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832001 12-18-08

Department of the Treasury Internal Revenue Service

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)

OMB No. 1545-0047

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning SEP 1, 2008 and ending	AUG 31, 2009	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B Check if Please C Name of organization	D Employer identifie	cation number
use IRS		
Address change print or JACKSON OPTIMIST CHARITABLE FUND INC.		
Name change Uype Doing Business As	38-2	520345
Initial See Number and street (or P.O. box if mail is not delivered to street address) Room/s	· ·	
Lation Instruct 1300 W. NORTH STREET	(517	
Amended tions City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>800,770.</u>
Application JACKSON, MI 49202-3134	H(a) Is this a group re	
F Name and address of principal officer: JOHN KNIBLOE	for affiliates?	Yes X No
1300 W. NORTH ST., JACKSON, MI 49204	H(b) Are all affiliates inc	
Tax-exempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
J Website: ► WWW.OPTIMISTICEARENA.COM K Type of organization: X Corporation Trust Association Other ► L	H(c) Group exemption	
Part I Summary	Year of formation: 1984 M	State of legal domicile; M.L.
1 Priofly describe the organization's mission or most significant activities: DECREATI	ONAL ACTIVITY	ד∩ס ייידי
YOUTH OF THE COMMUNITY	ONAL ACIIVIII	FOR THE
2 Check this box Inf the organization discontinued its operations or disposed of i	more than 25% of its assets	
YOUTH OF THE COMMUNITY Check this box Inf the organization discontinued its operations or disposed of a Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, line 12, column (C)	3	7. 7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
5 Total number of employees (Part V, line 2a)	5	26
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990 T, line 34	7b	0.
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	150.	4,349.
3	687,064.	658,616.
6 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,814.	1,315.
11 Other revenue (Part A), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,881.	62,911.
12 Utotal revenue add longs 8 through 11 (must equal Part Vill, column (A), line 12)	756,909.	727,191.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
10 Camput Value to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	253,033.	270,667.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	471,384.	446,190.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	724,417.	716,857.
19 Revenue less expenses. Subtract line 18 from line 12	32,492.	10,334.
20 Total assets (Part X, line 16)	Beginning of Year	End of Year
_ इंद्रेड 20 Total assets (Part X, line 16)	2,136,547.	2,031,785.
21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	496,844.	<u>381,749.</u>
✓ <u>본리</u> 22 Net assets or fund balances Subtract line 21 from line 20	1,639,703.	<u>1,650,036.</u>
Part II Signature Block	 	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kno	ments, and to the best of my knowle wledge	dge and belief, it is true, correct,
Sign K Miller	. 7	D
		P- 2010
Here Signature of officer \	Date	
JØHN KNIBLOE, PRESIDENT		
Type or print name and title	Chook of Lawrence	
Paid Preparer's Preparer's Description Preparer's Preparer's	self- (see	rer's identifying number nstructions)
Preparer's Firm's name (or DELIMANIA DESCON	employed	
Use Only yours if REHMANN BOBSON	EIN ►	
self-employed), address, and 675 ROBINSON RD.		
JACKSON, MI 49203	Phone no.	517-787-6503
May the IRS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No
832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	te instructions.	Form 990 (2008)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

1	Briefly describe the organization's mission: NONE	<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on		 ₩
	the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O.	∟ Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes", describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a		658, VER	616.)
	10 / 000 100 IIID BERTOE IIIMOIEEE		
		-	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		 	
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			
			-
4d			
	(Expenses \$ including grants of \$) (Revenue \$)		

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes, " complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	pnor year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		E0	മമവ ഗ	'onno

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			' '
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			•
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		_X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

Form 990 (2008)

JACKSON OPTIMIST CHARITABLE FUND INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			,
	U.S. Information Returns. Enter -0- if not applicable		.	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	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		ŀ	
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited		1	
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ł	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			v
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<u>7g</u> 7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	711		
0	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		l	
	excess business holdings at any time during the year?	8	İ	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	{	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12		ł	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		j	
11	Section 501(c)(12) organizations. Enter: N/A			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
		Earm	990 (onno,

Form 990 (2008)

JACKSON OPTIMIST CHARITABLE FUND INC.

