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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning 03/01, 2011, and ending 02/28, 20 12 D Employer identification number C Name of organization 20-4990937 THE G.I. GO FUND, INC. Doing Rusiness As E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 1777 (973) 802-1479 City or town, state or country, and ZIP + 4 Terminated NEW BRUNSWICK, NJ 08903 G Gross receipts \$ 256,455. return Application pending H(a) Is this a group return for affiliates? JACK FANOUS Yes X No F Name and address of principal officer P.O. BOX 1777, NEW BRUNSWICK, NJ 08903 H(b) Are all affiliates included? X | 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list (see instructions' (insert no) Website: ▶ WWW.GIGOFUND.ORG H(c) Group exemption number Form of organization | X | Corporation L Year of formation 2006 M State of legal domicile Part i Summary Briefly describe the organization's mission or most significant activities TO ASSIST MILITARY VETERANS AND THEIR FAMILIES WITH THEIR TRANSITION BACK TO CIVILIAN LIFE, BY PROVIDING EMPLOYMENT, EDUCATION AND HOUSING OPPORTUNITIES AS WELL AS PROVIDING A DIRECT PATH TO THEIR BENEFITS. If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 3. Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 60. 6 300. 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 74,680. 214,254. Contributions and grants (Part VIII, line 1h) Ō Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 23,600. 4,717. 98,280. 218,971. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 2,871. 12,045. 13 Grants and similar amounts paid (Part IX_column (A), lines 1-3) 14 Benefits paid to or for members (Part 1x courns, A) line4 Salaries, other compensation, employee benefits (Part IX, column 119,104. 16a Professional fundraising fees [[A I | IX [COLORNIT[A]] Imeg [19] 5,393. 12,883. b Total fundraising expenses (Part IX, column (D), line 25) 79,256. 88,571. Other expenses (Part IX, column (A) lines 11a-11d, 111-24e) 95,010 225,113. Total expenses Add lines 13 17 (must equal Ran X, column (A), line 25) 3,270. -6,142.Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 20 23,709 42,151. Total assets (Part X, line 16) 6,650 31,234. 21 Total liabilities (Part X, line 26) 17,059. 10,917. 22 Net assets or fund balances Subtract line 21 from line 20, Signature Block 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, claration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Check Paid RONALD F. MARTINO, JR., self-employed P00942447 CPA

Preparer

Use Only

22-2027092

732-842-3113

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name WITHUMSMITH+BROWN, PC

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► 331 NEWMAN SPRINGS RD STE 125 RED BANK, NJ 07701-6765

Firm's EIN

	990 (2011) Page Z
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission.
	TO ASSIST MILITARY VETERANS AND THEIR FAMILIES WITH THEIR TRANSITION
	BACK TO CIVILIAN LIFE, BY PROVIDING EMPLOYMENT, EDUCATION AND HOUSING
	OPPORTUNITIES AS WELL AS PROVIDING A DIRECT PATH TO THEIR BENEFITS.
	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.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	f "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 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
4a	Code:) (Expenses \$
	ATTACHMENT 1
4 b	Code:) (Expenses \$ including grants of \$) (Revenue \$)
•	
4 c	Code) (Expenses \$ including grants of \$) (Revenue \$)
	,
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 165,007.

	90 (2011)			Page 3
Pari	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	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)	4	х	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ا ا	-	
Ů	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
·	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		Х
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,"			
	complete Schedule D, Part N	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			,
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		х	
_	Schedule D, Part VI	11a		<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11b		х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	-		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5		х
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		х
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10		
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 		
10	Part VIII, lines 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?	- .		
	If "Yes," complete Schedule G, Part III	19		х
20 a	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		
		Earm	990	(2011)

