

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009 , and ending , 20																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em;">Please use IRS label or print or type. See Specific Instructions.</td> <td style="width: 55%;"> C Name of organization PROJECT GET OUTDOORS, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite WHITEWATER STATE PARK, 19041 HIGHWAY 74 City or town, state or country, and ZIP + 4 ALTURA MN 55910 </td> <td style="width: 30%;"> D Employer identification number 26 1837441 E Telephone number (507) 937-3002 G Gross receipts \$ 33,061 </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: LARRY GATES WHITEWATER STATE PARK, 19041 HIGHWAY 74, ALTURA MN </td> <td> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td></td> </tr> <tr> <td colspan="3"> J Website: ▶ WWW.MNPROJECTGETOUTDOORS.ORG </td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation: 2009 M State of legal domicile: MN </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PROJECT GET OUTDOORS, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite WHITEWATER STATE PARK, 19041 HIGHWAY 74 City or town, state or country, and ZIP + 4 ALTURA MN 55910	D Employer identification number 26 1837441 E Telephone number (507) 937-3002 G Gross receipts \$ 33,061	F Name and address of principal officer: LARRY GATES WHITEWATER STATE PARK, 19041 HIGHWAY 74, ALTURA MN		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ WWW.MNPROJECTGETOUTDOORS.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2009 M State of legal domicile: MN
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Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: <u>To facilitate outdoor recreation experiences that create healthy kids & increase environmental stewardship behaviors. We do this by guiding volunteers in Minnesota communities through the process of designing, implementing & sustaining their own unique Project GO after-school programs, using a toolkit that we have developed and provide free of charge.</u></p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 11</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9</p> <p>5 Total number of employees (Part V, line 2a) 5 0</p> <p>6 Total number of volunteers (estimate if necessary) 6 120</p> <p>7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0</p> <p>7b Net unrelated business taxable income from Form 990-T, line 34. 7b 0</p>																									
Revenue		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td></td> <td style="text-align: right;">33,058</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td></td> <td style="text-align: right;">3</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td></td> <td style="text-align: right;">33,061</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)		33,058	9 Program service revenue (Part VIII, line 2g)		0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,061						
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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	<p>Signature of officer: <i>Sara Grover</i> Date: <i>6/19/11</i></p> <p>Type or print name and title: <i>Sara Grover - Board Member & Project Coord.</i></p>	
Paid Preparer's Use Only	<p>Preparer's signature: <i>J. Martin</i> Date: <i>6/15/11</i></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4: <i>Clarity Bookkeeping LLC</i> <i>988 Wilson Ave, Saint Paul MN 55106</i></p>	<p>Check if self-employed <input type="checkbox"/></p> <p>Preparer's identifying number (see instructions): P01464797</p> <p>EIN ▶ 20 5142594</p> <p>Phone no. ▶ (651) 771-2106</p>

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