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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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150 Open to Public

<u>Inspection</u>

Form **990-EZ** (2008

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting required For the 2008 calendar year, or tax year beginning 20 2008, and ending C Name of organization, number and street, city, town, state, and ZIP code D Employer identification number Address change use IRS label or 62-6047319 Name change Optimist Internations E Telephone number Initial return type Sea 11345 Optimist Club of Shelbyville 931-685-1956 Termination Specific Instruc-422 Dow Drive Amended return F Group Exemption tions Shelbyville TN 37160-Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check▶ If the organization is not required Website: J Organization type (check only one) - |X| 501(c)(4) ◀ (insert no) 4947(a)(1) or to attach Sch B (Form 990, 990-EZ, or 990-PF) 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 **▶** \$ 59,339. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions) Contributions, gifts, grants, and smilar amounts received Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income 41 4 5 a Gross amount from sale of assets other than inventory 5 a b Less cost prother basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5 c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a 6 b b Less direct expenses other than fundraising expenses 6 c c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 59,298. 7 a Gross sales of inventory, less returns and allowances 14,020. 7 b b Less cost of goods sold 45,278. 7 c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ▶ 8 45,319. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 3,800. 10 Grants and similar amounts paid (attach schedule) 10 00 11 Benefits paid to or for members ... 11 788 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 47. 15 Printing, publications, postage, and shipping 15 4,570. Other expenses (describe ▶See Statement 16 16 17 8,417. Total expenses Add lines 10 through 16 17 36,902.18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 21,730. end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 58,632 21 **Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions) 21,730. 58,632 22 Cash, savings, and investments 22 23 23 Land and buildings 24 24 Other assets (describe 21,730. 25 58,632. 25 Total assets 26 Total liabilities (describe ▶ 730 27 58,632 Net assets or fund balances (line 27 of column (B) must agree with line 21

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction fo

	m 990-EZ (2008) Optimist internation			02	-6047	319 Page 2
Pa	rt III Statement of Program Service Accomp	lishments (See	the instructions)			Expenses
						ed for 501(c)(3) & (4)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,						itions and 4947(a)(1)
des	cribe the services provided, the number of persons benefite	d, or other relevant infori	mation for each progra	m title	trusts, o	ptional for others)
28 Conduct programs for children and youth to bring out						· · ·
the best in kids by offering hope and positive vision						
	and have an industry of the same					
	/Cranto C	foreign events, check be		$\overline{}$	20-	
	(Grants \$) If this amount includes	loreign grants, check ne	ere		28a	
29						
		-				
	(Grants \$) If this amount includes	foreign grants, check he	ere	.▶	29a	
30						
			<u> </u>			
	(Grants \$) If this amount includes	foreign grants, check he		ightharpoonup	30a	
24	Other program services (attach schedule)	riorcign grants, oncok ik	, , , , , , , , , , , , , , , , , , , ,	·	300	
31	,	f		\sim		
	(Grants \$) If this amount includes		ere <u>.</u>		31a	
	Total program service expenses (add lines 28a through 31			•	32	
Pa	rt IV List of Officers, Directors, Trustees, an					ed See the instr)
	(a) Name and address	(b) Title & average hours per week	(c) Compensation (if not paid,		tributions to benefit plans	(e) Expense account and
	<u> </u>	devoted to position	enter -0)		red comp	other allowances
Br	ent Pewitt	President				
10	4 Parker Shelbyvill TN 37160		0			
Du	ran Shavers	Vice-Pres				
10	8 Adams Shelbyvill TN 37160		1 0			
	avis Spivey	Sec/trea	†			
	2 Dow Dr Shelbyvill TN 37160	bee/erea	0			
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Par	Other Information (Note the statement requirements in the instructions for Part VI)			
	, 1		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		Х
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			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others),			
	but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return onForm 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form1120-POL for this year?	37b		ĺ
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were	١.		
	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," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	ĺ		
b	Gross receipts, included on line 9, for public use of club facilities 39b	ŀ		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶	١.		
b	Section 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," complete Schedule L, Part I	40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under		ĺ	1
	sections 4912, 4955, and 4958			
đ	Enter amount of tax on line 40c reimbursed by the organization	1		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			
	If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The books are in care of \blacktriangleright Travis Spivey Telephone no \blacktriangleright 931-685-1956			
	Located at ► 422 Dow Drive TN Shelbyville ZIP+4 ► 37160-			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	İ	X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank	l .		
	and Financial Accounts.	ا ء. '	I	١.,.
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	l	_X_
	If "Yes," enter the name of the foreign country			
43	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 ▶ 43			
		1		T
	Diddle second of the second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and second and s		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	ا مما	I	17
45	Form 990-EZ	44	1	X
45	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must	45	ŀ	Ιv
	be completed instead of Form 990-EZ			X X
	Form	JJU-1	(/	_UU01