Checklist of Required Schedules (continued) Yes No the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 if Yes, "complete Schedule I, Parts I and III." 21 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 27 if Yes, "complete Schedule I, Parts I and III." 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 27 if Yes, "complete Schedule I, Parts I and III." 23 Did the organization revert Yes To Part IVI, Section A, Iiine 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If Yes, "complete Schedule I, Part IVI, Section IVI, III." 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, It was uses used after December 31, 2002? If Yes, "answer lines 24 th through 24d and complete Schedule K. If Yes," got line 25. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501(x) and 501(x) and 501(x) organizations. Did the organization with a disqualified person during the year? If Yes, "complete Schedule L, Part II." 28 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 with an orbit or standard part of the part		THE G.I. GO FUND, INC. 20-499	0937		
Dot the organization report more than \$5.000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Pes," complete Schedule I, Parts I and III. 20 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 1? If "Pes," complete Schedule I, Parts I and III. 21 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization and former offices, director, trustess, key employees, and highest compensated to the organization 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 24 dand complete Schedule I. Will "Yes," organization and any time during the year to defease any tax-exempt bonds? 24 Did the organization unvest any proceeds of tax-exempt bonds beyond a temporary penod exception". 25 Did the organization and an are oxess benefit transaction with a disqualified person during the year? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year. 27 Did the organization act that it engaged in an excess benefit transaction with a disqualified person during the year? 28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization shape and the stress of the shape and the shape					Page 4
21 Dut the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III. 22 Dut 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. 23 Dut the organization aswer Yes' to Part IVI, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III. 24 Dut the organization have a tax-exempt bond sisue with an outstanding principal amount of more than \$100,000 as of the tast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," go fo line 25. 25 Dut the organization maritan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Dut the organization maritan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 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 I, Part II. 27 If "Yes," complete Schedule I, Part II. 28 Was a loan to or by a current or former officer, director, trustee, key employee, or year, and that the transaction has not been reported on any of the organizations prome \$90 or 990-EZ? 28 Was the organization appray to a business transaction with or officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or finally member of a current or former officer, director, trustee, or key employee? 28 Was the organization appray to a business transaction with one of the foll	ı aı	Checklist of Required Schedules (continued)		Voc	No
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23 Dd the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former of officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answerines 24b through 24d and complete Schedule K. If "No," ye to line 25. 25 D Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 D Id the organization maintain an escrow account other than a refunding escrow at any time during the year? 27 D Id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 D Section 591(c)(3) and 591(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 II. 28 D I Step 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 organizations proffers 990-E27 (17 yes," complete Schedule L. Part II. 29 D I Step Organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization promise 990-E27 (17 yes," complete Schedule L. Part III. 29 D I Step Organization on the earn of officer, director, trustee, key employee, highly compensated employee, substantial contributor or employee threat, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III. 29 D I Step Organization applicable filing thresholds, conditions, and exceptions) 29 A Current of former officer, director, trustee, or key employee (or a family member thereof) was an officer		- · · · · · · · · · · · · · · · · · · ·	22	x	
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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			25h		Х
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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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M. 28b			27		Х
Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28				-
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28b					
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer or other similar assets, or qualified conserva	а	· · · · · · · · · · · · · · · · · · ·	28a	_	X
Schedule L, Part N C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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. July, and V, Inne 1 Section 501(c)(3) organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizations? If "Yes," complete Schedule R, Part V, Inne 2 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 V, Inne 2 The part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Innes 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38					
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N			28b	-	X
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	c				
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		·	28c		Х
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Did the organization make any transfers to an exempt non-charitable related 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 V, Iine 2 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	29				Х
conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 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 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, Iines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	30				
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		· · · · · · · · · · · · · · · · · · ·	30		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31				
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		Part I	31		X
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	32				
sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		complete Schedule N, Part II	32		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Told 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 Told the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 34		sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 35a X X 35b X	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
b 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		IV, and V, line 1	34	ļ	X
meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	b				
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		meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u> _
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	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
Part VI	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
19? Note. All Form 990 filers are required to complete Schedule O		Part VI	37		X
19? Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
		19? Note. All Form 990 filers are required to complete Schedule O			
			Form	990	2011

Form	990 (2011)		F	Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		. .	, [
			Yes	No
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С		1c	Х	
	reportable gaming (gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 3	•	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	^	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
	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," 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 authority	:		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u> X</u>
b	If "Yes," enter the name of the foreign country: ▷			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Ĭ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- Ju	organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
-		0.0		
7	Organizations that may receive deductible contributions under section 170(c).		- 1	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		
	and services provided to the payor?	7 b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	710		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		х
	required to file Form 8282?	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year		1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\frac{\lambda}{X}$
f		7f		
_	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 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?	9 a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
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			ĺ
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		•	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.			
L	•			Ì
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
				}
	Enter the difficulty of records on mand,	14-	ı	×
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2011)
		r-rum	220	. ZUIII

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

Form 990 (2011)

Part VI

"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Х 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. 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 in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7 a Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c 13 13 Did the organization have a written whistleblower policy?....... Х 14 14 Did the organization have a written document retention and destruction policy?............. 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? 15a 15b 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 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\triangleright NJ$. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > ALEXANDER MANIS, 920 BROAD STREET, STE B28, NEWARK, NJ 07102 973-802-1479 Form 990 (2011)

Form 990 (2011) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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 neither the organization nor	1	orga	nıza			npen	sate	I	ī				
(A) Name and Title	(B) Average hours per week (describe hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)			verage Position urs per (do not check m box, unless personal describe ours for personal describe perso	Position theck more than one ses person is both an d a director/trustee)			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations			
(1) JACK FANOUS													
CHAIRMAN/EXECUTIVE DIRECTOR	-60.00	X-		Х		_		- 42,704.	0	<u> </u>			
(2) ALEXANDER MANIS VICE CHAIR/DEPUTY DIRECTOR/CI	060 00	X		x			,	42,704.	0	1,199.			
(3) JAMES FANOUS	0 00.00	A	-					42,704.	· · · · · · · · · · · · · · · · · · ·	1,100.			
SECRETARY/DIR-COMMUNICATIONS	60.00	x		x				21,421.	0	С			
(4) NICK MANIS	10.00	.,						0	0	0			
DIRECTOR (5) PETER MANIS	10.00	X	-	_				0	0				
DIRECTOR	6.00	X						C	0	C			
(6)													
(7)													
(8)	-												
_(10)													
					-								
(13)													

an	۵	8

(A) Name and title	(B)	y E11	ipic	((C)	ariu r	11Y	(D) Reportable	(E)		(F) Estimated
Name and the	Average hours per week (describe	box,	unle	heck ss pe d a d	rson	e than o is both or/trust	an	compensation	Reportable compensation from related organizations	n from	amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
	-										
	-										
	-					-					
											
						_					
				-							
	-							-			-
1b Sub-total c Total from continuation sheets to Part VII,	Section A .						> >	106,829. 0 106,829.		0	1,199. 0 1,199.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but no reportable compensation from the organization) 	t limited to t	hose					о ге	<u> </u>	\$100,000 o		1,199.
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche	ficer, directo	or, or	tru	uste ual	e, 	key e	emp	oloyee, or highes	t compensa	nted	Yes No
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than	\$15 	60,0 	00?) If	"Yes	s," (complete Schedu	le J for s	uch · ·	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If '											5 X
Complete this table for your five highest co- compensation from the organization Report year.											
(A) Name and business a	ddress		-					(B) Description of se	ervices	С	(C) ompensation
							-				
Total number of independent contractors more than \$100,000 in compensation from				nite	d to	thos	e li	sted above) who	received		-

