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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

23-7102928 E Telephone number (314) 371-6000 G Gross receipts \$ 1,991,316. H(a) Is this a group return for affiliates. Yes No affiliates No if "No," attach a list (see instructions) H(b) Are all affiliates Mo if "No," attach a list (see instructions) H(c) Group exemption number Mo No if "No," attach a list (see instructions) H(c) Group exemption number Mo No if "No," attach a list (see instructions) H(c) Group exemption number Mo No if "No," attach a list (see instructions) Mo No if "No," attach a list (see instructions) Mo No if "No," attach a list (see instructions) Mo No if "No," attach a list (see instructions) Mo No if "No," attach a list (see instructions) Mo No if "No," attach a list (see instructions) Mo No if "No," attach a list (see instructions) Mo No if "No," attach a list (see instructions) Mo State of legal domicile Mo No if "No," attach a list (see instructions) Mo No," attach a list (see instructions) Mo No," attach a list (see instructions) M	Summary Summ	Dong Susmess As Dong Susmess As Dong Susmess As Dong Susmess As Number and size et (or P O box if mail is not delivered to street address) Room/suite E Telephone number September S	Label or print or type Number and street (or P O box if mail is not delivered to street address) Room	23-7102928 /suite E Telephone number (314) 371-6 G Gross receipts \$ H(a) Is this a group return affiliates? H(b) Are all affiliates inclusif "No," attach a list H(c) Group exemption number formation 1971 M State of the state	1,991,316. Infor Yes X No
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Part VI, line 1a) erning body (Part VI, line 1b) PER	Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34 Contribution and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) NONE 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses, Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses Subtract line 18 from line 12. 19 Revenue less expenses Subtract line 18 from line 12. 10 Total gross unrelated business revenue from Part VIII, line 12, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12. 10 Total gross unrelated business revenue from Part VIII, line 12, column (C) 1, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 2, 1, 1, 3,	Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from 990-T, line 34 8 Contribution and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) 16 a Professional fundraising expenses, Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses, Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20. 23 Set in NoNE 24 NONE 25 NONE 26 Set in NoNE 27 NONE 28 NONE 29 NONE 20	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) Net unrelated business taxable income from Form 990-T, line 34 Contribution and grants (Part VIII, line 1h)	RECEIVED 4 59 FEB: 0 9: 20:10 60 740	5 NONE 386
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I, line 12, column (C) FEB. (19.2010) FeB. (19.201	Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34 Contribution and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) NONE 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses, Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses Subtract line 18 from line 12. 19 Revenue less expenses Subtract line 18 from line 12. 10 Total gross unrelated business revenue from Part VIII, line 12, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12. 10 Total gross unrelated business revenue from Part VIII, line 12, column (C) 1, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 1, 1, 3, 1, 2, 2, 2, 2, 1, 1, 3,	Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from 990-T, line 34 8 Contribution and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) 16 a Professional fundraising expenses, Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses, Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20. 23 Set in NoNE 24 NONE 25 NONE 26 Set in NoNE 27 NONE 28 NONE 29 NONE 20	Fotal number of volunteers (estimate if necessary) Fotal gross unrelated business revenue from Part VIII, line 12, column (C) Net unrelated business taxable income from Form 990-T, line 34 Contribution and grants (Part VIII, line 1h)	7±2	386
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2	19 Revenue less expenses Subtract line 18 from line 12	19 Revenue less expenses Subtract line 18 from line 12 205,978 59,806	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,161,630.	1,484,845.
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5,867,811. 5,663,909.	20 Total assets (Part X, line 16) 5,867,811. 5,663,909	22 Net assets or fund balances Subtract line 21 from line 20			
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Form 9	990 (2008) 23-7102928	_		Page 3
Part				
			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	Х	
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		<u> x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4_	L	X
5	Sections 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	L	
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	<u> 6</u>		_x_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	i		
	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	<u>8</u>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	ŀ		ł
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	<u>9</u>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Pa	rt V 10	X	L
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	<u> </u>
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	<u> 12</u>	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<u>13</u>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	<mark>14a</mark>		<u> X</u>
b		- 1		
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	<u>14b</u>	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			ļ
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4-	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 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	X	
22 23	Did the organization report more than \$5,000 on Part IX, column (A), line 27 if Yes, complete Schedule i, Parts I and iii Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete	· · · <u> 22</u>	X	\vdash
ŁJ		22		
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	 	X
_74	\$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			١,
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	†	<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2-0		
•	to defence on the exempt hands?	24c		
d		24d	†	
25a		• • • —	 	\vdash
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_v
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	· · · 25a		<u> </u>
U	norman from a prior year? If "Van " complete Schadule I. Port I	25b		.
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee		 	X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Par	ı		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	" · 26		<u> </u>
£1	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		,
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Part	IV Checklist of Required Schedules (continued)			
			Yes	N
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		>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		Х
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
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		>
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		- 2
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_ 2
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			l
	III, IV, and V, line 1	34	<u> </u>	\Box
5	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		
6	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	
7	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			
	<u>VI</u>	37		2