38-2520345

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management						
			Yes	No			
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,	-					
	processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body	'					
b	Enter the number of voting members that are independent 1b 7]					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]					
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X			
6	Does the organization have members or stockholders?	6		X			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	7a		X			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9a	Does the organization have local chapters, branches, or affiliates?	9a		X			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must						
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
Sec	tion B. Policies	_					
			Yes	No			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b	X				
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this is done	12c	X				
13	Does the organization have a written whistleblower policy?	13		<u>X</u>			
14	Does the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent	1					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:						
а	The organization's CEO, Executive Director, or top management official?	15a		<u> X</u>			
b	Other officers or key employees of the organization?	15b		<u>X</u>			
	Describe the process in Schedule O. (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		<u>X</u>			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►MI						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for					
	public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial				
	statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:					
	DON TRAPP - 517-783-2664						
	1300 W. NORTH ST., JACKSON, MI 49204						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons.

Check this box if the organization di (A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated	
	hours	(c	hecl	all	that	app	ly)	compensation	compensation	amount of	
	per week	gg						from the	from related organizations	other compensation	
	Wook	or dir	 81			ated	ļ	organization	(W-2/1099-MISC)	from the	
		individual trustee or director	institutional trustee		8	ubeu		(W-2/1099-MISC)		organization	
		dual t	utlona	_	9	st co	a.			and related	
		₩ E	Instit	Officer	Key employee	Highest compensated employee	S E			organizations	
JOHN KNIBLOE			\vdash			-	_				
PRESIDENT	1.00	x		x				0.	0.	0.	
DAVE CARLSON	1.00	-									
SECRETARY	1.00	\mathbf{x}		x				0.	0.	0.	
JACK TORNGA		<u> </u>		T					<u> </u>	<u> </u>	
TREASURER	1.00	X	L	х	L		L	0.	0.	0.	
RAY HASBROUCK											
DIRECTOR	1.00	X						0.	0.	0.	
ANTHONY RADUAZO											
DIRECTOR	1.00	X	L		L			0.	0.	0	
THOMAS SLATER											
DIRECTOR	1.00	X	<u> </u>			ļ.,	ļ.,,	0.	0.	0.	
JOE RILEY									_	_	
DIRECTOR	1.00	X	<u> </u>	-				0.	0.	0.	
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Form 990 (2008)