	330 (2 3 VIII		O ZONDY ZIN	·	_	20 3000	737 Page 3
(FGII	e vini	Statement of Nevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions)	1,100. 213,154.			1	
ပ္က မွ	h	Total. Add lines 1a-1f	D	214,254.			
	''-	Total. Add lilles fa-11	Business Code	21.,231.			
Program Service Revenue	2a b c d		Business Code				
Progr	f g	All other program service revenue Total. Add lines 2a-2f		0			
	3 4 5	Investment income (including dividends, inter other similar amounts)	oroceeds ▷	0 0			
	6a b c	Gross rents		0			
		Gross amount from sales of assets other than inventory	(II) Other	V			1
	b	Less cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including \$	ATCH 2				
je	b	Less direct expenses b	37,484.			· · · · · · · · · · · · · · · · · · ·	
ŏ	с 9а	Net income or (loss) from fundraising events . Gross income from gaming activities		4,417.	L		4,417.
	ь	See Part IV, line 19 a Less direct expenses b				· 	
	С	Net income or (loss) from gaming activities.	·	0	<u> </u>	1	
	10a	Gross sales of inventory, less returns and allowances a	1				
	1	Less cost of goods sold b Net income or (loss) from sales of inventory.		0			
	۲	Miscellaneous Revenue	Business Code			 -	'
	4.	ADVERTISING INCOME	541800	300.		300.	<u> </u>
	11a		33300	500.		300.	
	b						
	d	All other revenue			· · · · · · · · · · · · · · · · · · ·		
	e	Total. Add lines 11a-11d	⊳	300.			
	12	Total revenue See instructions		218,971.		300.	4,417.

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).

Check if Schedule O contains a responsion of include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and				
organizations in the United States See Part IV, line 21.	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	12,045.	12,045.		
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	108,029.	108,029.		
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section		•		
401(k) and 403(b) employer contributions)	0			· · · · · · · · · · · · · · · · · · ·
9 Other employee benefits	0			
10 Payroll taxes	11,075.	11,075.		
11 Fees for services (non-employees)				
a Management	0			
b Legal	0		6 000	
c Accounting	6,009.		6,009.	
d Lobbying	٥			F 202
e Professional fundraising services. See Part IV line 17	5,393.			5,393
f Investment management fees	11,203.	5 010	1 200	4 005
g Other	11,203.	5,010.	1,388.	4,805
12 Advertising and promotion	33,937.	8,279.	5,092.	20,566
13 Office expenses	0	0,219.	3,092.	20,300
14 Information technology	0			.
15 Royalties	14,963.	12,998.	1,965.	
16 Occupancy	910.	890.	20.	· · · · · · · · · · · · · · · · · · ·
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	o			
	10,880.	2,409.	8,321.	150
19 Conferences, conventions, and meetings	31.		31.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	980.		980.	
23 Insurance	2,359.		2,359.	
24 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	2,862.	250.	2,088.	524
b LICENSES, FEES & TAXES	2,859.	2,444.	415.	
cOTHER AWARDS & GIFTS	1,578.	1,578.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	225,113.	165,007.	28,668.	31,438
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation Check here				
following SOP 98-2 (ASC 958-720)	0			Form 990 (2011

JSA 1E1052 1 000

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Pa	irt X	Balance Sheet		· · · · · · · · · · · · · · · · · · ·			
		•			(A) Beginning of year		(B) End of year
	4	Cash - non-interest-bearing			19,939.	1	24,611.
	2	Savings and temporary cash investments		[C	2	(
	3	Pledges and grants receivable, net		C	3	15,700.	
	4	Accounts receivable, net	[C	4	(
	5	Receivables from current and former officers,	dire	ctors, trustees, key			,
		employees, and highest compensated employee	ees	Complete Part II of			
		Schedule L			C	5	(
	6	Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(s de	fined under section		,	
		employers and sponsoring organizations of se	ction	501(c)(9) voluntary	· · · · · · · · · · · · · · · · · · ·		,
(D		employees' beneficiary organizations (see instruct	ions)		C	6	C
Assets	7	Notes and loans receivable, net			C	7	C
Ass	8	Inventories for sale or use			C	8	C
-	9	Prepaid expenses and deferred charges	,	, . <i></i> <u>.</u>	<u>C</u>	9	
	10a	Land, buildings, and equipment cost or			N		
		other basis Complete Part VI of Schedule D					~*··
	b	Less accumulated depreciation			2,820.		1,840.
	11	Investments - publicly traded securities				11	0
	12	Investments - other securities See Part IV, line 11				12	C
	13	Investments - program-related See Part IV, line 11				13	C
	14	Intangible assets				14	C
	15	Other assets. See Part IV, line 11			950.		0
	16	Total assets. Add lines 1 through 15 (must equal			23,709.		42,151.
	17	Accounts payable and accrued expenses	6,650.		6,734.		
	18	Grants payable				18	24,500.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20 21	0
Liabilities	21	Escrow or custodial account liability Complete		! -	······································	21	· · · · · · · · · · · · · · · · · · ·
iii	22	Payables to current and former officers,				-	
Ë	l	employees, highest compensated employees, a				22	
	22	Complete Part II of Schedule L				23	
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelated				24	
	l .	Other liabilities (including federal income tax, pay				24	······································
	23	parties, and other liabilities not included on lines					
		of Schadule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			6,650.	26	31,234.
		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	•	X and complete			· · · · · · · · · · · · · · · · · · ·
Balances	27	Unrestricted net assets			17,059.	27	10,917.
aja	28	Temporarily restricted net assets	• • •		2,,003,	28	0
9	29	Permanently restricted net assets	• • •		0	29	0
or Fund		Organizations that do not follow SFAS 117, che complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equ	 IIDMe	nt fund		31	
As	32	Retained earnings, endowment, accumulated incomment	ome	or other funds		32	
Net Assets	33	Total net assets or fund balances			17,059.	33	10,917.
_	34	Total liabilities and net assets/fund balances			23,709.	34	42,151.