Form **990** (2008)

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	ļ		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ì
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			اا
	this return?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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	4a		v
	account)?	-7a		X
	If "Yes," enter the name of the foreign country ▶			
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	- <u>-</u> -		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282?	' -		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	х	
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	Х	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			:
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter			
	initiation lees and capital contributions included on Fart VIII, line 12			
	Gloss receipts, included off Form 990, Fart VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter Gross prome from members or shareholders 11a			
	Gross income from members of shareholders			,
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	amounts que of received from ment 1	łi		
2~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a		

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

Sect	ion 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, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 5			
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		<u>x</u>
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	,		
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3	<u> </u>	
4 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		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	-		<u> X</u>
, a	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations 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	<u> </u>	
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	11		X
Secti	on B. Policies			
	Down to the state of the state		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	425		
_	rise to conflicts?	12b	<u> </u>	
С		12c	v	
13	D. III.	13	<u>х</u> х	_
14	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	х	
b	Other officers or key employees of the organization?	15b		х
	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		х
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		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE REQUIRED		. .	
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			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial 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 ►THOMAS OWEN 4494 LINDELL BLVD. ST LOUIS, MO 63108			
	314-371-6000			(0000)

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

(A)	(B)				C)	46 -4 -	. 1 3	(D)	(E)	(F)
Name and Title	Average hours per week	ndıvidual trustee	Institutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BILL SCOTT										
PRESIDENT	5.	х		х				NONE	NONE	NON
WILLIAM H TEAGUE PRESIDENT-ELECT	5	х		x				NONE	NONE	NONE
RONALD N GRAVES BOARD MEMBER	5.	Χ						NONE	NONE	NONI
GARY ADDISON TREASURER	5.	х		х				NONE	NOŅE	NONE
FRANK RUMAN BOARD MEMBER	5.	_X_						NONE	NONE	NONE
JUDITH SMITH										
EXEC. DIRECTOR/SECRETARY	50.	ļ		X			<u> </u>	122,090.	NONE	12,528
									:	
		-								
					<u> </u>		-			
			-	-		ļ	-			
			-							
		-	\vdash		\vdash					
			<u> </u>			L		<u></u> .		

