

**TAXPAYER'S COPY  
KEEP FOR YOUR  
RECORDS**

Form **990**

OMB No. 1545-0047

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning Oct 1, 2013, and ending Sep 30, 2014

<b>B</b> Check if applicable:	<b>C</b> Name of organization <u>COLUMBUS OUTDOOR PURSUITS</u>	<b>D</b> Employer Identification Number <u>31-0906784</u>
<input type="checkbox"/> Address change	Doing Business As	<b>E</b> Telephone number <u>(614) 447-1006</u>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Initial return	<u>1525 BETHEL ROAD</u>	<b>G</b> Gross receipts \$ <u>689,109.</u>
<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	<u>COLUMBUS OH 43220</u>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <u>KEITH FINN 1525 BETHEL RD. COLUMBUS OH 43220</u>	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶	<u>N/A</u>	
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <u>1961</u> <b>M</b> State of legal domicile: <u>OH</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>TO HELP ALL PEOPLE GAIN A GREATER UNDERSTANDING OF THE WORLD BY PROVIDING EDUCATIONAL AND RECREATIONAL OPPORTUNITIES WHILE LIVING AND TRAVELING SIMPLY IN A SPIRIT OF FRIENDSHIP.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	6
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g)	58,505.	51,656.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	641,475.	578,895.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,240.	111.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,103.	20,711.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	729,323.	651,373.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	203,889.	220,338.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	510,168.	527,269.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	714,057.	747,607.
	19	Revenue less expenses. Subtract line 18 from line 12	15,266.	-96,234.
<b>Net Assets of Fund Balances</b>	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21	Total liabilities (Part X, line 26)	272,100.	174,477.
	22	Net assets or fund balances. Subtract line 21 from line 20	29,581.	28,193.
			242,519.	146,284.

**Part II 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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <u>KEITH FINN</u>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Dennis P. Williamson</u>	Preparer's signature <u>Dennis P. Williamson</u>	Date <u>05/08/15</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00063120</u>
	Firm's name ▶ <u>DENNIS P. WILLIAMSON CPA</u>			Firm's EIN ▶ <u>31-1580268</u>	
	Firm's address ▶ <u>3986 MAIN ST</u>			Phone no. <u>(614) 527-1295</u>	
	<u>HILLIARD OH 43026</u>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