			2008) JACKS	ON OPTIM	IST CHAR	<u>ITABLE FUN</u>	D INC.	38-2520	345 Page 9
Pa	<u>n y</u>	ŽIII.	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	its, and ve 1f	4,349.	4,349.			
Program Service Revenue	2	a b c d	ICE RENTAL FEES OTHER FEES		Business Code 713940 713940	610,413.	610,413. 48,203.		
Pro			All other program service reve Total. Add lines 2a-2f	enue	•	658,616.			
	3 4		Investment income (including other similar amounts) Income from investment of ta		▶	1,315.			1,315.
	5 6	a b	Royalties Gross Rents Less rental expenses	(i) Real 20,596. 6,764.					
	7	c d	Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Securities		13,832.			13,832.
			assets other than inventory Less. cost or other basis and sales expenses Gain or (loss)						
			Net gain or (loss)		>				
Other Revenue	8		Gross income from fundraisin including \$contributions reported on line	of 1c) See					
Other	9	С	Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac	-	>				
	10	С	Part IV, line 19 Less. direct expenses Net income or (loss) from garr Gross sales of inventory, less	-		. - .			
	10	b	and allowances Less: cost of goods sold Net income or (loss) from sale	a b	101452. 66,815.	_34,637.			34,637.
	11		Miscellaneous Revenu MISCELLANEOUS	10	Business Code 900099	14,442.			14,442.
		C							
		d	All other revenue			14 442			
	12		Total. Add lines 11a-11d Total Revenue, Add lines 1h, 2g, 3,	4.5.6d.7d.8c.9c.1	Oc. and 11e	14,442. 727,191.	658,616.	0.	64,226.
83200 02-02				., 5, 55, 75, 50, 50, 1					Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple		ions must complete all not required to comple		(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	227,352.	134,352.	93,000.	
7	Other salanes and wages	441,354.	<u> </u>	33,000.	
8	Pension plan contributions (include section 401(k)				
9	and section 403(b) employer contributions) Other employee benefits	24,782.	15,648.	9,134.	
10	Payroll taxes	18,533.	10,243.	8,290.	
11	Fees for services (non-employees).	10,555.	10/2436	0,250.	
ii a	Management				
b	Legal				
6	Accounting	2,236.		2,236.	· · · · · · · · · · · · · · · · · · ·
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	2,320.	2,320.		
12	Advertising and promotion	12,594.	12,594.		
13	Office expenses	5,389.	681.	4,708.	
14	Information technology				
15	Royalties _				
16	Occupancy	230,145.	220,073.	10,072.	
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				···-
20	Interest				
21	Payments to affiliates	100 000	102.005		
22	Depreciation, depletion, and amortization	103,867.	103,867.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	EQUIPMENT MAINTENANCE	23,547.	23,547.		
ь	SUPPLIES	20,568.	20,568.		
С	BUILDING MAINTENANCE	17,032.	17,032.		
d	OTHER EXPENSE	13,377.	12,976.	401.	
е	DONATIONS	12,658.		12,658.	
f	All other expenses	2,457.	2,457.		
25	Total functional expenses. Add lines 1 through 24f	716,857.	576,358.	140,499.	0.
26	Joint Costs. Check here If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			į	
	educational campaign and fundraising solicitation		<u> </u>		Form 990 (2008)