Form **990** (2011)

Form **990** (2011)

For	m 990 (2011)		_	P	age 12			
P	art XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. 🗀]			
1	Tòtal revenue (must equal Part VIII, column (A), line 12)	1		218,	971.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		225,	113.			
3	Revenue less expenses Subtract line 2 from line 1	3			142. 059.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Other changes in net assets or fund balances (explain in Schedule O)	5						
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,							
	column (B))	6		10,	917.			
Pá	art XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII							
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," ex	φlaın	in	res	No			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X			
b			2 b	X				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versig	ht	-				
	of the audit, review, or compilation of its financial statements and selection of an independent accountar	nt?	20		X			
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O	xplain	in		j ,			
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ear we	re					
	issued on a separate basis, consolidated basis, or both X 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	ın					
	the Single Audit Act and OMB Circular A-133?		3 a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo tl	ne					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	;	3 b					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

THE G	.1. GO FUND, 1	LNC.							20-	-499	0937		
Part I	Reason for Pub	lic Charity Statu	s (All organizations mւ	ıst cor	nplete	this pa	art.) Se	e instru	uctions	·			
The orga	anization is not a priv	vate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x)					
1	A church, convente	on of churches, or	association of churches	descnt	oed in s	section	170(b)	(1)(A)(i)					
2	A school described	in section 170(b)	(1)(A)(ii). (Attach Schedu	le E)									
3	A hospital or a coo	perative hospital s	service organization descr	ibed in	section	on 170(t)(1)(A)	(iii).					
4	·		erated in conjunction w						n 170(b)(1)(<i>A</i>	()(iii).	Enter t	he
<u> </u>	hospital's name, cit	= :	•		•				•	,, ,,			
5			nefit of a college or univ	ersity	owned	d or ope	erated	by a go	vernme	ntal u	nıt des	cribed	ın
LJ	section 170(b)(1)(-	•		•		, ,					
6			or governmental unit des	cnbed	ın seci	tion 170	(b)(1)(A)(v).					
7 X		_	es a substantial part of it						it or fro	om the	e aene	ral pub	lic
	-	•	. (Complete Part II)			J					J	•	
8			on 170(b)(1)(A)(vi). (Con	nolete l	Part II))							
9			es: (1) more than 331/3%				contrib	outions.	membe	ership	fees. a	and arc	SS
	-	-	exempt functions - sub									_	
			ome and unrelated busi	-									
			ne 30, 1975 See section				•			,			
10	_	-	ted exclusively to test for	-				-).				
11			rated exclusively for the							or to	carry	out t	he
	_	-	ipported organizations de										
			es the type of supporting										
	a Type I	b Type		-		nally inte			d	_	e III - O	ther	
e	By checking this	box, I certify that	the organization is not			-	-	irectly I	oy one	or m	ore di	squalıfı	ed
			gers and other than one										
	509(a)(1) or sectio				•		-						_
_f -	If the organization	received a writte	n determination from th	e IRS	that it	ıs a T	ype I, T	Гуре II,	or Type	e III s	upport	ing	
	organization, check					•		•					7
g	Since August 17, 2	006, has the orga	nization accepted any gif	t or co	ntribut	on from	any of	f the					_
_	following persons?	-					•						
			ectly controls, either alor	ne or t	ogeth	er with	persor	ns desci	ibed in	(II)		Yes N	•
		-	dy of the supported organ		-		•			` ,	11g(ı)		
	(ii) A family meml	ber of a person des	scribed in (i) above?		• •						11g(II)		_
	· ·		on described in (i) or (ii) a	bove?	•••						11g(iiı)		
h	Provide the following	ng information abo	ut the supported organiz	ation(s).).								_
(i) N	lame of supported	(ii) EIN	(iii) Type of organization	(IV)	Is the	(v) Did y	ou notify	(vi) !	s the	(v	ıı) Amoı	unt of	_
	organization		(described on lines 1-9		zation in listed in		anization	organization in			suppo	rt	
			above or IRC section (see instructions))	your g	overning ment?		(i) of	col (i) o					
				Yes	No	Yes	No	Yes	No				
			17									-	_
(A)				1									
(B)													
	· · · · · · · · · · · · · · · · · · ·										****		
(C)					ļ								
							-						
(D)													
				 	·	<u> </u>							_
(E)													
				†		1							_
Total]							
	rwork Reduction Act I	Notice, see the Instru	ctions for	•	1			Scl	nedule A	(Form	990 or 99	30-EZ) 20	<u> </u>
	or 990-EZ.	,										,,	

