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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.

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 Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: COLUMBUS OUTDOOR PURSUITS
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address): 1525 BETHEL ROAD
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: COLUMBUS OH 43220

D Employer Identification Number: 31-0906784
E Telephone number: (614) 447-1006
G Gross receipts \$ 689,109.

F Name and address of principal officer: KEITH FINN 1525 BETHEL RD. COLUMBUS OH 43220

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: N/A

H(c) Group exemption number: _____

K Form of organization: Corporation Trust Association Other

L Year of formation: 1961 **M** State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities: 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.

2 Check this box 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)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	6
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	58,505.	51,656.
9 Program service revenue (Part VIII, line 2g)	641,475.	578,895.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,240.	111.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,103.	20,711.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	729,323.	651,373.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
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.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	272,100.	174,477.
21 Total liabilities (Part X, line 26)	29,581.	28,193.
22 Net assets or fund balances. Subtract line 21 from line 20	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.

Sign Here

Signature of officer: KEITH FINN
 Date: _____
 Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: Dennis P. Williamson
 Preparer's signature: Dennis P. Williamson
 Date: 05/08/15
 Check if self-employed
 PTIN: P00063120
 Firm's name: DENNIS P. WILLIAMSON CPA
 Firm's address: 3986 MAIN ST HILLIARD OH 43026
 Firm's EIN: 31-1580268
 Phone no.: (614) 527-1295

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