2 Savings and temporary cash investments		•				(A) Beginning of year		(E End c	3) of year	
2 Savings and temporary cash investments 78,902, 2 91,217.		1	Cash - non-interest-hearing		· · · ·	9.938.	1		7.2	99
Per Necessaria receivable, net A Account payable and grants receivable, net Part I of Schedule D. Notes and loans receivable, net 11, 253, 8 8, 3,444. 12, 359, 9 2, 2,940. 13 Investments - publicity traded securities 14 Investments - publicity traded securities 15 Investments - publicity traded securities 16 Investments - publicity traded securities 16 Investments - publicity traded securities 17 Investments - publicity traded securities 18 Investments - publicity traded securities 19 Investments - publicity traded securities 19 Investments - publicity traded securities 10 Investments - publicity traded securities 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - publicity traded securities 14 Investments - publicity traded securities 15 Other assesses Near IV, line 11 16 Investments - publicity traded securities 17 Investments - publicity traded securities 18 Investments - publicity traded securi			<u> </u>		•		————	(7, 2	17.
Accounts recovable, net Racewables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L S Racewables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L S Racewables from current and secretion 4989(c)(3)(8) Complete Part II of Schedule L S Racewables from current and secretion 4989(c)(3)(8) Complete Part II of Schedule L Racewable secretion for the secretion for secretic field Racewable for the secretic field Racewable for the secretic field Racewable for field field Racewable for field		_			_	7075021			<u>, </u>	* / •
Receivables from current and former officers, directors, trustees, key employees, or other related partes. Complete Part I of Schedule L		_	•		´				3.4	76.
ger 1		-	•	iractors	trustoes kov				<u> </u>	70.
## Receivables from other disqualified persons (as defined under eaction 4958(f)(1) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule I. Part II of Schedule I. Propal expenses and deferred charges 10a Land, butdings, and expurpent cost basis b Less accumulated depreciation. Complete Part VI of Schedule D. 11 Investments - publicly traded securities See Part IV, line 11 12 Investments - publicly traded securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intrangible assets 15 Other assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accorde expenses 18 Grants payable 19 Deferred exvenue 21 Tax-axempt bond liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D. 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D. 23 Secured mortgages and notes payable to unrelated third panues 24 Unsecured notes and losins payable to unrelated third panues 25 Other liabilities. Add lines 17 through 34. 26 Total liabilities, Add lines 17 through 35. 27 Total liabilities, Add lines 17 through 35. 28 Total liabilities, Add lines 17 through 35. 29 Permanently restricted net assets 20 Permanently restricted net assets 21 Deserved notes and losins payable to unrelated third panues 24 Unsectical net assets 25 Total liabilities, Add lines 17 through 35. 28 Total liabilities, Add lines 17 through 37. 29 Payables to current and former officers, directors, inches lines 20 through 34. 20 Organizations that do not follow SFAS 117, check here and accomplete lines 20 through 34. 27 Univestricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and accomplete lines 20 through 34. 20 Total liabilities, Add lines 34 and 3		5					5			
## 4958(f)(1) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Part II of Schedule L Part II of Schedule Sch		6	•							
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34 Total liabilities and net assets/fund balances 2,136,547. 34 2,031,785. Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3b I T, 030, 785. 3c 1, 030, 785. 1, 030, 785. 2 2, 031, 785. Yes No 2a X 2b X 2b X 2c 3 3a X 3a X 3b I "Yes," did the organization undergo the required audit or audits?	Š	30	,	}		0.	30			0.
34 Total liabilities and net assets/fund balances 2,136,547. 34 2,031,785. Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3b I T, 030, 785. 3c 1, 030, 785. 1, 030, 785. 2 2, 031, 785. Yes No 2a X 2b X 2b X 2c 3 3a X 3a X 3b I "Yes," did the organization undergo the required audit or audits?	SSe		•		t fund			,	44.5	
34 Total liabilities and net assets/fund balances 2,136,547. 34 2,031,785. Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3b I T, 030, 785. 3c 1, 030, 785. 1, 030, 785. 2 2, 031, 785. Yes No 2a X 2b X 2b X 2c 3 3a X 3a X 3b I "Yes," did the organization undergo the required audit or audits?	¥ A	l			T T					
34 Total liabilities and net assets/fund balances 2,136,547. 34 2,031,785.	ž		_				-			
Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits?		34	Total liabilities and net assets/fund balances				_			
1 Accounting method used to prepare the Form 990 Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b X c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? 3b	Pai	rt XI	Financial Statements and Reporting	3						
Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3b	_								Yes	No
b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3b	1	Acco	ounting method used to prepare the Form 990	Cas	sh 🗶 Accrual 🗌	Other				
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3b	2a	Were	the organization's financial statements compiled	d or revie	ewed by an independent a	accountant?		<u>2a</u>	\bot	
review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3b	b	Were	the organization's financial statements audited l	by an inc	dependent accountant?			<u>2</u> b	 	<u> </u>
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3b	C				·	•	e audıt	i,		
Act and OMB Circular A 133? b If "Yes," did the organization undergo the required audit or audits? 3a X 3b			•		•	•			-	
b If "Yes," did the organization undergo the required audit or audits?	3а									
									+-	 X
832011 12-18-08 Form 990 (2008)				idit or au	dits?				_ 000	10000

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2008
Open to Public Inspection