Page 2

Par	Support Schedule for Or (Complete only if you chec Part III. If the organization f	ked the box or	n line 5, 7, or 8	3 of Part I or if	the organizati	on failed to qu	
Sec	tion A. Public Support			,	F		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Ou.o.	ndar year (or illustrative beginning in)	<u>-</u>		,,	3		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			82,955.	74,680.	214,254	371,889.
2	Tax revenues levied for the organization'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			18,000.	9,400.	9,400.	36,800.
4	Total. Add lines 1 through 3			100,955.	84,080.	223,654.	408,689.
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	<u>.</u> ,					408,689.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			100,955.	84,080.	223,654.	408,689.
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			9,254.	13,354.	300.	22,908.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH. 1				wa wa wa ka in	4,417.	4,417.
11	Total support. Add lines 7 through 10					•	436,014.
12	Gross receipts from related activities, etc. (s	see instructions).				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2011 (li						<u>%</u>
15	Public support percentage from 2010						%
16a	331/3% support test - 2011. If the o	organization did	not check the	box on line 13,	and line 14 is	331/3% or mor	e, check
	this box and stop here. The organization	on qualifies as a	a publicly suppor	rted organizatioi	n		▶ 📖
þ	331/3% support test - 2010. If the o	organization did	I not check a b	ox on line 13 o	ir 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The org	•		• • •			▶ 🔲
17a	10%-facts-and-circumstances test - 2	2011. If the org	ganization did n	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization						•
	Part IV how the organization meets t	the "facts-and-o	circumstances" to	est The organiz	zation qualifies	as a publicly st	upported
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization				-	•	publicly
	supported organization						▶ 🔲

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011

Schedule A	(Form 99)	0 or 990-EZ) 2011

			•	Organizations	_		•	E00/ 1/01
Z-14 Z II E	SUDDOPT	Schodulo	tor	()raanizatione	1116	SCCEINAG IN	SACTION	500(207)
	Support	JUNEURIE	101	Oi Gainzauons	v	3011064 111	Section	JUJIANZI

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
•	received (Do not 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					i			
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								
6	Total. Add lines 1 through 5								
7 a	Amounts included on lines 1, 2, and 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								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6)								
Sec	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
9	Amounts from line 6	-		-					
10a	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from similar								
	sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in 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 IV)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12)					<u> </u>			
14	First five years If the Form 990 is for	-			-				
	organization, check this box and stop here					· · · · · · · · · · · ·	▶		
	tion C. Computation of Public Sup					11			
15	Public support percentage for 2011 (line 8					15	<u>%</u>		
16	Public support percentage from 2010 Sche					16	%		
	tion D. Computation of Investmen			10 1 10		1	^,		
17	Investment income percentage for 2011 (ii					17	<u>%</u>		
18	Investment income percentage from 2010					18	%_		
19a	331/3% support tests - 2011. If the or	_							
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.								
b	b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.								
			•	-	•	• • •			
20	Private foundation. If the organization	aid not check	a box on line	14, 19a, or 19b	, cneck this bo	ox and see instr	uctions >		

Schedule A (Form 990 or 990-EZ) 2011

Page 4

Schedule A (1 c	7111 990 OF 990-L2/2011						raye •	
	Supplemental Inform Part II, line 17a or 17 instructions).							
SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION		2007	2008	2009	2010	2011	TOTAL	
NET INCOME-	FUNDRAISING EVENTS					4,417.	4,417.	
TOTALS						4,417.	4,417.	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C

 Section 527 	organizations [.] Com	plete Part I-A only				
If the organizatio	n answered "Yes"	to Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line 47	(Lobbying Activities), then		
• Section 501(c)(3) organizations	that have filed Form 5768 (election un	der section 501(h)) Co	mplete Part II-A Do not com	iplete Part II-B.	
• Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)) Complete Part II-B Do no	t complete Part II-A	
If the organizatio	n answered "Yes"	to Form 990, Part IV, line 5 (Proxy Ta	x) or Form 990-EZ, Par	t V, line 35c (Proxy Tax), th	en	
Section 501(c)(4), (5), or (6) org	ganizations Complete Part III				
Name of organizatio	1			Employer identi	fication number	
THE G.I. GO	FUND, INC.	•		20-49	90937	
		organization is exempt under s	section 501(c) or is	s a section 527 organ	ization.	
		organization's direct and indirect p				
Part I-B Co	mplete if the o	rganization is exempt under s	ection 501(c)(3).			
1 Enter the a	mount of any ex	cise tax incurred by the organization	n under section 495	5 ▶ \$	 	
2 Enter the a	amount of any exc	cise tax incurred by organization ma	anagers under secti	on 4955 , , ▶ \$		
3 If the orga	nization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes N	No
					Yes	No
	scribe in Part IV.					
		organization is exempt under s			<u>). </u>	
	•	expended by the filing organization		•		
		ng organization's funds contributed				
		es				
		enditures Add lines 1 and 2 Ent				
		. <u> </u>				
		e Form 1120-POL for this year?				Νo
		and employer identification numb				
		is For each organization listed, en tributions received that were prom				
		nd or a political action committee (
				Ī		
(a) i	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of politica contributions received a	
		d L		funds If none, enter -0-	promptly and directly	y
					delivered to a separate political organization	
					none, enter -0-	
1)						
.",						
2)				-		
.~,						
3)						
,						
4)						
(5)						
<u> </u>	·					
(6)						
				i		

