 406		307	,974
	18 Total	expenses.	Add lines 13–17 (r	must equal Part I	X, column (A), line 25)			383,	,606		445,	,140
	19 Reve				12			99,	, 303	_	-101,	,896
Net Assets or	3							ing of Currer		Enc	d of Year	
SSet	20 Total	assets (Part	t X, line 16)					156,	<u>,831</u>		54	<u>,935</u>
ag S	21 Total											
				act line 21 from li	ine 20			156,	<u>,831</u>		54	<u>,935</u>
F	Part II	Signatur	e Block									
					nined this return, including on of preparer (other than						lge	
		and belief, it	is true, correct, and	complete. Declaration	on or preparer (other than	officer) is based off a	ii iiiioiiiialioii oi v	Willon prepare	l	illy knowledge.		
Siç	- 1											
He	re	Signatur	re of officer						Dat	e		
_		Type or	print name and title							D	interest deser	
Pa	id	Preparer's				Da		Check if self-	_	→ (see instru	identifying actions)	
	eparer's	signature		C. Evans			0/04/10	employed	u L	_  P002	2233	
	e Only	Firm's name			Evans, C.P.				EIN	u 87-	-0462	2339
US	e Offiny	if self-employ	red), 99		ray Holladay				Phone			
		address, and	IZIP+4 Sa	alt Lake	City, UT	84117-4963	1		no.	<b>u</b> 801-2	_	<u> </u>
Ma	y the IRS dis	scuss this re	turn with the prepa	arer shown above	e? (see instructions)						X Yes	No

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
S	ee Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
Ū	
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4-	(Code: \(\sigma_{\infty}\)
4a	(Code: ) (Expenses \$ 406,709 including grants of \$ 100,800 ) (Revenue \$
T	o research, develop, and educate consumers about Omega-3 Long Chain
	olyunsaturated Fatty Acids (Omega-3). As part of that development,
G	O3ETA, Inc., enlisted Purdue University to help in that endeavor.
	•
	•
	•
	•
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	•
	·
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	(Codd) (C
	• • • • • • • • • • • • • • • • • • • •
	•
	•
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4 -	Total program service expenses U 406 709

						Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"						
	complete Schedule A				1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?				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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
	Schedule C, Part II				4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						3.7
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						v
_	complete Schedule D, Part I				6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						v
_	complete Schedule D, Part III				8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part						
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				_		v
40	complete Schedule D, Part IV				9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				10		Х
11	quasi-endowments? If "Yes," complete Schedule D, Part V				10		Λ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				11		Х
	VII, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				- 1 1		21
	Schedule D, Part VI.						
_	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.						
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	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? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII.				12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	_	Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A		Х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			•			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any						
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance						
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services						
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on						
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						
	If "Yes," complete Schedule G, Part III				19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20		Χ

# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		Х
38	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	"		1
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
	10. 110.00 7 til 1 0111 000 more die required to complete Octicadie O.	1 50		ь

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					9
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	I				
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report					
	gaming (gambling) winnings to prize winners?	<b>.</b>	,	 1c		
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	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b					
	this return?			 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	-				
	over, a financial account in a foreign country (such as a bank account, securities account, or other finance	ial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: <b>u</b>					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	nk				
_	and Financial Accounts.			_		37
5a				 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			 5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng		١		
٥-	Prohibited Tax Shelter Transaction?			 5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v
L	organization solicit any contributions that were not tax deductible?			 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			e h		
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			 6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	de				
а				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			 1.5		
-	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person			1		
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 9900 on required?			 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	,				
	required?			 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			 8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			 9b		
10	Section 501(c)(7) organizations. Enter:	ı	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:	Ι.	I			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		 		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	Ι	ا	 12a		1
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b	ı	1	1	1