Name of the organization

Employer identification number

Part I	Reason		ity Status (All organiz					tructions)	30	-2520345		
			because it is. (Please ch				., (550 11.01	2001.101				
1 []		-	s, or association of church				(b)(1)(A)(i)	_				
2 🗀	•		0(b)(1)(A)(ii). (Attach Sc			0	(~)(')(')	-				
3 🗔			tal service organization of		n section	170(b)(1)(A)(iii). (Att	ach Sche	dule H)			
			operated in conjunction						-	ne hospital's name.		
+	city, and stat		sporator in tenjerioner.		p.,,		J	(=)(-)(-,	.,	,		
5 🗀	•		benefit of a college or ur	niversity ov	vned or or	erated by	a governr	nental uni	t describe	d in		
• —	-	(b)(1)(A)(iv). (Comple				, u. u. u u ,	u go			-		
6			ent or governmental unit	t described	in sectio	n 170(h)(1	WAWW					
7 🗂		_	eives a substantial part					r from the	general n	ublic described in		
,	•	(b)(1)(A)(vi). (Comple	· · · · · · · · · · · · · · · · · · ·	or its supp	on monna	governine	intal anni o	110111 1110	gonorarp	abiio accombaa iii		
8			ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X			eives (1) more than 33 1			rom contri	hutione m	amharchi	n fees an	d aross receints from		
9 (4)	-	_	nctions - subject to certa									
		•	axable income (less sect	-	•	•				-		
		509(a)(2). (Complete		iioii o i i ta	A) 110111 DG	311103303 6	icquired b	y the orga	II II Zation a	101 00110 00, 1070		
10 🔲			perated exclusively to te	st for publi	ic safety S	See sectio	n 509(a)(4	L) (see ins	tructions)			
11			perated exclusively for the							nurnoses of one or		
С	-	•	•		•				•			
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
	a Type III - Other											
е 🗀	-		t the organization is not	• •		•	-	r more dis		••		
е			han one or more publicly									
f			ten determination from t						σ(α)(1) στ σ	0011011 000(4)(2).		
•	=	rganization, check th			k k is a ry	po 1, 1 3 po	п, от турс	,				
	- · · · -	-	organization accepted ar	av aift or co	antribution	from any	of the follo	owing ner	sons?	<u> </u>		
g	•		rectly controls, either al			•				Yes No		
			upported organization?	one or tog	OCI 101 WILLI	pordona	100011000	ir (ii) aria (, 20.011,	11g(i)		
	_		n described in (i) above?							11g(ii)		
		•	person described in (i) of		a?					11g(iii)		
h	• •	-	about the organizations			nnorts				1.90		
••	T TOVIGO INO T	ollowing information	about the organizations	die Organ	ization su	эрона.						
(1) No		(") FIN	(iii) Type of	(iv) Is the c	rnanization	(v) Did you	i notify the	(vi) le	the	(vill) Amount of		
	of supported anization	(ii) EIN	organization	in col. (i) lis				(vi) la organizati	on in col.	(vii) Amount of support		
or gr	anization		(described on lines 1-9 above or IRC section	governing			support?	(i) organiz U.S	.?	зарроге		
			(see instructions))	Yes	No	Yes	No	Yes	No			
	· · · · · · · · · · · · · · · · · · ·			<u> </u>			- ··					
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	<u>,</u>			<u> </u>	ļ <u>.</u>	ļ	<u> </u>	ļ	 			
Total		i	l .	1	1	1	I	1	1 1			

Sch	edule A (Fotm 990 or 990-EZ) 2008						Page 2
Pa	rt II Support Schedule for)(b)(1)(A)(iv) ar	d 170(b)(1)(A)(vi)
0-	(Complete only if you checke	d the box on line t	5, 7, or 8 of Part I.)	<u> </u>	-		
	ction A. Public Support			1		1	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			 			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			 			
4	Total. Add lines 1 - 3	<u> </u>			<u> </u>		
5	The portion of total contributions		,				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,	1					
	column (f)	ļ					
_	••			 	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Public Support. Subtract line 5 from line 4 ction B. Total Support	<u></u>	<u> </u>	<u>.</u>			<u> </u>
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	(a) 2004	(b) 2000	(0) 2000	(4) 2001	(e) 2000	(i) rota
8	Gross income from interest,						
٥	dividends, payments received on						
	securities loans, rents, royalties			1			
	and income from similar sources						
9	Net income from unrelated business			 		1	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			-			
10	or loss from the sale of capital	i					
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					·	
	Gross receipts from related activities	etc (see instruct	ions)	<u> </u>	<u> </u>	12	<u> </u>
	First five years. If the Form 990 is fo			rd. fourth, or fifth t	tax vear as a secti		
	organization, check this box and stop	ū	,,	,		(,(,	▶□
Se	ction C. Computation of Pub		ercentage				
14	Public support percentage for 2008 (line 6, column (f) o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2007	7 Schedule A, Par	t IV-A, line 26f			15	%
16a	33 1/3% support test - 2008. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatio	n			ightharpoons
k	33 1/3% support test - 2007. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organia	zation			▶□
178	10% -facts-and-circumstances tes	st - 2008. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in P	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	a publicly supporte	ed organization		
t	10% -facts-and-circumstances tes	it - 2007. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir	cumstances" test	The organization	qualifies as a pub	licly supported org	ganization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 10	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns 📗

