

Short Form Return of Organization Exempt From Income Tax

2011

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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ 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 , 2011, and ending , 20

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
PROJECT GET OUTDOORS, INC.

D Employer identification number

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 51

E Telephone number

City or town, state or country, and ZIP + 4
WINONA MN 55987

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)		Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	896	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	896	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	28,246	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	5933
	14 Occupancy, rent, utilities, and maintenance	14	561
	15 Printing, publications, postage, and shipping	15	286
	16 Other expenses (describe in Schedule O)	16	13,435
17 Total expenses. Add lines 10 through 16 ▶	17	20,215	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8031
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	14,972
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-10
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	22,993

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	14,972	22 22,993
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	14,972	25 22,993
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,972	27 22,993

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? To facilitate outdoor experiences that create healthy kids.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>Project GO assists MN communities to design, implement & sustain their own unique after-school programs that connect children in grades K-8 to nature exploration & outdoor learning. In 2011 1000 children participated in 14 program sites in 9 communities in 6 counties. 100+ adults gave 1000+ volunteer hours.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LARRY GATES PO BOX 51, WINONA MN 55987	President, 1	0	0	0
TONY DEBUSK PO BOX 51, WINONA MN 55987	Vice-President, 1	0	0	0
JON HOLGER PO BOX 51, WINONA MN 55987	Treasurer, 1	0	0	0
KATE O'GRADY PO BOX 51, WINONA MN 55987	Secretary, 1	0	0	0
SARA GROVER PO BOX 51, WINONA MN 55987	Coordinator/ Board Member, 10	984	0	2331
BRIAN HUBBARD PO BOX 51, WINONA MN 55987	Board Member, 1	0	0	0
PATRICK JIRIK PO BOX 51, WINONA MN 55987	Board Member, 1	0	0	0
ANDREA LOREK STRAUSS PO BOX 51, WINONA MN 55987	Board Member, 1	0	0	0
CHRIS DERAUF PO BOX 51, WINONA MN 55987	Board Member, 1	0	0	0
CINDY SAMPLES PO BOX 51, WINONA MN 55987	Board Member, 1	0	0	0
TERRY ERICKSON PO BOX 51, WINONA MN 55987	Executive Director, 10	0	0	0