_	art VII Section A. Officers, Directors, Tru	stees, Ke	y En	plo	ye	es,	and	Hig	hest Compensat	ed Employe	ees (c	ontinue		raye
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per week	ndvidual trustee	Institutional trustee	Officer	Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensal from relat organizatio (W-2/1099-N	tion ed ons	comports organic	timate lount of other pensa om the anizati f relate	of tion e ion ed
													_	
					_									
_								-	·					
								<u> </u>						
												·		
												_		
					_									
_						_								
							_							
_				_										
_														
								İ						
1b	Total				<u></u>			`▶	122,090.	-	NONE	•	12.	528
2	Total number of individuals (including those organization ► 1													
_	<u> </u>												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or or	tru	ıste	e, I	key 6	emp	oloyee, or highest	t compensa	ted	3	~	
4	For any individual listed on line 1a, is the	sum of	repor	tabl	e c	om	pensa	atior	n and other comp	pensation fr	om			X
	the organization and related organizations individual											4		- <u>-</u>
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accr	ue co	omp	ens	atic	n fro	om	any unrelated o	rganization	for	5		
Se	ction B. Independent Contractors	<u>oompioto (</u>	30/104	410	, , , ,	- Ou	on po	, 30,	<u>,</u>	<u> </u>	· ·			<u> </u>
1	Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	dent	con	trac	tors that received	more than	1 \$10	0,000	of	
_	. (A)							T	(B)			(C)		
_	Name and business addi		·						Description of ser	VICES		ompens	auon	
		-						+						
_								F	-				•	
2	Total number of independent contractors (II	_	nose	ın ´	1) v	vho	rece	ive	d more than \$10	0,000 in				_
_	compensation from the organization N	IONE								<u> </u>		Factor	000	/2009

Par	t VIII	Statement of Revenu	ue		<u> </u>	23-7102928		
	·				(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	1a b c d e f	Federated campaigns	1b 1c 1d 1e					
Contrib and oth	g	and similar amounts not included in Noncash contributions included in	ın lınes 1a-1f \$		1 211 240			
	h_	Total. Add lines 1a-1f	 	_	1,311,249.			
Program Service Revenue	2a b c			Business Code				
Progra	f	All other program service rev			NONE			
	3	Investment income (includin other similar amounts) Income from investment of t	g dividends, intere	est, and				185,060.
	5	Royalties			NONE			
	•	Noyumes	(i) Real	(II) Personal				
	6a b c	Gross Rents						
	d	Net rental income or (loss).			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities 480,000.	(II) Other				
	b	Less cost or other basis and sales expenses						
	C.	Gain or (loss)	41,636.		41.606			
4	8a	Net gain or (loss) Gross income from f	undraising		41,636.			41,636.
Other Revenue	_	events (not including \$ of contributions reported on See Part IV, line 18	line 1c) a	5,034.				
the		Less direct expenses Net income or (loss) from ful						3,267.
0	l	Gross income from gaming a See Part IV, line 19	activities	VIINT S.	-3,201.			-3,207
	b c	Less direct expenses Net income or (loss) from ga	b		NONE NONE			
	10a	Gross sales of inventoreturns and allowances	•		:			
	ь	Less cost of goods sold						
	c				NONE			
		Miscellaneous Reven		Business Code				
	11a	INCREASE CSV OF LIFE INSU	IRANCE	525990	2,068.			2,068.
	Ь	MISCELLANEOUS		900099	7,905.			7,905.
	d	All other revenue						
	e	Total. Add lines 11a-11d .			9,973.			
	12	Total Revenue. Add lines 1h		_				
		9c, 10c, and 11e			1,544,651.		<u> </u>	233,402.