Schedule A (Form 990 or 990 EZ) 2008 JACKSON OPTIMIST CHARITABLE FUND INC. 38-2520345 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 (b) 2005(c) 2006(d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 997 150 4,349 8,620. include any "unusual grants.") 3,124 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 715,685. 687,064. 658,616 700,165 686,392. organization's tax-exempt purpose 3,447,922, 3 Gross receipts from activities that are not an unrelated trade or bus-122,459. 120,113. 101,452. 608,882. iness under section 513 138,401 126,457. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 813,846. 838,144. 807,327. 764,417. 841,690. 4 065 424. 6 Total, Add lines 1 · 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 187,960 239,689. 224,029 196,214 207,665 055,557, 10c, 11, and 12 for the year or \$5,000 239,689 224,029 196,214 187,960 207,665 1,055,557. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 3,009,867, Section B. Total Support (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 764,417 841,690 813,846. 838,144 807,327 4.065.424. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 81,765. 16,267 21,235 20,342 21,911 2,010 and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,010 16,267 21,235 20,342 21,911 81,765. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital 13,649 60,239. 17,912. 14,236 14.442 assets (Explain in Part IV) 4 207 428. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 71.54 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 98.75 % 16 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g Section D. Computation of Investment Income Percentage 1.94 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 1.25 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	$\triangleright \mathbf{X}$
t	33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶Щ
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	
	Schedule A (Form 990 or	990-EZ) 2008

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2008

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2004 Amount	2005 Amount	2006 Amount	2007 Amount	2008 Amount
	207,665.	187,960.	239,689.	224,029.	196,214.
		_			
·····					
otal to Schedule A, Part III, Line 7b	207,665.	187,960.	239,689.	224,029.	196,214

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2008

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2008	2008 Excess Payments
	204,222.	196,214.
		_

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

Employer identification number

Schedule D (Form 990) 2008

		HARITABLE FUND INC.	38-2520345
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	wnting that the assets held in donor adv	used funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may l	oe used only
	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	nistorically important land area
	Protection of natural habitat	Preservation of cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a co	nservation easement on the last day
	of the tax year		,
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
¢	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, violations,	and
	enforcement of the conservation easements it holds?		L Yes L No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	• • •	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year 🕨	\$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
- D-	conservation easements	CARL I Consider Transcript	Other Circles Asset
Ра	organizations Maintaining Collections o	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
4	Maharana and a salaharan and a		
па	If the organization elected, as permitted under SFAS 116, no	-	
	treasures, or other similar assets held for public exhibition, e		public service, provide, in Part XIV, the text of
L	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	•	
	or other similar assets held for public exhibition, education, o	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X	and the second s	\$
2	If the organization received or held works of art, historical tre		cial gain, provide
_	the following amounts required to be reported under SFAS 1	to relating to these items:	.
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
a	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