Schedule C (Form 990 or 990-EZ) 2011

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

Schedule C (Form 990 or 990-EZ) 2011

Grassroots ceiling amount
 (150% of line 2d, column (e))

f Grassroots lobbying expenditures

	(election under section 501(h)).	(a	2)	Γ		(b)	
	ch "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed description obbying activity.	Yes	No			ount	
1 D	uring the year, did the filing organization attempt to influence foreign, national, state or local						
le	gislation, including any attempt to influence public opinion on a legislative matter or						
	eferendum, through the use of	<u> </u>					
a V	olunteers? and staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х					
		X	Х				
	ledia advertisements?		X				
		х					
	ublications, or published or broadcast statements?		X				
	rect contact with legislators, their staffs, government officials, or a legislative body?	\mathbf{x}					_
	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
	ther activities?		Х				
j T	otal Add lines 1c through 1i						
a D	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b If	"Yes," enter the amount of any tax incurred under section 4912						
	"Yes," enter the amount of any tax incurred by organization managers under section 4912						
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part l	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5)	, or s	ectio	n		
						Yes	N
	/ere substantially all (90% or more) dues received nondeductible by members?				. 1		╄
	id the organization make only in-house lobbying expenditures of \$2,000 or less?				2	-	╄
Part-l	II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
1 D	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes." ues, assessments and similar amounts from members			rt III- <i>F</i>	A, line	3, is	
2 S	ection 162(e) nondeductible lobbying and political expenditures (do not include amoun political expenses for which the section 527(f) tax was paid).	nts o	of	,	<u>_</u>		
a C	urrent year			2a			
	arryover from last year			2b			
	otal			2c			
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3			
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of						
	ccess does the organization agree to carryover to the reasonable estimate of nondeductible lob nd political expenditure next year?	•	Ĭ	4			
	axable amount of lobbying and political expenditures (see instructions)	• • •	٠	5			
Part I		• • • •	• • •				
Comple 1. Also	ete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, complete this part for any additional information PAGE 4	5, Pa	rt II-A	, and	Part II	-B, line	
	·						
							- - -
							

Page 4

Part IV . Supplemental Information (continued)

SCH C, PT II-B

THE ORGANIZATION PERFORMS NOMINAL GRASSROOTS LOBBYING THROUGH ITS WEEKLY RADIO SHOW, VETERANS NOW. THE SHOW, WHICH SERVES AS AN ADVOCACY FORUM FOR ALL ISSUES PERTAINING TO VETERANS, SPENDS A MINIMAL AMOUNT OF TIME INFORMING THE LISTENERS ABOUT CURRENT VETERANS RELATED LEGISLATION AND CALLING ON CONCERNED CITIZENS TO CONTACT THEIR LEGISLATORS TO VOICE THEIR OPINIONS ON CURRENT LEGISLATION. THE ORGANIZATION DOES NOT BELIEVE THAT ITS COST FOR THIS ACTIVITY IS SUBSTANTIAL WITHIN THE MEANING OF IRC SECTION 501(C)(3). IN ADDITION, VOLUNTEERS OF THE ORGANIATION HAVE BEEN CALLED UPON BY THE NJ STATE LEGISLATURE AND THE US SENATE TO PROVIDE EXPERT TESTIMONY REGARDING CERTAIN VETERAN RELATED ISSUES. SUCH TESTIMONY IS NOT CONSIDERED TO BE LOBBYING ACTIVITIES UNDER THE INTERNAL REVENUE CODE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Denartment of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

Employer identification number

THE G.I. GO FUND, INC. 20-4990937 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year)..... Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Number of conservation easements on a certified historic structure included in (a) | 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

1E1268 1 000

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

Schedule D (Form 990) 2011

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age	Z

Par	t III Organizations Maintaining Colle	ections of A	Art, Histo	rical Tre	easures	s, or	Other	Similar As	ssets (d	ontinued))
3	. Using the organization's acquisition, access collection items (check all that apply)	ssion, and o	ther reco	ds, chec	k any o	f the	follow	ing that ar	e a sigr	nficant use	e of its
а	Public exhibition		d	Loa	n or ex	chan	ge prog	rams			
b	Scholarly research		е	Oth	er						
С	Preservation for future generations	;	<u> </u>								
4	Provide a description of the organization's	collections	and expl	ain how t	they fur	ther	the org	anization's	exemp	purpose	ın Part
	XIV.										
5	During the year, did the organization solicit	or receive do	onations o	of art, hist	orical tr	easur	es, or c	ther simila	r		
	assets to be sold to raise funds rather than t								_	Yes	No
Par	line 9, or reported an amount or	nents. Com Form 990	plete if t , Part X,	he orgar line 21.	nization	ans	wered	"Yes" to F	orm 99	0, Part IV	,
	Is the organization an agent, trustee, custod included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV									Yes	No
								An	nount		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance										
2a	Did the organization include an amount on I	Form 990, P	art X, line	21?					[Yes	No
b	If "Yes," explain the arrangement in Part XIV	i						-			
Par	t V Endowment Funds. Complete if	the organi	zation ar	swered	"Yes" t	o Fo	rm 990	, Part IV, I	ine 10.		
		rrent year	(b) Pric	or year	(c) Tw	o year	s back	(d) Three ye	ars back	(e) Four year	
1 a	Beginning of year balance									(中國) (1)	
b	Contributions		_							4 2.4×= 30	
С	Net investment earnings, gains,				ļ					4	
	and losses									يِّ مُنْ أَوْ يَعِيدُ	
	Grants or scholarships									بايد ر ڪ	<u> </u>
e _	Other expenditures for facilities .		-						-		,
	and programs										!
f	Administrative expenses									*	
g	End of year balance						l				
2	Provide the estimated percentage of the cur			e (line 1g,	column	(a))	held as				
а	Board designated or quasi-endowment ▶_		_%								
þ	Permanent endowment ▶ %										
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c sho										
3 a	Are there endowment funds not in the poss	ession of the	e organiza	ation that	are hel	d and	d admin	istered for t	he		
	organization by:									Ye	s No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(ii), are the related organization		•						• • • •	3 b	
4_	Describe in Part XIV the intended uses of the										
Par		1		ırt X, line	10.						
	Description of property	(a) Cost or o (investr			or other ba other)	isis		umulated eciation	(0	1) Book value	
1 a	Land										
b	Buildings										
С	Leasehold improvements			ļ							
d	Equipment				2,9	40.		1,100.		1	,840.
e	Other						_				
Tota	I. Add lines 1a through 1e (Column (d) mus	t equal Form	990, Part	X, colum	n (B), lin	e 10((c).)	<u> ▶ </u>			,840.
										ula D (Form	ロロハン つんイイ