Part IX Statement of Functional Expenses

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

	All other organizations must comple	te column (A) but are	not required to comp	olete columns (B), (C), a	nd (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	555,159.	555,159.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	154,310.	154,310.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	132,689.	84,921.	30,518.	17,250
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	160,998.	93,153.	32,328.	35,517
8	Pension plan contributions (include section 401	200,200		32/3231	
-	(k) and section 403(b) employer contributions).	67,228.	40,763.	14,386.	12,079
9	Other employee benefits	58,223.	35,303.	12,459.	10,461
10	Payroll taxes	23,253.	14,099.	4,976.	4,178
11	Fees for services (non-employees)	23,233.	14,099.	4,570.	4,170
		NONE			
	Management	2,697.		2,697.	
	Legal	14,000.			
	Accounting	NONE		14,000.	
	Lobbying				
	Professional fundraising services See Part IV, line 17	NONE			
	Investment management fees	NONE	40.000	640	· · · · · · · ·
	Other	40,640.	40,000.	640.	
12	Advertising and promotion	NONE			
13	Office expenses	7,318.		-	7,318
14	Information technology	NONE		-	
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	31,788.	18,819.	12,969.	
20	Interest	NONE	<u> </u>		
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	38,306.	23,367.	8,121.	6,818
23	Insurance	893.			893
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	BANK_CHARGES	11,233.		11,233.	
b	DUES, SUBSCRIPTIONS, PUB	3,706.		3,706.	
c	VOLUNTEER_ACTIVITIES	72,351.	36,176.	36,175.	
	BAD_DEBT_EXPENSE	25,000.		25,000.	
е	PRINTING	13,773.			13,773
	All other expenses	71,280.	10,094.	17,045.	44,141
	Total functional expenses. Add lines 1 through 24f	1,484,845.	1,106,164.	226,253.	152,428
	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 educational campaign and fundraising solicitation				
J\$A				<u></u>	Form 990 (2008)

8E 1052 1 00

Pa	rt X	Balance Sheet					_
			(A) Beginning of year		(B) End of y	ear	_
	1	Cash - non-interest-bearing		1			_
	2	Savings and temporary cash investments	96,099.	2	9	8,038	<u>.</u>
	3	Pledges and grants receivable, net	172,356.	3	21	8,428	<u>.</u>
	4	Accounts receivable, net		4			_
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties Complete Part II of Schedule L		5			_
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II		_			
	_	of Schedule L		6		_	_
ets	7	Notes and loans receivable, netSTMT. 3	721,438.	7		1,473	_
Assets	8	Inventories for sales or use	31,208.			0,000	_
	9	Prepaid expenses and deferred charges	3,853.	9		6,274	_•
		Land, buildings, and equipment cost basis 10a 292, 134.					
	D	Less accumulated depreciation Complete Part VI of Schedule D	106 541	400	1.0		
	11	Investments - publicly traded securities STMT- 4	126,541.			8,295	_
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	4,504,424.	12	4,31	0,449	<u>_</u>
	13	Investments - program-related See Part IV, line 11		13			-
	14	Intangible assets		14			-
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	211,892.		1 9	0,952	,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,867,811.			3,909	
_	17	Accounts payable and accrued expenses	340,841.			6,022	_
	18	Grants payable	1,018,194.			3,670	
	19	Deferred revenue		19			_
	20	Tax-exempt bond liabilities		20			_
ŝ	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
abi		highest compensated employees, and disqualified persons Complete Part II					
=		of Schedule L		22			_
	23	Secured mortgages and notes payable to unrelated third parties		23			_
	24	Unsecured notes and loans payable		24			_
	25	Other liabilities Complete Part X of Schedule D	1,583,716.			5,221	
_	26	Total liabilities. Add lines 17 through 25	2,942,751.	26	2,90	<u>4,913</u>	<u>.</u>
Ses		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.					
Fund Balance	27	Unrestricted net assets	1,333,773.	27	<u>69</u>	3,539	<u>) .</u>
Ва	28	Temporarily restricted net assets	<u>491,775.</u>	28		2,417	
ū	29	Permanently restricted net assets	1,099,512.	29	<u>1,30</u>	<u>3,040</u>	<u>.</u>
ō		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.		:			
Assets	30	Capital stock or trust principal, or current funds		30			_
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund		31			_
	32	Retained earnings, endowment, accumulated income, or other funds		32			_
Net	33	Total net assets or fund balances	2,925,060.	33		8,996	_
	34	Total liabilities and net assets/fund balances	5.867.811.	34	<u>5,66</u>	<u>3,909</u>	وا
Pa	rt XI	Financial Statements and Reporting			- Iv	.	_
					Y	es No	_
1		unting method used to prepare the Form 990 Cash Accrual Othe					
2a		e the organization's financial statements compiled or reviewed by an independent account				X V	-
b		e the organization's financial statements audited by an independent accountant?			2b	<u> </u>	-
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility , review, or compilation of its financial statements and selection of an independent accour	-		2c	$_{\mathbf{x}}$	
3a		result of a federal award, was the organization required to undergo an audit or audits as s			40	^	-
- 4		Single Audit Act and OMB Circular A-133?			3a	x	
b		es," did the organization undergo the required audit or audits?				 ^	-
						90 (2008	<u>-</u>

