Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-1150

2012

Department of the Treasury Internal Revenue Service

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.

Α	For the	2012 calenda	ar year, or tax year beginning	October 1	, 2012, a	and ending	Sep	tember 30	, 20	13
В	Check if ap	pplicable:	C Name of organization				D Empl	oyer identificat	ion numbe	r
	Address c	hange	California Great Outdoors					95-38601	122	
H	Name cha	-	Number and street (or P.O. box, if mail i	s not delivered to street address)		Room/suite	E Telep	hone number		
H	Initial retur Terminate		5603 Tull St					805-947-7	/834	
Ħ	Amended		City or town, state or country, and ZIP +	- 4			F Grou	up Exemption		
	Application		Ventura, CA 93003				Nun	nber 🕨		
G	Account	ing Method:	✓ Cash	(specify) ►		Н	Check	✓ if the or	ganization	is not
1	Websit	e: • www.	greatoutdoors.org				required	to attach Sch	nedule B	
			eck only one) — ✓ 501(c)(3)	(c) () ◀ (insert no.) ☐ 4947	'(a)(1) or	527	(Form 9	90, 990-EZ, or	990-PF).	
K	Check ▶	if the	e organization is not a section 509(a)(3) supporting organization or a s	section 5	27 organizati	on and it	s gross receip	ts are non	mally
	not more		0. A Form 990-EZ or Form 990 retur			_		-		
•	the orga	nization choc	ses to file a return, be sure to file a	complete return.						
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts	. If gross receipts are \$200,000 o	r more, c	or if total asset	s (Part II,			
- 1	ine 25, co	olumn (B) belo	w) are \$500,000 or more, file Form 990	instead of Form 990-EZ				▶ \$		
P	art I	Revenu	e, Expenses, and Changes	in Net Assets or Fund B	Balance	es (see the	instruc	ctions for Pa	art I)	
		Check if	the organization used Schedu	le O to respond to any que	estion i	n this Part I				. 🗆
	1	Contributio	ons, gifts, grants, and similar am	ounts received				1		483
	2	Program se	ervice revenue including governi	ment fees and contracts .				2		32532
	3	Membersh	ip dues and assessments					3		11732
	4	Investment	income					4		13
	5a	Gross amo	ount from sale of assets other that	an inventory	5a					
	b	Less: cost	or other basis and sales expens	es	5b					
	С	Gain or (los	ss) from sale of assets other that	n inventory (Subtract line 5b	from li	ne 5a)		5c		
	6	Gaming an	d fundraising events							
	а	Gross inc	ome from gaming (attach Sc	hedule G if greater than						
e		\$15,000) .			6a					
Ver	b	Gross inco	me from fundraising events (not	including \$	of	contribution	าร			
Re			aising events reported on line 1							
Revenue		sum of suc	ch gross income and contribution	ns exceeds \$15,000) . .	6b					
	С	Less: direc	t expenses from gaming and fur	ndraising events	6c					
Revenue	d		e or (loss) from gaming and fur			6b and su	btract			
		line 6c) .						6d		
	7a	Gross sale	s of inventory, less returns and a	allowances	7a					
	b	Less: cost	of goods sold		7b					
	С	Gross prof	it or (loss) from sales of inventor	y (Subtract line 7b from line	7a) .			7c		
	8	Other rever	nue (describe in Schedule O) .					8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d,	7c, and 8			. ▶	9		44760
	10		l similar amounts paid (list in Scl					10		500
	11	Benefits pa	aid to or for members					11		39220
es	12	Salaries, of	ther compensation, and employe	ee benefits				12		
ns	13	Profession	al fees and other payments to in	dependent contractors				13		
Expenses	. 14	Occupancy	y, rent, utilities, and maintenance					14		1320
ш	15	Printing, pu	ublications, postage, and shippir	ng				15		1555
	16		enses (describe in Schedule O)					16		5749
	17		enses. Add lines 10 through 16					17		48344
Ś	18		(deficit) for the year (Subtract line					18		(3583)
Net Assets	19		or fund balances at beginning							
As		end-of-yea	r figure reported on prior year's	return)				19		46577
let	20	Other char	nges in net assets or fund baland	es (explain in Schedule O) .				20		
_	21	Net assets	or fund balances at end of year	Combine lines 18 through	20 .		. ▶	21		42994
Fo	r Paperv	work Reduct	ion Act Notice, see the separate in	nstructions.	Cat.	No. 10642I		Form	990-EZ	(2012)

Form 990-EZ (2012) Page 2 Balance Sheets (see the instructions for Part II) 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 46577 **22** 22 Cash, savings, and investments 42994 23 23 24 Other assets (describe in Schedule O) 24 25 25 Total assets 46577 42994 26 Total liabilities (describe in Schedule O) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 46577 27 42994 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any guestion in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. 28) If this amount includes foreign grants, check here 28a (Grants \$ 29 29a) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O)) If this amount includes foreign grants, check here . . . 31a 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 (c) Reportable (d) Health benefits. (b) Average contributions to employee (e) Estimated amount of compensation (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Byron Postma 0 0