		~
2	10	-34

Part VIII	Investments - Other Securities. See	Form 990, Part X, lin	e 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
(1) Financia	al derivatives			
	-held equity interests			
(3) Other				
(A)		·		
-+(B)				
(C)		-		
(D) (E)		-		
(F)				
(G)				
(H)		-		
(I)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIIII	Investments - Program Related. See	Form 990, Part X, lin	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		<u> </u>		
(8)				
(10)				
	1 (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Part X,	1		
		a) Description		(b) Book value
(1)				
(2)		<u>.</u>		
(3)				
(4)				
(5)		.		
(6)				
(7)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part			
1.	(a) Description of liability	(b) Book valu	ne	
(1) Feder	al income taxes			
(2)				
_(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, col (B) line 25	5) >		
-	ASC 740) Footpote In Part XIV, provide the		the assessment statement	- 45 -4 4- 45 -

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

_	ule D (Form 990) 2011						Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audi	ted F	Financ	ial Statem	ent	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1		218,971.
2	Total expenses (Form 990, Part IX, column (A), line 25)				2		225,113.
3	•Excess or (deficit) for the year Subtract line 2 from line 1				3		-6,142.
4	Net unrealized gains (losses) on investments				4		
5	Donated services and use of facilities				5		
6	Investment expenses				6	<u> </u>	
7	Prior period adjustments				7	l	
8	Other (Describe in Part XIV.)	· · ·			8		
9	Total adjustments (net). Add lines 4 through 8			1	9		
10	Excess or (deficit) for the year per audited financial statements Combine lines						-6,142.
Part	XII Reconciliation of Revenue per Audited Financial Statements W	_					,
1	Total revenue, gains, and other support per audited financial statements			ic per rec		1	265,855.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • •			· 43	1900	
- a		2a	1			7	
b	Net unrealized gains on investments Donated services and use of facilities	2b	1	9,40	<u></u>		
	Recoveries of progressing grants				<u> </u>	" \	
c d	Recoveries of prior year grants	2c	$\overline{}$	37,48	, ^		
-	Other (Describe in Part XIV)	2d					16 001
e	Add lines 2a through 2d				· [-	2e	46,884.
3	Subtract line 2e from line 1		· · · ·			3	218,971.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				,-	****	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		····-	مّد 🗕	أتسيد	
b	Other (Describe in Part XIV)	4b			794	MENN	
С	Add lines 4a and 4b					4 c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5	218,971.
Part	XIII Reconciliation of Expenses per Audited Financial Statements W	ith E	Expens	ses per Re	eturi	<u>1</u>	
1	Total expenses and losses per audited financial statements				. L	1	271,997.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a		9,40	0.		
b	Prior year adjustments	2b				ļ	
C	Other losses	2c					
d	Other (Describe in Part XIV)	2d		37,48	4.		
е	Add lines 2a through 2d				\Box :	2e	46,884.
3	Subtract line 2e from line 1					3	225,113.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b		· I		┤.	4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			• • • • • •	• 🖯	5	225,113.
	XIV Supplemental Information	·	· · · · ·		<u>•) </u>	<u> </u>	
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d ditional information	t III, I 2d ar	lines 1a	a and 4, Par Also compl	t IV, ete t	lines his pa	1b and 2b, art to provide
SEE	PAGE 5						
					. – – -		

Part XIV Supplemental Information (continued)

PART.XII AND PART XIII - LINE 2D

FUNDRAISING EVENTS EXPENSES - \$37,484

PART X, LINE 2

THE FOLLOWING REPRESENTS THE FIN 48 (ASC 740) FOOTNOTE DISCLOSURE

INCLUDED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE YEARS

ENDED FEBRUARY 29,2012 AND FEBRUARY 28,2011:

THE ORGANIZATION'S ACCOUNTING POLICY IS TO EVALUATE UNCERTAIN TAX

POSITIONS IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC)

TOPIC 740 "INCOME TAXES". PURSUANT TO THE GUIDANCE IN THIS ACCOUNTING

PRONOUNCEMENT, THE ORGANIZATION HAS DETERMINED THAT NO UNRECOGNIZED TAX

BENEFITS EXIST AS OF FEBRUARY 29,2012 AND FEBRUARY 28,2011 AND DOES NOT

EXPECT THIS DETERMINATION TO CHANGE SIGNIFICANTLY OVER THE NEXT 12

MONTHS. THE ORGANIZATION HAS NOT INCURRED ANY INCOME-TAX RELATED

PENALTIES FOR THE YEARS ENDED FEBRUARY 29, 2012 AND FEBRUARY 28,2011 AND

HAS NO OPEN TAX YEARS SUBJECT TO EXAMINATION PRIOR TO FEBRUARY 29, 2008.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number 20-4990937 THE G.I. GO FUND, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants C Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 2 3 6 7 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2011

