See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

0809

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $100,000 and total assets less than $250,000 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*

OMB No 1545 1150

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 10/01 , 2007, and ending 9/30 , 2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C
International City Optimist Club, Inc.
P. O. Box 6849
Warner Robins, GA 31095

OPTI

D Employer identification number 58-2419213 91-1931701

E Telephone number 478-953-0125

F Group Exemption Number ► 1334

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method [X] Cash [ ] Accrual
Other (specify) ►

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ► www.icoptimistclub.com

J Organization type (check only one) — [X] 501(c) (4) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $100,000 or more, file Form 990 instead of Form 990-EZ ► $ 64,553.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	10,612.
	4	Investment income		4	135.
	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 ln 5b from ln 5a (attach schd)		5c	
	6	Special events and activities (attach schedule) If any amount is from **gaming,** check here ► ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 53,806.		
	b	Less direct expenses other than fundraising expenses	6b 28,853.		
	c	Net income or (loss) from special events and activities Subtract line 6b from line 6a	See Statement 1	6c	24,953.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a		7c	
	8	Other revenue (describe ► _____)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►		9	35,700.
EXPENSES	10	Grants and similar amounts paid (attach schedule)	See Statement 2	10	18,633.
	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	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ► See Statement 3)		16	15,727.
	17	**Total expenses** (add lines 10 through 16) ►		17	34,360.
NET ASSETS	18	Excess or (deficit) for the year Subtract line 17 from line 9		18	1,340.
	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	11,125.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	12,465.

Part II Balance Sheets – If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ

(See Instructions)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	11,125.	22	12,465.
23	Land and buildings		23	
24	Other assets (describe ► _____)		24	
25	**Total assets**	11,125.	25	12,465.
26	**Total liabilities** (describe ► _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	11,125.	27	12,465.

21

Part III Statement of Program Service Accomplishments (See the instructions)

What is the organization's primary exempt purpose? See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28 Luncheon and presentation of championship rings to Warner Robins American Little League Boys in recognition of winning the little league world series.
(Grants $) If this amount includes foreign grants, check here ► ☐ 28a 3,749.

29 Funds given as a sponsorship to Joanna McAffee Childhood Cancer Foundation in support of golf tournament held to raise funds.
(Grants $ 1,500.) If this amount includes foreign grants, check here ► ☐ 29a

30 Funds given to Rainbow House Children's Resource Center to support their mission to help abused children.
(Grants $ 1,350.) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule) See Statement 5
(Grants $ 9,850.) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses** Add lines 28a through 31a ► 32 3,749.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 6		0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions) See Statement 7

			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* **not** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A			
39	*501(c)(7) organizations* Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			

Part V **Other Information** (Note the statement requirement in the instructions.) *(Continued)*

40a *501(c)(3) organizations* Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A

		Yes	No
b *501(c)(3) and (4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation	40b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e *All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		X

41 List the states with which a copy of this return is filed ► None

42a The books are in care of ► Sam Renfroe Telephone no ► 478-953-0125

Located at ► P. O. Box 6849 Warner Robins GA ZIP + 4 ► 31095

		Yes	No
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. ►	42b		X
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1.**			
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►	42c		X

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

Please Sign Here

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

► Signature of officer — Date: 10-4-10

► Jack Lester — President

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Date: 10/4/10	Check if self employed ► ☐	Preparer's SSN or PTIN (See General Instruction X): N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Clifton Lipford Hardison & Parker, L.L.C. 1503 Bass Road Macon, GA 31210		EIN ► N/A	
		Phone no ► (478) 953-0125	

International City Optimist Club, Inc
9/30/2008
Form 990EZ, Part I, Line 10
Statement of Grants and Similar amounts paid