Part \		•	on 501(c)(3) organization	ons must answer questions 4	6 - 49			
46 D	, and complete the tables for lines t		atuutus on babalf of as					
	d the organization engage in direct or in- andidates for public office? If "Yes." comi		ctivities on benair or or	in opposition to	Yes No			
	candidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
		lescribed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			47 48			
	id the organization make any transfers to			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 49a			
	"Yes," was the related organization(s) a		-		49b			
	omplete this table for the five highest cor				rees) who			
	ach received more than \$100,000 of com	pensation from the organi	zation il triere is none,	enter None				
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense			
(a) l	Name and address of each employee	hours per week		employee benefit plans &				
	paid more than \$100,000	devoted to position		deferred compensation	other allowances			
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	er of other employees paid over \$100,000 nplete this table for the five highest comp	onested independent con	tractors who each rose	used more than \$100,000 of				
	the organization. If there is none, enter		liaciois will each lece	ived more man \$100,000 or	compensation			
110111	t the organization in there is none, enter	None						
(a)	Name and address of each independen	t contractor hald more tha	n \$100 000	(b) Type of service	(c) Compensation			
(5)	Traine and address of each independen	t contractor paid more tha	11 \$100,000	(b) Type of Service	(c) Compensation			
	-							
			·-					
		 .						
Total nui	mber of other independent contractors e	ach receiving over \$100.0	00					
	Under penalties of perjury, I declare that I have			tements, and to the best of my knowled	dae			
	and belief, it is true, correct, and complete. De				-			
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Sian	1 - 1 - 1 - 1			/0-29-/	/ O			
Sign Horo	Signature of officer			Date				
Here	Travis Spivey		Secreta	ary/Treasurer				
	Type or print name and title							
	Preparer's		Date Che	ck if self- / Preparer's Id	lentifying No (See instr.)			
Paid	signature V (\(\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\alpha \) (\							
Preparei Use Only	Eirm's name (or vours	toping Plus	1	EIN ► 20	0-1289645			
	if self-employed),	30x 1628						
	address, and ZIP + 4 Shell	by ville TN	37162	Phone no ▶ 9	31-685-050			
May the	IRS discuss this return with the preparer	shown above? See instru	ictions		▶ X Yes No			
					Form 990-EZ (2008)			

4,026.

Name: Optimist Internations

ID: 62-6047319

Maine: Opcimisc incernacions	<u>02</u> 0047313
Description: Other Expenses	
Description. Other Expenses	
Туре	Amount
Dinner meals	2,840.
Dues to parent organization	992.
Dues to parent organization Advertising	184.
Misc	10.
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Total

Gross Profit on Sales of Inventory 990-EZ: Page 1, Line 7; 990-PF: Page 12, Line 10 US 990 . 2008 Gross sales Gross Cost of Description less returns goods sold profit 45,278. Donut Booth 59,298. 14,020. 59,298. 14,020. 45,278.