₹ Form. 990,-EZ

Short Form Return of Organization Exempt From Income Tax

20

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, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

Open to Public Inspection

OMB No. 1545-1150

A	For the	2007 calend	lar year	r, or tax year beginning	May 1	, 2007, and er	nding	Apr	il 30	, 20	08
В	Check if a	pplicable.	Please	C Name of organization				D Emplo	yer ider	ntification num	nber
	Address change use IRS The Great			The Great Outdoors Activi	ctivities Committee, Inc.			27 22683			
닏	Name chi	-	priest or	Number and street (or P.O. box,	, if mail is not delive	red to street address	Room/suite	E Telepi	none nu	mber	
H	initial retu Terminatu		type. See	145 Plantation Drive				(321	i)	264-239	3
H	Amended		Specific	City or town state or country a	and ZTP + 4			F Group		tion	
N		on pending	Instruc- tions.	Titusville, FL 32780				Numb	•	>	
=				rations and 4947(a)(1) nonexem	ot charitable to	rsts must attach	G Accou	ntina me	thod:	☐ Cash 📝	Accusal
	- 0000	on sortones	_	mpleted Schedule A (Form 990	•			(specify)			,
_										rganization	
	Websit	te: ▶						required		•	
-			check of	nly one)—	ert no.) 1 494	7(a)(1) or 527		•		990-EZ, or 9)90-PF)
_											
			_	on is not a section 509(a)(3) supp ization chooses to file a return, b		-	apis are nom	ташу пот	more tha	an \$25,000. A	, rewm is
				ine 9 to determine gross receipts; i			ad of Form 0	00.F7	▶\$		
	_			enses, and Changes in N						eta esticas \	
	art I					runu balances	(See page	s 22 Oi		structions.)	
	1			s, grants, and similar amounts		-0-11/CD	-		1		E2 040
	2	_		revenue including governmer	nt fees and deal	tracks VED.	G· · ·		2		52,048
	3		•	s and assessments			S		3		
	4	Investmen	t incom	ne	e ui	N. 5. 2. 50711	0.		4		317
	5a	Gross amo	ount fro	om sale of assets other than	inventory 1941				<i>i</i>		
	Ь	Less: Cost	or our	er dasis and sales expenses	· · · · · · · · · · · · · · · · · · ·		E.S.				
•	C	Gain or (los	s) from	sale of assets other than invento	ory. Subtract line	50 morth line 54 (atta	ach schedule	e)	5c		
Revenue	6	Special eve	ents and	d activities (attach schedule). It	fany amount is	from gaming, che	ck here				
8	а	Gross reve	enue (n	ot including \$	of contr	ibutions					
æ	1	reported o		_		6a			i I		
	Ь			enses other than fundraising o					1 1		
	C	c Net income or (loss) from special events and activities. Subtract line 6b from line 6a							6c		
	7a										
	Ь								i i		
	c	c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a							7c		_
	8	and the second s						8			
	9			Add lines 1, 2, 3, 4, 5c, 6c, 7d	c, and 8			. •	9		52,365
	10	Grants and	d simils	ar amounts paid (attach sche	-dule)				10		
	11			• •				• • •	11		
ø	1	•		ompensation, and employee					12		
Expenses	13			and other payments to inde				· · .	13		
<u>6</u>	14			• •	•		• • •	• • •	14		
ŏ	15	Occupancy, rent, utilities, and maintenance						• •	15		
	16			(describe ► see schedule					16		45,342
	17			A 4.4 Page 40 Ab accord 40				▶	17		45,342
	18			t) for the year. Subtract line 1					18		7,023
Net Assets	10		•	nd balances at beginning of							
8	19			no balances at beginning of re reported on prior year's re				e willi	19		21,620
ž	20			net assets or fund balances		ation)		• • •	20		
ž	21			nd balances at end of year. C					21		28,643
Р	art II			s—If Total assets on line 25,						f Form 990-	
4	ai t ii	Dalarioc				, (200,000 0, 1110)		insting of y		(BS) End of ye	
			•	See page 60 of the instructio	•		\$4 .ccg		70 22		36,761
		h, savings,					 	23,1	23	 	30,701
23	s Land	d and buildi	ngs .	Proposid expense cons			-	122	250 24		1 150
24			escribe	Prepaid expense, conc	EI IS)			20 25		1,150
2	Tota	al assets .		Defermed Income acre	onte coscon f	ckate	 				37,911
20	5 Tot	al liabilities	(descri	be Deferred Income con	Certs season to	ith line 21	ļ		00 26	-	9,268 28,643
- 2	, net	assets of	una ni	avances nue 2/ Of COMMO (C	aniusi aurut y	nuiwezi)	,	∠ 1,0	4012/	,	Z0.043

