

A For the 2011 calendar year, or tax year beginning **MAY 01**, 2011, and ending **APRIL 30**, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FHE GREAT OUTDOORS ACTIVITIES COMMITTEE	D Employer identification number 27-2268316
	Number & street (or P.O. box, if mail is not delivered to street addr.) 145 PLANTATION DR	E Telephone number (321) 267-7899
	City or town, state or country, and ZIP + 4 Titusville FL 32780	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: ▶ **N/A**

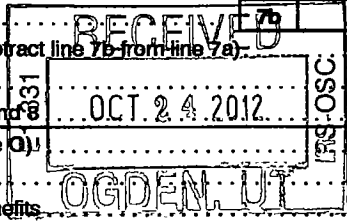
J Tax-exempt status (check only one) — 501(c)(3) 501(c)(7) (insert no.) _____ 4947(a)(1) or 527

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 ▶ \$ **74,671**

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	62,561
	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	8,361
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		
c Less: direct expenses from gaming and fundraising events	6c	9,881	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-1,520	
7a Gross sales of inventory, less returns and allowances	7a	3,749	
b Less: cost of goods sold	7b	2,062	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,687	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	62,728	
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	920
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	65,121
17 Total expenses. Add lines 10 through 16	17	66,041	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,313
	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	32,378
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	29,065



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For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

✓ 11
15

23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	500	24	2,637
25	Total assets	44,078	25	41,638
26	Total liabilities (describe in Schedule O)	11,700	26	12,573
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,378	27	29,065

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

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

What is the organization's primary exempt purpose? **See attachment #1**

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.

28 **See attachment #2**

(Grants \$) If this amount includes foreign grants, check here **28a** **24,765**

29

(Grants \$) If this amount includes foreign grants, check here **29a** **7,666**

30

(Grants \$) If this amount includes foreign grants, check here **30a** **6,544**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 **Total program service expenses** (add lines 28a through 31a) **32** **38,975**

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instr. 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 (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #3				

V

detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a

b Did the organization file Form 1120-POL for this year?

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 outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed. ▶ NONE

42a The organization's books are in care of ▶ See attachment #4 Telephone no. ▶ Located at ▶ ZIP + 4 ▶

b 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

33		X
34		X
35a		X
35b		X
35c		X
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		X
40c		
40d		
40e		X
41		
42a		
42b	Yes	No
		X
42c		X
43		
44a	Yes	No
		X
44b		X
44c		X
44d		
45a		X
45b		X



Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

- | | Yes | No |
|-----|-----|----|
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . ▶

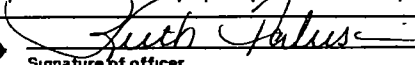
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A . . .

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

Sign Here	 Signature of officer						
	RUTH FALUSI Type or print name and title						
Paid Preparer Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Print preparer's name <i>Beverly Baker</i></td> <td style="width: 50%;">Preparer's signature <i>Beverly Baker</i></td> </tr> <tr> <td>Firm's name ▶ TRB TAX GROUP INC</td> <td></td> </tr> <tr> <td>Firm's address ▶ TITUSVILLE, FL 32796</td> <td></td> </tr> </table>	Print preparer's name <i>Beverly Baker</i>	Preparer's signature <i>Beverly Baker</i>	Firm's name ▶ TRB TAX GROUP INC		Firm's address ▶ TITUSVILLE, FL 32796	
Print preparer's name <i>Beverly Baker</i>	Preparer's signature <i>Beverly Baker</i>						
Firm's name ▶ TRB TAX GROUP INC							
Firm's address ▶ TITUSVILLE, FL 32796							

May the IRS discuss this return with the preparer shown above? See instructions.

Name of Organization

THE GREAT OUTDOORS ACTIVITIES COMMITTEE

Employer Identification Number

27-2268316

Primary Purpose

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



Name of Organization

THE GREAT OUTDOORS ACTIVITIES COMMITTEE

Employer Identification Number

27-2268316

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

24,765

Exempt Purpose Achievements

CONCERT REVENUE OF \$49959



Name of Organization THE GREAT OUTDOORS ACTIVITIES COMMITTEE	Employer Identification Number 27-2268316
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Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 7,666
Exempt Purpose Achievements		

DANCES REVENUE OF \$8728



Name of Organization

THE GREAT OUTDOORS ACTIVITIES COMMITTEE

Employer Identification Number

27-2268316

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

6,544

Exempt Purpose Achievements

SOCIALS, CONCESSIONS AND OTHER ACTIVITIES REVENUE \$15873



Name of Organization

THE GREAT OUTDOORS ACTIVITIES COMMITTEE

Employer Identification Number

27-2268316

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
MONICA FIERRO Titusville, FL 32780	PRESIDENT 10.00		0	0
CATHY LODGE Titusville, FL 32780	VICE PRESIDENT 3.00		0	0
PHYLLIS LAVIGNE Titusville, FL 32780	SECRETARY 10.00		0	0
RUTH FALUSI Titusville, FL 32780	TREASURER 10.00		0	0



Name of Organization **THE GREAT OUTDOORS ACTIVITIES COMMITTEE** Employer Identification Number **27-2268316**

Part V - Line 42a

Individual Name *Ruth Falusi* **RUTH FALUSI**

or

Business Name:

Street Address **145 PLANTATION DRIVE**

U.S. Address:

Zip code **32780**

City **Titusville**

State **FL**

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number



Name of Organization **THE GREAT OUTDOORS ACTIVITIES COMMITTEE** Employer Identification Number **27-2268316**

Part III - Line 14

Individual Name *Ruth Falusi* **RUTH FALUSI**

or

Business Name:

Street Address **145 PLANTATION DRIVE**

U.S. Address:

Zip code **32780**

City **Titusville**

State **FL**

or

Foreign Address

City

Province or State

Country

Postal code