		OPTIMIST							20345	
Pại	till Organizations Maintaining C									
3	Using the organization's accession and other	r records, check any	of the f	following tha	it are a signif	icant us	e of its colle	ection ite	ms (check	all
	that apply).									
а	Public exhibition	d	·	Loan or exc	hange progr	ams				
b	Scholarly research	е	. []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Pai	t XIV.	
5	During the year, did the organization solicit or	r receive donations	of art, h	storical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes	☐ No
Pai	t IV Trust, Escrow and Custodial	Arrangements	• Comp	lete if organi	zation answ	ered "Ye	s" to Form	990, Pai	rt IV, line 9,	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not	included			
	on Form 990, Part X?		•						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowina	table.						
_		,							Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance				:		1f			
2a	Did the organization include an amount on Fo	orm 990 Part X line	212						Yes	□ No
	If "Yes," explain the arrangement in Part XIV	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							_ 103	
Par		organization answe	ered "Ye	s" to Form 9	990. Part IV.	line 10				
Ъ		(a) Current year		rior year	(c) Two year		(d) Three ye	ars hack	(e) Four ye	ears hack
1a	Beginning of year balance	Auf Garrotti your	(6),	nor your	(C) 1410 you	Duoix	(d) Tilloo ye	paro ouon	(e) rour y	ours buok
b	Contributions									
c	Investment earnings or losses					-				
ď	Grants or scholarships	<u></u>								
e	Other expenditures for facilities									
·	and programs					ļ				
4	Administrative expenses									
'	End of year balance									
9 2	Provide the estimated percentage of the year	r and halance hold s			l				!	
	Board designated or quasi-endowment	end balance neld a	15 %							
	Permanent endowment	<u> </u>	_′°							
	Are there endowment funds not in the posse	-	ation the	at are beld a	nd administs	rad for t	ho organize	ntion		
oa	by.	ssion of the organiza	auon un	at are rielu a	nu auminist	160 107 (ne organiza	ation	ΓV	es No
	(i) unrelated organizations									ES 140
	(ii) related organizations								3a(i)	
h-	• •	المعالية والمعالمة	- Caba	dula DO					3a(ii)	
_	If "Yes" to 3a(ii), are the related organizations Describe in Part XIV the intended uses of the								3b	L
Par	t VI Investments - Land, Building				Part V June	10				
<u> </u>									/-D Daale	
	Description of investment	(a) Cost or o basis (investr			or other (other)	(c) L	epreciation	'	(d) Book v	raiue
	Land	Dasis (investi			0,000.				150	000
	Land				$\frac{0,000.}{2,147.}$		112 20	, _		,000.
	Buildings			3,09	4,14/.	т,	412,32	3.	1,679	,044.
	Leasehold improvements			2.0	4 053		206 16	-	0.0	COF
	Equipment			39	4,853.		306,16	08.	88	<u>,685.</u>
	Other Co. (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d							_ -	1 010	<u> </u>
<u>Total</u>	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	<u>ımn (B),</u>	Ime 10(c))					<u>1,918</u>	<u>,509.</u>

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 JACKSON OP: Part VII Investments - Other Securities. Securities.	TIMIST CHARITAE	BLE FUND INC.	38-2520345 Page 3
(a) Description of security or category	(b) Book value	(c) Metho	d of valuation
(including name of security)	(b) Book value		f-year market value
Financial derivatives and other financial products		<u> </u>	
Closely-held equity interests			
Other			
		· · · · · · · · · · · · · · · · · · ·	
			
	<u> </u>		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related.)		
<u> </u>			d of valuation.
(a) Description of investment type	(b) Book value		f-year market value
	 		
	<u> </u>		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	e 15		
(a	Description		(b) Book value
			
	 _		
	· · · · · · · · · · · · · · · · · · ·	····	
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X			
(a) Description of liability		(b) Amount	
Federal income taxes			
Todora mosmo razos			
Total. (Column (b) should equal Form 990, Part X, col (B)	line 25)		
In Part XIV, provide the text of the footnote to the organiz		that reports the organization's	lability for uncertain tax positions
under FIN 48.			