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

Form **990-EZ** (2007)

Cat. No 106421

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)							Evnor	eee		
								Expenses (Required for 501(c)(3)		
Wha	What is the organization's primary exempt purpose? see schedule							anizal	tions	
	Describe what was achieved in carrying out the organization's exempt purposes, in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.							(1) tri others		
	Concerts, revenue \$19.806		•	юдиши	uc.	- -				
28	Concerts, revenue \$15,000	•••••								
						1				
	(Grants \$) If this amount incli	udes foreign grants, check	horo	.	Π	28a		16	6,237	
	Dances rovenue \$12.700		 -		_				<u> </u>	
29 .										
•						1				
	(Grants \$) If this amount incli	udes foreign grants, check	here	>	ñ	29a		1:	3,876	
	Socials, concessions and other events Revenue			<u> </u>					<u> </u>	
30 .										
i	(Grants \$) If this amount incli	udes foreign grants, check	here	. ▶		30a		•	9,361	
	Other program services (attach schedule)									
((Grants \$) If this amount inclu	udes foreign grants, check	here	. •		31a				
32	Total program service expenses. Add lines 28a th	rough 31a	<u></u>		•	32		39	9,474	
Pa	rt IV List of Officers, Directors, Trustees, and Key	Employees (List each one eve	n if not compensate	d. See pa	age 6	1 of the	instru	ctions	.)	
	(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contr employee b				Expens		
		devoted to position	enter -0)	deterred co				allowar		
Ali	ce Austin									
_	usville, FL 32780	President, 5 hours	-0-			0-			0-	
	b Yetter	Mr B March Obs								
	usville, FL 32780	Vice President, 2 hours	0-			0-			<u>0-</u>	
	n Haliday	Tananana E bassa	_			_			_	
	usville, FL 32780	Treasurer, 5 hours	0-	ļ		0-			0-	
	deline DeFrancesco	Secretary, 2 hours		1		_				
	rusville, FL 32780		0-			0-		V	0-	
ře	rt V Other Information (Note the statemer						Т	Yes	NO	
33	Did the organization make a change in its activitie	s or methods of conducting	ng activities? If "Y	es," atta	ch a				١,	
	detailed statement of each change				•	•	33		 ✓	
34	Were any changes made to the organizing or gov	eming documents but not	reported to the IF	RS? If "Y	œ,"		24		1	
	attach a conformed copy of the changes					•	34		 •	
35	If the organization had income from business activities,	•			buti	not				
	reported on Form 990-T, attach a statement explaining								1	
а	Did the organization have unrelated business gros	•	e or 6033(e) notic	e, reporti	ing, a	and	35a		1	
	proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for				-	•	35b		┢╌	
					•	 h .				
36	Was there a liquidation, dissolution, termination, o	or substantial contraction of	uring the year? II	res, a	illaci	па	36		1	
27-		iract as described in the in	etructione > 37	a	-	-0-		-	<u> </u>	
	274 Citter attrount of postucial experimentales, direct of indirect, as described in the instructions.					37ь		1		
	•	=	tructee or key er	nnimæe	or w	oro				
JOd	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?						38a		✓	
	If "Yes," attach the schedule specified in the line		- 1	1	•	• •				
	involved		38	ь] .]	
39	501(c)(7) organizations. Enter:]		1	
_	Initiation fees and capital contributions included of	n line 9	39	a		-0-	1			
	Gross receipts, included on line 9, for public use		39	ь		-0-			<u> </u>	