**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 in Schedule O. See instructions.

Section A. Governing Body and Management  1a Enter the number of voting members of the governing body  1b Enter the number of voting members that are independent  2 Od any official, fusion, or large properties of the governing body  2 Od any official, fusion, or large properties and the dependent of the properties of the governing body and the cognization delegate control over management clauses customany performed by or under the direct supervision of direct, director, trustee, or key employees  3 Od the cognization near any significant changes to its organizational documents since the prior from 950 was filted?  4 Do the cognization have many significant changes to its organizational documents since the prior from 950 was filted?  5 Do the organization have members, stockholders, or other persons who may elect one or more members  6 Do the expansization have members, stockholders, or other persons who may elect one or more members  7 of the governing body?  8 Do the expansization have members, stockholders, or other persons who may elect one or more members  8 Do the expansization contemporaneously document in the meetings held or written actions undertaken during the year of the governing body?  8 Do the cognization have members, stockholders, or other persons who may elect one or more members  9 Do the expansization have members, stockholders, or other persons who may elect one or more members  9 Do the expansization contemporaneously document in the meetings held or written actions undertaken during the year by the following.  1 The governing body?  1 Each committee with authority to act or behalf of the governing body?  2 Is stem any official entry to act or behalf of the governing body?  3 Is the as year official entry to act or behalf of the governing body?  4 Is the organization to review the profess and procedures governing the activities of such chapters.  1 If Yes, floor the organization have written publicles and procedures governing the activities of such chapters.  1 If Yes, floor the organizatio	_	Schedule O. See instructions.			
to the number of voting members of the governing body.  Define the number of voting members that are independent.  Define the number of voting members that are independent.  Define organization flate, or key employees a family relationship or a business relationship with any other offices, director, fusates, or key employees to a management company or under the direct supervision of officers, directors for trustees, or key employees to a management company or other person?  A Dot the organization oblegatic control over management duties customally performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  A Dot the organization near supervision of the organization of the organization near the supervision of the organization of the organization near the supervision of the organization of the organization near employs, stockholders?  A Does the organization have members, stockholders, or other persons?  A Does the organization have members, subclockholders, or other persons?  A Does the organization have members, subclockholders, or other persons?  A Does the organization have members, subclockholders, or other persons?  A Does the organization on the governing body subject to approval by members, stockholders, or other persons?  A Does the organization contempersons of the proving the persons of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Is there are yielder, director the proving the persons of the governing body?  B Is the are griders, director or the proving the persons of the governing the authority to act on behalf of the governing body?  B Is the are griders, director or the proving the persons of the governing body?  B Is the are griders, director or trustees, and provide the amenas and addresses in Schedule O.  B Is "Yes" (both the organization have been defined to encourage the authority to a such cha	Sec	tion A. Governing Body and Management		ı	1
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supervision of officers, directors of trustees, or key employees to a management company or other person?  4			2		X
A bill the organization make any significant changes to its organizational documents since the prior Form 980 was filed?	3				3.7
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14	13	Does the organization have a written whistleblower policy?	13	Х	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate  its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard  the organization's exempt status with respect to such arrangements?  16b ■  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed u UT  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)  available for public inspection. Indicate how you make these available. Check all that apply.  □ Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u Adam Ismail 10075 Hollywood Avenue	14	Does the organization have a written document retention and destruction policy?	14		Х
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  The organization's key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with a taxable entity during the year?  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participate in a joint venture or similar arrangement  The organization in contribute assets to, or participat	15	Did the process for determining compensation of the following persons include a review and approval by			
Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed u UT  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  X Own website X Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u Adam Ismail 1075 Hollywood Avenue					
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<ul> <li>List the states with which a copy of this Form 990 is required to be filed u UT</li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.</li> <li>X Own website X Another's website X Upon request</li> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u Adam Ismail</li> <li>1075 Hollywood Avenue</li> </ul>	Sec		100	l	
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.</li> <li>Own website</li></ul>		List the states with which a copy of this Form 200 is required to be filed to TITE			
available for public inspection. Indicate how you make these available. Check all that apply.  X Own website X Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u Adam Ismail 1075 Hollywood Avenue					
X   Own website   X   Another's website   X   Upon request    19   Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20   State the name, physical address, and telephone number of the person who possesses the books and records of the organization:   u   Adam   Ismail   1075   Hollywood   Avenue					
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policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:   1075 Hollywood Avenue	10				
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u Adam Ismail 1075 Hollywood Avenue	13				
organization: <b>u</b> Adam Ismail 1075 Hollywood Avenue	20				
	20	7dem Temesil			
	Q:		_47	4-2	 572