-	_	e G (Form 990 or 990-EZ) 2011				Page 2
Pa	rt I	Fundraising Events. Complete than \$15,000 of fundraising ever	_			•
		gross receipts greater than \$5,0	-			
		•	(a) Event #1 VETS DAY GALA	(b) Event #2	(c) Other Events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	43,001.			43,001.
ጁ	2	Less Charitable contributions	1,100.			1,100.
	3	Gross income (line 1 minus line 2)				41,901.
		mic 2)	,			
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	10,396.			10,396.
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment	1,000.			1,000
	9	Other direct expenses	26,088.			26,088.
	10		4 through 9 in column (d)	·		(37,484.) 4,417.
		Net income summary. Combine line				<u> </u>
Γē	rt l	Gaming. Complete if the org than \$15,000 on Form 990-E		es to Form 990, Par	TIV, line 19, or repo	rtea more
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	4	Grace reveaue	-	-		-
	. !	Gross revenue				
benses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes%	111
			<u> </u>			
		Direct expense summary Add lines 2				,
	8	Net gaming income summary Comb	oine line 1, column d, and	I line 7	· · · · · · · · · · · · · · · · · · ·	
9		inter the state(s) in which the organiza				
i		s the organization licensed to operate of "No," explain	gaming activities in each			. Yes No
	-					
		Vere any of the organization's gaming "Yes," explain	licenses revoked, suspe			. Yes No

Sched	ule G (Form 990 or 990-EZ) 2011 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in
а	The organization's facility
Ь	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming
ıJa	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party.
	Name ►
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
-	Director/officer Employee Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Part	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2011

SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Inspection

å (h) Purpose of grant or assistance • to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. X Yes Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 20-4990937 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant the selection criteria used to award the grants or assistance? (c) IRC section if applicable Part II can be duplicated if additional space is needed Series General Information on Grants and Assistance (b) E!N (a) Name and address of organization or government THE G.I. GO FUND, INC. Name of the organization(7)

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<u>(8</u>

<u>(6)</u>

(19

(11)

(12)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) (2011)

THE G.I. GO FUND, INC.

Schedule I (Form 990) (2011)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(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
1 EMERGENC	EMERGENCY FINANCIAL ASSISTANCE	.9	5,819.			
2 \$50 SUPE	2 \$50 SUPERMARKET GIFT CARDS	131.	6,226.			
ო			-			
4			_			
ທ			_			
9						
7			_			
Part IV S	Supplemental Information. Complete this part	is part to pro	vide the informat	tion required in	Part I, line 2, and any	t to provide the information required in Part I, line 2, and any other additional information

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

THE G.I. GO FUND, INC.

Employer identification number 20-4990937

PART VI, SECTION A, LINE 2

ALL MEMBERS OF THE GOVERNING BODY HAVE FAMILY RELATIONSHIPS AMONGST THEMSELVES.

PART VI, SECTION B, LINE 11B

THE OFFICERS OF THE BOARD OF DIRECTORS, WHO ALSO SERVE AS MANAGEMENT OFFICIALS, WERE RESPONSIBLE FOR REVIEWING THE FORM 990 OF THE ORGANIZATION. A COPY OF THE COMPLETED FORM 990 WAS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS PRIOR TO SUBMISSION.

PART VI, SECTION B, LINE 12C

THE_ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN-PLACE TO ADDRESS ANY AND ALL CONFLICTS THAT ARISE, ARE REPORTED OR ARE OTHERWISE DISCOVERED. OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS ARE UNDER A DUTY TO DISCLOSE POSSIBLE CONFLICTS OF INTEREST. ANY CONFLICTS ARE REFERRED TO THE DISINTERESTED MEMBERS OF THE BOARD FOR DISCUSSION AND RESOLUTION.

PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST, ON A DISCRETIONARY BASIS.

Name of the organization THE G.I. GO FUND, INC.

Employer identification number 20-4990937

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE ORGANIZATION PROVIDES ASSISTANCE TO VETERANS IN THE FOLLOWING WAYS. AT THE CORE IS THE HISTORIC PARTNERSHIP WITH THE CITY OF NEWARK (NJ) TO CREATE THE G.I. GO VETERANS TRANSITION CENTER OF NEWARK LOCATED IN NEWARK CITY HALL. FROM THIS CENTRALIZED LOCATION THE ORGANIZATION PROVIDES TRANSITION AND EMPLOYMENT SERVICES INCLUDING RESUME WRITING AND CAREER COUNSELING WORKSHOPS, MEDICAL AND HOMELESS OUTREACH EVENTS, AS WELL AS EDUCATION AND CAREER FAIRS. THE ORGANIZATION ALSO HELPS VETERANS NAVIGATE THE VETERANS ADMINISTRATION (VA) BENEFITS AND OTHER VETERAN SERVICES TO SECURE BENEFITS AND PROVIDES EMERGENCY FINANCIAL OR OTHER ASSISTANCE FOR VETERANS IN DIRE NEED OR WHOSE LIVES HAVE BEEN NEGATIVELY IMPACTED BY NATURAL DISASTERS AND OTHER CATASTROPHIC EVENTS.

ATTACHMENT	2	·

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION

AMOUNT

VETERANS DAY GALA

1,100.

TOTAL

1,100.

Name of the organization THE G.I. GO FUND, INC. Employer identification number

20-4990937

ATTACHMENT 3

FORM.990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION VETERANS DAY GALA

DIRECT GROSS INCOME

EXPENSES

NET INCOME

41,901.

37,484.

4,417.

TOTALS

41,901.

37,484.

4,417.

Schedule O (Form 990 or 990-EZ) 2011