_	
Page	-

Par	rt V	Other Information (Note the statement requirement in General Instruction V.)	(Contii	nued)					
40a.		organizations. Enter amount of tax imposed on the organization during the year und 4911 ▶; section 4912 ▶; section 4955 ▶	ler:		_	155			
þ	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the vear or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.						No		
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958								
d	Enter amount of tax on line 40c reimbursed by the organization ▶								
	All orga	nizations. At any time during the tax year, was the organization a party to a prohibite ion?	d tax sh	elter	40		1		
41	List the	states with which a copy of this return is filed. ► Florida			204				
42 a	The boo	ks are in care of ▶ Ruth Falusi Tele				264-2393			
	Located	at ▶ 145 Plantation Drive, Titusville, FL	ZIP + 4	▶	32	780			
Ь		ime during the calendar year, did the organization have an interest in or a signature of				W			
	over a	inancial account in a foreign country (such as a bank account, securities account,	or other	financ	ial 👝		No /		
	account	, , , , , , , , , , , , , , , , , , , ,			421	}	 '		
		enter the name of the foreign country: ►			-	1	İ		
		instructions for exceptions and filing requirements for Form TD F 90-22.1.					١,		
C	-	ime during the calendar year, did the organization maintain an office outside of the L	J.S.?		. 42	<u>:</u>	1.4		
		enter the name of the foreign country: ▶			_				
43	Section and ent	4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Che er the amount of tax-exempt interest received or accrued during the tax year	ck here ▶	43	1	•	▶∟		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	statemen	ts, and to	o the best of	my kno	wiedge wiedne		
Plea			,	1	Ι .	J.y .C.C	mougo.		
Sign	10/m bull 0/21/2011								
Hen	1 4	Signature of offices Date							
	·]	John Gould, Assistant Treasurer							
		Type or print name and title.	Т			5 0			
Paid	2000	Preparer's signature signature signature					L INSE. A)		
Use		im's name (or yours self-employed),	EIN	>	<u>; </u>				
		address, and ZIP + 4 Phone no. ▶ (
					Form 9	90-EZ	. (2007)		

8:02 PM 06/21/11 · Accrual Basis ·

The TGO Activities Committee, Inc. Balance Sheet As of April 30, 2008

	Apr 30, 08
ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	11,112
BINGO Money Market Account PETTY CASH	25,317
Petty Cash Concession Register Petty Cash ACE Office Register	107 225
Total PETTY CASH	332
Total Checking/Savings	36,761
Other Current Assets PREPAID EXPENSE	
Deposit Valentine Dance	750
Deposits on Concert Series	400
Total PREPAID EXPENSE	1,150
Total Other Current Assets	1,150
Total Current Assets	37,911
TOTAL ASSETS	37,911
LIABILITIES & EQUITY Liabilities	
Current Liabilities Other Current Liabilities	
DEFERRED INCOME	
Deferred Income Concerts Deferred Income Concert # 3	400
Deferred income Concerts - Other	-182 9,260
Total Deferred Income Concerts	9,078
DEFERRED INCOME - Other	190
Total DEFERRED INCOME	9,268
Total Other Current Liabilities	9,268
Total Current Liabilities	9,268
Total Liabilities	9,268
Fauity	

Equity
Opening Bal Equity
Retained Earnings
Net Income

Total Equity

TOTAL LIABILITIES & EQUITY

27-2268316

Fiscal Year ended April 30,2008

Form 990-EZ 2007

* Part I, Line 16, Other expenses

Program costs \$39,474
Insurance expense 751
Supplies 1,845
Equipment/rental 2,223
Miscellaneous 1,049
\$45,342

Part II, Line 24, Other assets

	Beg of Yr	<u>End of Yr</u>
Prepaid expense	\$1,250	\$1,150

Part II, Line 26, Total Liabilities

Deferred Income 9,400 9,268

Part III, Primary exempt purpose

To provide social activities to the residents and their guests of the Great Outdoors RV Resort.