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization	•	sate	any (	curre	nt o	fficer,	dire	ctor, or trustee.		
(A)	(B)	(F)								
Name and Title	Average hours per		osition (check all that apply)					Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional truster	Officer	Key employee	Highest compensated employee	Former	from the	from related organizations	other compensation
		dual	ution	er e	empl	est c	ē,	organization	(W-2/1099-MISC)	from the
		trus	al tr		oyee	dwo		(W-2/1099-MISC)		organization and related
		tee	uste		"	ensa				organizations
			"			ted				
David Shannon										
Chairman	1.00	X						0	0	0
Baldur Hjaltson										
Vice Chairman	1.00	X						0	0	0
Robert Orr										
Treasurer	1.00	X						0	0	0
Amanda Ruess										
Secretary	1.00	X						0	0	0
Philip Fass									_	
Board of Director	1.00	X						0	0	0
Kent Clpollo	1 00									
Board of Director	1.00	X						0	0	0
Cynthia Crouch	1 00	٦,							_	
Board of Director	1.00	X						0	0	0
Carol Locke Board of Dierctor	1.00	X						0	0	0
Jo Paska	1.00	12						0	0	0
Board of Director	1.00	X						0	0	0
Bjorn Rene	1.00	<del> </del>								
Board of Director	1.00	X						0	0	0
Harold Ronneberg										
Board of Director	1.00	X						0	0	0
Olav Sandnes										
Board of Director	1.00	X						0	0	0
Federico Tripodl										
Board of Director	1.00	X						0	0	0
Leslie van der Mu										
Board of Director	1.00	X						0	0	0
Hans de Wit	1 00	l								
Board of Director	1.00	X				<u> </u>		0	0	0
						<del>                                     </del>				
• • • • • • • • • • • • • • • • • • • •										
	l							l .	l	l

Part VII Section A	A. Officers,	, Directors, Trus	tees	, Ke	y En	nplo	yees	, and	d Highest Compensated E	mployees (continued)					
(A) Name and Title		(B) Average	Pos	ition (		<b>C)</b> k all t	hat a <sub>l</sub>	oply)	(D) Reportable	<b>(E)</b> Reportable		(F			
		hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	1	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amour othe ompen from organiz and re organiza	nt of er sation the ation lated		
•															
• • • • • • • • • • • • • • • • • • • •															
1b Total								u							
2 Total number of indi reportable compensation	,	•			ose	liste	d abo	ove)	who received more than \$1	00,000 in					
reportable compensa	auon nom u	ine organization	<u>u</u>	0									Yes	No	
3 Did the organization employee on line 1a	list any <b>for</b>	mer officer, direc	ctor o	or tru	stee, uch i	, key indivi	emp	oloye	ee, or highest compensated			3		X	
4 For any individual lis	sted on line	1a, is the sum of	of rep	ortal	ole c	omp	ensa	tion a	and other compensation from complete Schedule J for su	m					
individual 5 Did any person liste						 ion f			unrelated organization for			4		X	
									ch person			5		Х	
Section B. Independent				al in	4000	به مامه		-4	tore that received more than	- \$400,000 of					
1 Complete this table compensation from	the organiza	ation.	nsale	ea in	uepe	naer	il CO	nırac	tors that received more that				<b>(2)</b>		
	Name and	(A) I business address							Descrip	(B) tion of services		C	<b>(C)</b> ompensa	tion	
2 Total number of indemore than \$100,000			_				to th	iose	listed above) who received			0			