Donee Name	Street	City	State	Zip Code	Donation Amount
Huntington Middle School	206 Wellborn Road	Warner Robins	GA	31088	1,000 00
Sarah Parker	1100 Main Street	Perry	GA	31069	250 00
Tyrian Lodge 111	650 Tallulah Traul	Warner Robins	GA	31088	500 00
Colburn Spears	2847 Hwy 127	Kathleen	GA	31047	500 00
Shriners	222 Mecca Drive	Macon	GA	31205	500 00
Kingdom Impact	4933 Russell Parkway, Suites 160-20	Warner Robins	GA	31088	500 00
Middle Ga Lightning Softball	200 Danny Carpenter Drive	Kathleen	GA	31047	500 00
Middle Ga Career & Technology	80 Cohen Walker Drive	Warner Robins	GA	31088	300 00
Shirley Hills Baptist Church	615 Corder Road	Warner Robins	GA	31088	250 00
Macon State College Foundation	100 College Station Drive, A-217	Macon	GA	31206	500 00
Museum of Aviation	Ga Hwy 247 & Russell Parkway	Warner Robins	GA	31088	933 97
Flint River Chapter of FCA	P O Box 6308	Warner Robins	GA	31095	500 00
Christmas for Kids	P O Box 4055	Dublin	GA	31021	500 00
Houston County Career & Technology Center	1311 Corder Road	Warner Robins	GA	31088	250 00
Warner Robins American Little League	P O Box 6562	Warner Robins	GA	31095	3,749 00
Linwood Elementary School Fund	1050 Education Way	Warner Robins	GA	31098	250 00
YMCA	2954 Moody Rd	Warner Robins	GA	31088	300 00
Exchange Club of Houston County	P O Box 7089	Warner Robins	GA	31095	250 00
Houston County DFACS	94 Cohen Walker Dr	Warner Robins	GA	31088	500 00
Toys for Team Robins	18251 Quantico Gateway Drive	Triangle	VA	22172	500 00
Jeff Smith Nissan Golf Classic	839 Warren Dr	Warner Robins	GA	31088	1,500 00
Northside High School	926 Green Street	Warner Robins	GA	31093	250 00
Chamber of Commerce Youth	1228 Watson Blvd	Warner Robins	GA	31093	500 00
Fccla	220 Smithonia Road	Winterville	GA	30683	500 00
Rainbow House	108 Elmwood St	Warner Robins	GA	31093	1,350 00
Cherished Children	511 Myrtle Street	Warner Robins	GA	31093	500 00
Joanna McAffee Cancer Foundation	P O Box 9537	Warner Robins	GA	31095	1,500 00
					18,632 97

International City Optimist Club, Inc. 58-2419213

Statement 1
Form 990-EZ, Part I, Line 6
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri-butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Reverse Raffle	32,199.	0.	32,199.	20,323.	11,876.
Golf Tournament	21,607.	0.	21,607.	8,530.	13,077.
Total	$ 53,806.	$ 0.	$ 53,806.	$ 28,853.	$ 24,953.

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Cash Grants and Allocations

Donee's Name:	See attached list	
Amount Given:		$ 18,633.
	Total Cash Grants and Allocations	$ 18,633.
	Total Grants and Similar Amounts Paid	$ 18,633.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Dues	$ 2,676.
Meals	12,691.
Registrations	60.
Travel	300.
Total	$ 15,727.

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To support the youth of Houston County within the guidelines of Optimist International.

Statement 5
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Huntington Middle School	1,000.	
Includes Foreign Grants: No		
Tyrian Lodge	500.	
Includes Foreign Grants: No		
Shriners	500.	
Includes Foreign Grants: No		
Kingdom Impact	500.	
Includes Foreign Grants: No		
Middle Georgia Lightning Softball	500.	
Includes Foreign Grants: No		
Middle Georgia Career and Technology Center	300.	
Includes Foreign Grants: No		
Shirley Hills Baptist Church	250.	
Includes Foreign Grants: No		
Macon State College Foundation	500.	
Includes Foreign Grants: No		
Flint River Chapter of FCA	500.	
Includes Foreign Grants: No		
Christmas for Kids	500.	
Includes Foreign Grants: No		
Houston County Career and Technology Center	250.	
Includes Foreign Grants: No		
Linwood Elementary School	250.	
Includes Foreign Grants: No		
YMCA	300.	
Includes Foreign Grants: No		
Exchange Club of Houston County	250.	
Includes Foreign Grants: No		
Houston County DFACS	500.	
Includes Foreign Grants: No		
Jeff Smith Nissan Golf Classic	1,500.	
Includes Foreign Grants: No		
Northside High School	250.	
Includes Foreign Grants: No		
Warner Robins Chamber of Commerce Youth Leadership program	500.	
Includes Foreign Grants: No		
FCCLA	500.	
Includes Foreign Grants: No		
Cherished Children Daycare Center	500.	
Includes Foreign Grants: No		
Total	$ 9,850.	$ 0.

Statement 6
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Andy Thomas 255 Carl Vinson Parkway Warner Robins, GA 31088	President 0	$ 0.	$ 0.	$ 0.
Thomas Lamb 207 Westbury Court Warner Robins, GA 31088	Vice President 0	0.	0.	0.
John Luppino 102 Putters Court Warner Robins, GA 31088	Secr./Treas. 0	0.	0.	0.
Sam Satterfield P. O. Box 6849 Warner Robins, GA 31095	Program Chair 0	0.	0.	0.
Jack Broeils 100 Dynasty Terrace Warner Robins, GA 31088	Board of Direct 0	0.	0.	0.
Scott Street 1544 Watson Blvd. Warner Robins, GA 31088	Board of Direct 0	0.	0.	0.
Lee Minor 119 Stillwood Drive Warner Robins, GA 31088	Board of Direct 0	0.	0.	0.
Steve Holcomb 123 Chadwyck Lane Bonaire, GA 31005	Board of Direct 0	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

Statement 7
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No