President	as required	0	0	
Richard Debner				
reasurer	as required	0	0	
Ritch Barron				
Secretary	as required	0	0	
	_			
	_			
	-			
	-			
	-			
	-			
	-			
	_			
				Form 990-EZ (201

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 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 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b 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 35c 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 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 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? ... 38a If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4912 ► ; section 4955 ► section 4911 ▶ 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 40b 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, d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ California 41 **42a** The organization's books are in care of ▶ Richard Debner 8059477834 Telephone no. ▶ Located at ► 5603 Tull Street Ventura CA 93003-9092 ZIP + 4 ▶ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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. 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: ▶ 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 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a 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 45b

Page 3

Form 99	90-EZ (2	012)								Р	age 4
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on l	behalf of or	in opposi	tion		Yes	No
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51	s only s must answer que	estions 47–49b ar	nd 5	2, and co			es fo	or line	_ √ ∋s
		Check if the organization used Sc	hedule O to respond	I to any question i	in th	is Part VI			<u>· ·</u>		
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec			during the	tax	47	Yes	No
40	•	, '						. +	47	\vdash	√
48		organization a school as described in							48	\vdash	V
49a		ne organization make any transfers t es," was the related organization a se		_				-	49a 49b		V
b 50		plete this table for the organization's									d ko
30		oyees) who each received more than									u ke
	СПР	oyees, who each received more than			gan	(d) Health		o, onto	, IV	0110.	
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS		contributions benefit plans, comper	to employee and deferred			ed amou npensat	
None											
f		number of other employees paid ov			one						
51		plete this table for the organization			ent d	contractors	who each	n recei	ived	more	tha
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."							
(a)	Name a	nd address of each independent contractor pa	uid more than \$100,000	(b) Type of	servi	ce	(c)	Compe	ensatio	on	
None											
None				†							
				†							
				1							
				<u></u>							
]							No No No No
		·									
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. •	<u> </u>	N	one			
52		ne organization complete Schedule /			ons	and 4947(a)(1)				
	none	xempt charitable trusts must attach	a completed Schedul	le A					Yes		No.
		of perjury, I declare that I have examined this						nowledg	e and	belief,	it is
true, coi	rrect, an	d complete. Declaration of preparer (other that	n officer) is based on all info	ormation of which prepa	rer ha	as any knowle	dge.				
0:											
Sign		Signature of officer				Date	9				
Here		Type or print name and title									
		Type or print name and title	Dropororio signatura		Dat				TINI		
Paid		Print/Type preparer's name	Preparer's signature		Date	J	Check	it	TIN		
Prep	arer						self-emplo	yea			
Use	Only	Firm's name ▶					's EIN ▶				
Mav th	291 ac	Firm's address ► discuss this return with the prepare	r shown above? See	instructions		Pho	ne no.		Yes		N _C
iviav li	IC ILIQ	uiscuss iilis ittuili willi liit DitDale	I SHOWII ADOVE! SEE	แเงแนบแบทอ				_	168	. 	4()