Pa	rt v	III Staten	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated cam	npaigns	1a						
Contributions, gifts, grants and other similar amounts		Membership di		1b						
ρĒ		Fundraising ev	vante	1c						
ifts,			zations	1d						
<u>.</u>										
sis			(contributions)	1e						
널힐	t	All other contribution and similar amounts								
윤희				1f		328,244				
<u> </u>	_		ns included in lines 1a-	1f: :	\$					
<u> </u>	h	Total. Add line	s 1a–1f			u	328,244			
쾰						Busn. Code				
ᅙ	2a	Program	Service Rev	enue			15,000	15,000		
&	b									
Program Service Revenue	С									
<u>,</u> ≨ ∣	d									
ΕÍ	е									
g			am service reven							
윤			es 2a-2f			u	15,000			
$\dashv$	<u>g</u>		ome (including d				13,000			
	3		`		-					
			mounts)							
	4		vestment of tax-			F				
	5	Royalties								
			(i) Real		(ii) F	Personal				
	6a	Gross Rents								
	b	Less: rental exps.								
	С	Rental inc. or (loss)								
	d	Net rental inco	me or (loss)			u				
	7a	Gross amount from	(i) Securities		1	Other				
		sales of assets other than inventory								
	b	Less: cost or other								
	_	basis & sales exps.								
	_	Gain or (loss)								
	d	` ' '	ss)		1	u				
		•	om fundraising ever	ſ		ч				
e l	oa			IIS						
Ģ.		(not including \$								
Ş.			eported on line 1c).							
ē			18							
Other Revenue			penses							
			(loss) from fundr	ī ·	events	u				
	9a		om gaming activities							
		See Part IV, line	19	а						
	b	Less: direct ex	penses	b						
	С	Net income or	(loss) from gami	ng acti	vities	u				
	10a	Gross sales of	inventory, less							
		returns and allo	owances	а						
	b	Less: cost of g	oods sold							
			(loss) from sales		entory	u				
			ellaneous Revenue			Busn. Code				
	11a									
	b									
	c									
	d		 ue							
	e	Total. Add line	44 44 1			u				
			s IIa-IIU			u	343 244	15 000	0	n

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				· ·
	not include amounts reported on lines 6b, 8b, 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 governments and				
	organizations in the U.S. See Part IV, line 21	100,800	100,800		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,700	21,905	10,110	1,685
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,666	1,733	800	133
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,150	747	345	58
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,544	1,004	463	77
13	Office expenses	279	181	84	14
14	Information technology	3,200	2,080	960	160
15	Royalties				
16	Occupancy	07.600	0.4. = 0.0	11 000	1 00=
17	Travel	37,693	24,500	11,308	1,885
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40 516	45 150	1 1 4 5	101
19	Conferences, conventions, and meetings	48,516	47,178	1,147	191
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
•	Other surrous Heavier				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below.) Subcontractors	135,389	135,389		
a b	Research & Development Co	42,714	42,714		
C	Pont	24,750	16,087	7,425	1,238
d	Direct Costs	11,746	11,746	1,720	1,230
u e	Service Charges	993	645	298	50
e f	All other avanage	, ,,,,,	043	200	50
25	Total functional expenses. Add lines 1 through 24f	445,140	406,709	32,940	5,491
26	Joint costs. Check here u if following	113,110	100,700	52,510	3,171
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
ΠΔΔ					F 000 (2222)

P	art X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest bearing	156,83	1 1	54,935
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1 16	54,935
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D $_{\dots}$		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
api		employees, highest compensated employees, and disqualified			
=		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
Balances		Organizations that follow SFAS 117, check here u X and			
2		complete lines 27 through 29, and lines 33 and 34.	156.03	1	F4 02F
ag	27	Unrestricted net assets	156,83		54,935
<u>m</u>	28	Temporarily restricted net assets		28	
Fund	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here u			
Assets or		and complete lines 30 through 34.			
χţς	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 22	F4 02F
Net	33	Total net assets or fund balances	156,83		54,935
_	34	Total liabilities and net assets/fund balances	156,83	1 34	54,935

Form **990** (2009)

Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3a		
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 in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Schedule of Contributors**

u Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

2009

GO3ETA, Inc.		26-0583558
Organization type (check one	9):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 6 ) (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	
•	overed by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See
General Rule		
	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in more contributor. Complete Parts I and II.	ney or
Special Rules		
sections 509(a)(1) and	o) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regula of 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete F	of the greater
the year, aggregate co	(), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, lit or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	_
the year, contributions aggregate to more the year for an exclusively applies to this organize	(i), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribution for use exclusively for religious, charitable, etc., purposes, but these contributions did ran \$1,000. If this box is checked, enter here the total contributions that were received duran religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General</b> ation because it received nonexclusively religious, charitable, etc., contributions of \$5,000.	not uring the al Rule
Caution. An organization that 990-EZ, or 990-PF), but it mus 990-EZ, or on line 2 of its Forr or 990-PF).	is not covered by the General Rule and/or the Special Rules does not file Schedule B (F st answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its F m 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 99	Form
For Privacy Act and Paperwork	Reduction Act Notice, see the Instructions Sc	chedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) of Part I Employer identification number Name of organization 26-0583558 GO3ETA, Inc. Part I Contributors (see instructions) (a) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. . 1.... Person Payroll 11,125 Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions . 2.... Person **Payroll** 12,500 Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution . 3... Person **Payroll** \$ 24,370 Noncash (Complete Part II if there is a noncash contribution.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 4 Χ Person **Payroll** \$ 12,000 Noncash (Complete Part II if there is a noncash contribution.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution . 5.... X Person **Payroll** 