	dule D (Form 990) 2008 JACKSON OPTIMIST CHARITABLE TO STATE TO THE PROPERTY OF				2520345	Page 4
′1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6	_		
7	Prior period adjustments		7			 -
8	Other (Describe in Part XIV)		8		· · · ·	
9	Total adjustments (net) Add lines 4-8		9			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10			
	TXII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve		r Return	1	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recovenes of pnor year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		•			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		_		
c	Add lines 4a and 4b	1		4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		•	5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses p	er Retu	m	
1	Total expenses and losses per audited financial statements			1		•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Losses reported on Form 990, Part IX, line 25	2c				
d	Other (Describe in Part XIV)	2d		7		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3	_	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
	Add lines 4a and 4b			─ 4c		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5		
Pa	t XIV Supplemental Information					•
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II int XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	I, lines 1a and 4; Pa	art IV, line	s 1b and 2	2b; Part V, line	4; Part
						
						<u> </u>
						······································

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number JACKSON OPTIMIST CHARITABLE FUND INC. 38-2520345 FORM 990, PART VI, SECTION A, LINE 10: MANAGEMENT REVIEWS THE 990 AND COPIES ARE PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REGULARLY REVIEWS THE RELATIONSHIPS OF ITS MEMBERS TO IDENTIFY POSSIBLE CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 8868 (Rev. 4-2009)	Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	▶ [X]
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or Name of Exempt Organization Employer ide	ntification number
print File by the JACKSON OPTIMIST CHARITABLE FUND INC. 38-25	20345
Number, street, and room or suite no. If a P O box, see instructions Number, street, and room or suite no. If a P O box, see instructions 1300 W. NORTH STREET	nly
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSON, MI 49202-3134	
Check type of return to be filed (File a separate application for each return) X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form to	3868.
DON TRAPP • The books are in the care of ▶ 1300 W. NORTH ST JACKSON, MI 49204 Telephone No ▶ 517-783-2664 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the who box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the enterprise of the state of the state of the group.	
4 I request an additional 3-month extension of time until <u>JULY 15, 2010</u> 5 For calendar year, or other tax year beginning <u>SEP 1, 2008</u> , and ending AUG 31,	2009
	n accounting period
7 State in detail why you need the extension	
ADDITIONAL TIME IS REQUIRED TO ALLOW THE BOARD OF DIRECTORS TO REVIEW THE 990 PRIOR TO FILING.	PROPERLY
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits. See instructions.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
tax payments made Include any prior year overpayment allowed as a credit and any amount paid	
previously with Form 8868 8b \$	
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$	N/A
Signature and Verification	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my know it is true, correct, and comprise, and that am authorized to prepare this form.	. 3
Signature ► COA Date ► C	1/15/10

Form **8868** (Rev. 4-2009)

Form **8868**

(Rev Aprıl 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	rou are filing for an Automatic 3-Month Extension, complete only Part I and check this box rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	s form)	▶ [X]
-	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously f		rm 8868
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A cor Part I	poration required to file Form 990-T and requesting an automatic 6 month extension - check this box and cor only	nplete	▶ □
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a Income tax returns	n exter	nsion of time
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990 BL, 6069, or 8870, group returns, or a composite or construct the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Chanties & Nonprofits.	ncally it	f (1) you want the additional ated Form 990 T Instead,
Type print		Emp	loyer identification number
-	JACKSON OPTIMIST CHARITABLE FUND INC.	3	8-2520345
File by due dat filing you return	te for Number, street, and room or suite no If a PO box, see instructions		
instruct			
Chec	ck type of return to be filed(file a separate application for each return)		
	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5 Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990-PF Form 1041-A Form 8	227 069	
Te • If t			r the whole group, check this pers the extension will cover
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un APRIL 15, 2010 , to file the exempt organization return for the organization named as is for the organization's return for calendar year or calendar year or tax year beginning SEP 1, 2008 , and ending AUG 31, 2009		The extension
2	If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period
За	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
b	nonrefundable credits See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a_	\$
-	tax payments made Include any prior year overpayment allowed as a credit	3b	 \$
c	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		
	See instructions	3с	s N/A
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	1 8879	EO for payment instructions