TAXABLE YEAR

FORM

California Exempt Organization Annual Information Return

٩	aa
	33

201	2 Annual Information Retu	ırn					19	9	
	Year 2012 or fiscal year beginning month 10 day 1	yea	ar <u>2012</u> , and ending n			year20	013		
-	/Organization Name			California o				_	
	nia Great Outdoors	1 0	6	1 2	8 9	9			
	uite, room, or PMB no.) ull Street			FEIN	2 0		4	2 2	
City	uli Street	State	ZIP Code	9 5	3 O	6 0		2 2	
Ventura		CA	93003						
	vturn		J If exempt under R&T0	C Section 23701d J	nae tha c	organization	1		
	ed Return		during the year: (1) pa			-	1		
	ction 4947(a)(1) trust		or (2) attempted to in				ıre,		
	eturn? • Dissolved • Surrendered (Withdrawn)	INO	or (3) made an election				_	_4	
	lerged/Reorganized Enter date: ●//		(relating to lobbying b				▶ ∐Yes	✓No	
	accounting method:		If "Yes," complete and					— 1	
	Cash (2) ☐ Accrual (3) ☐ Other		K Is the organization ex	•		-	▶∟Yes	✓ No	
	return filed?		If "Yes," enter the gro	•			ф		
	3990T (2) ☐ 990(PF) (3) ☐ Sch H (990)		sources						
	a group filing for the subordinates/affiliates? ● □ Yes	☑ No	exclusively religious,	•			5		
	" attach a roster. See instructions	,	,	· ·	r more) by public contributions,				
	s organization in a group exemption?					(
If "Yes,	" what is the parent's name?		M Is the organization a L	•			■ Yes	√No	
• Distates			N Did the organization f				_		
	organization have any changes in its activities, ing instrument, articles of incorporation, or bylaws				▶ ∐Yes	s ✓No			
	/e not been reported to the Franchise Tax Board? ■ □Yes	s ☑No Is the organization under audit by the IRS or has the IRS audited in a prior year?						s ☑ No	
	explain, and attach copies of revised documents.		ino addited ili a piloi	year?			– 162	· WINO	
	Complete Part I unless not required to file this form. See Ger	neral Ins	structions B and C.						
	1 Gross sales or receipts from other sources. From Side 2,	Part II,	line 8		. 1			545 00	
	2 Gross dues and assessments from members and affiliate	s						732 00	
Receipts	3 Gross contributions, gifts, grants, and similar amounts re	eceived.			. • 3			483 00	
and Revenues	4 Total gross receipts for filing requirement test. Add line 1	-				Т		1	
	This line must be completed. If the result is less than \$5			<u></u>	. 4			00	
	5 Cost of goods sold				00				
	7 Total costs. Add line 5 and line 6				100			00	
	8 Total gross income. Subtract line 7 from line 4						44.	760 00	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, I							00	
Exhelises	10 Excess of receipts over expenses and disbursements. Sul				- 1			00	
	11 Filing fee \$10 or \$25. See General Instruction F				11			00	
Filing	12 Total payments							00	
Fee	13 Penalties and Interest. See General Instruction J							00	
	14 Use tax. See General Instruction K							00	
	15 Balance due. Add line 11, line 13, and line 14. Then subt Under penalties of perjury, I declare that I have examined this return					my knowled	ne and he	lief it is	
Sign	true, correct, and complete. Declaration of preparer (other than taxpa	ayer) is ba	ased on all information of which	h preparer has any kn	rer has any knowledge.				
Here	Signature of officer ▶	Title		Date	Telep	hone			
	of officer •		Dete		()			
	Preparer's			Check if self- employed ▶ □	PTIN				
Paid Preparer's	signature >			employed 🕨 🗆	• FEIN				
Use Only	Firm's name (or yours,								
	if self-employed) and address				Telep	hone			
					()			
	May the FTB discuss this return with the preparer show	ın ahov	a? Saa instructions		■ □ V⁄	ac \square No			
	I way the Fre discuss this return with the preparer show	ni abuvi	<u> </u>		→ ⊔ 10	is LINU			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

	regardless of amount of gross receipts — com 1 Gross sales or receipts from all business ac	-			1	32,532	100
	2 Interest.				2	13	
	3 Dividends				3		00
Receipts	4 Gross rents				4		00
from	5 Gross royalties				5		00
Other Sources	6 Gross amount received from sale of assets				6		00
Ourices	7 Other income. Attach schedule	· · · · · · · · · · · · · · · · · · ·			7		00
	8 Total gross sales or receipts from other sour	8	32,545	nn			
	9 Contributions, gifts, grants, and similar am	9	500	00			
	10 Disbursements to or for members	10	39,220	nn			
	11 Compensation of officers, directors, and tru		11		00		
	12 Other salaries and wages				12		00
Evnonoco					13		00
Expenses and	14 Taxes			_	14		00
Disburse.				_	15	1,320	nn
ments	16 Depreciation and depletion (See instruction				16		00
	17 Other Expenses and Disbursements. Attach				17	7,304	nn
	18 Total expenses and disbursements. Add lin				18	48,344	
Schedu	ule L Balance Sheets	Beginning	of taxable year	End	of taxable y	ear	
Assets		(a)	(b)	(c)		(d)	_
1 Cash			46,577	7	•	42,9	<u> 994</u>
	ccounts receivable				•		
3 Net n	iotes receivable				•		
4 Inven	ntories				•		
5 Feder	ral and state government obligations				•		
6 Inves	stments in other bonds				•		
7 Inves	stments in stock				•		
	gage loans				•		
	r investments. Attach schedule				•		
	preciable assets						
b Les	ss accumulated depreciation ()	()		
11 Land					•		
12 Other	r assets. Attach schedule				•		
	assets		46,577	7		42,9	<u> 94</u>
Liabilitie	s and net worth						
	unts payable				•		
	ributions, gifts, or grants payable				•		
	ls and notes payable				•		
	gages payable				•		
	r liabilities. Attach schedule						
	al stock or principle fund				•		
	in or capital surplus. Attach reconciliation				•		
	ned earnings or income fund				•		
	liabilities and net worthule M-1 Reconciliation of income per books	with income nor return					
Schedi	Do not complete this schedule if the			than \$50,000.			
1 Net in	ncome per books	•	7 Income recorded or	n books this year			
	ral income tax		return. Attach schedu	le.			
	ss of capital losses over capital gains		8 Deductions in this r				
	me not recorded on books this		against book incom	-			
		•		· · · · · · · · · · · · · · · · · · ·	•		
-	nses recorded on books this year not		9 Total. Add line 7 and	d line 8			
5 Expe	nses recorded on books this year not acted in this return. Attach schedule	•	9 Total. Add line 7 and 10 Net income per return				