\$ 14,833

(c)

Aggregate contributions

Noncash

Person

**Payroll** 

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

X

(a)

No.

6

(b)

Name, address, and ZIP + 4

Page 2 of 5 of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Name of organization

Employer identification number 26-0583558

GO3ETA, Inc.

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 8,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
. 8		\$ 7,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
9		\$ 12,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.10		\$ 6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 1.1		\$12,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.12.		\$ 6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 3 of 5 of Part I

Name of organization Employer identification number 26-0583558

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.13.		\$ 15,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
. 1.4		\$ 12,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
. 1.5		\$12,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.16.		\$ 12,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.17.		\$ 6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18.		\$ 12,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 4 of 5 of Part I

Name of organization GO3ETA, Inc. Employer identification number 26-0583558

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.19.		\$6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No. 21	Name, address, and Zir + 4	Aggregate contributions  \$ 9,250	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 22	Name, audress, and ZIF + 4	\$ 12,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 23.		\$ 12,500	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24	Name, audiess, and Zif + 4	Aggregate contributions	Person X

Name of organization
GO3ETA, Inc.

Employer identification number

26-0583558

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 25		\$14,833	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26	Nume, dudices, and En 1 4	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
. 27.	Name, address, and En + +	\$ 14,833	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 28		\$ 12,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 29.		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

#### SCHEDULE I (Form 990)

## **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. u Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization						r identification num	ber
GO3ETA, Inc.				26-0	583558		
	Part I General Information on Grants and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes X No  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.							
Part II Grants and Other Assistance to Go	vernments and	d Organi	izations in the Un	ited States. Comp	olete if the or	ganization answ	vered "Yes" to
Form 990, Part IV, line 21, for any re Part IV and Schedule I-1 (Form 990)	ecipient that red if additional sp	ceived m	eeded	Jneck this box if n	· · · · · · · · · · · · · · · · · · ·		re than \$5,000. Use u [
(a) Name and address of organization     or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Purdue University							
745 Agriculture Mall Drive							Research
West Layayette IN 47907	35-6002041		100,800				
2 Enter total number of section 501(c)(3) and government of	rganizations						u
3 Enter total number of other organizations							
							0         (= 000) 0000

Part III Grants and Other Assistan Use Part IV and Schedule I				ion answered "Yes" to Forn	n 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	recipiente	ouen grant	333.1 333.133.103	· ····, applaidal, dailely	
Part IV Supplemental Information.	Complete this part to p	rovide the information	on required in Part I, li	ine 2, and any other additio	nal information.

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

u Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

GO3ETA, Inc.

Employer identification number 26-0583558

Form 990 - Organization's Mission or Most Significant Activities
To educate, support, and develop public education for Eicosapentaenoic Acid
(EPA) or Omega-3 Long Chain Polyunsaturaed Fatty Acids (LCPUFA's). Also,
to develop safety initiatives, product standards, healthcare and industry
relations, and advance government standards.
Form 990, Part VI, Line 6 - Classes of Members or Stockholders
Yes. Members join the organization by paying dues and going through an
application process
Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
The members approve the decisions made by members of the board of
directors.
Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
The Board of Directors reviews the Form 990 before it is filed with the
IRS.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
Board approves all compensation of the CEO, Executive Director, and other
management officials.
Form 990, Part VI, Line 15b - Compensation Process for Officers
Board approves all compensation of other officers and other key employees
for the organization.

Name of the organization GO3ETA, Inc.	Employer identification number 26-0583558
Form 990, Part VI, Line 19 - Governing Documents Dis	sclosure Explanation
Documents are available on the Website and by writte	n request to the
organization.	