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

200

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Employer identification number Name of the organization OPTIMIST INTERNATIONAL FOUNDATION 23-7102928 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 c | Type III - Functionally Integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (i) Name of supported (iii) Type of organization (iv) Is the organization (vi) Is the (ii) EIN (v) Did you notify (vii) Amount of (described on lines 1-9 organization in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes

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

Schedule A (Form 990 or 990-EZ) 2008

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Sec	tion A. Public Support										
Cale	ndar 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")	1,106,988.	1,383,228.	1,729,082.	1,870,796.	1,311,249.	7,401,343.				
2	Tax revenues levied for the organization'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	1,106,988.	1,383,228.	1,729,082.	1,870,796.	1,311,249.	7,401,343.				
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, column (f)						94,695.				
6	Public support. Subtract line 5 from line 4						7,306,648.				
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
		1,106,988.	1,383,228.	1,729,082.	1,870,796.	1,311,249.	7,401,343.				
7 8	Amounts from line 4	164,838.	160,582.	166,669.	237,560.	1,311,243.	914,709.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5,839.	7,784.	21,258.	11,643.	9,973.	56,497.				
11	Total support. Add lines 7 through 10					12	8,372,549.				
12	Gross receipts from related activities, etc. (5	•				121					
13	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here										
Sec	tion C. Computation of Public Sup				<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> P 1 </u>				
14	Public support percentage for 2008 (li			11 column (f))	 .	. 14	87.27 %				
15	Public support percentage for 2006 (iii						87.82 %				
	33 1/3% support test - 2008. If the o	rganization did	not check the h	ox on line 13 a	nd line 14 is 33	1/3% or more					
	and stop here. The organization qualif										
b	33 1/3% support test - 2007. If the o	rganization did	not check a box	on line 13 or 1	6a, and line 15	ıs 33 1/3% or m	ore, check this				
_	box and stop here. The organization of										
17a	10%-facts-and-circumstances test -										
	is 10% or more, and if the organizatio										
	in Part IV how the organization meets										
	organization			=		· ·	- I				
b	10%-facts-and-circumstances test -										
	15 is 10% or more, and if the organiza	_									
	Explain in Part IV how the organization						icly				
	supported organization										
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see					
	instructions			<u></u>			▶ 🔲				

Par	Support Schedule for Orga (Complete only if you checke			tion 509(a)(2)	-7102926		- Fage O
Sec	tion A. Public Support			,			
	llendar 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	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	·						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		-				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
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						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · · ·						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						•
	line 6)						
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,		"				
	payments received on securities loans,					1	
	rents, royalties and income from similar						
h	Sources				-		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
		 		===			
	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 assets						
	(Explain in Part IV)						
13	• • • • • • • • • • • • • • • • • • • •						
	and 12)						
14	First five years. If the Form 990 is for	-			•	•	
	organization, check this box and stop here			<u> </u>	<u>.</u>		<u> ▶ </u>
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8	, column (f) dıvid	ed by line 13, colui	^{mn (f))}		15	%
16	Public support percentage from 2007 Scho	edule A, Part IV-A	, line 27g	<u></u>	· · · · · · · · ·	16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2008 (In			13, column (f))		17	%
18	Investment income percentage from 2007					18	<u></u> %
	33 1/3% support tests - 2008. If the org	ganization did no	ot check the box	on line 14, and I	ine 15 is more th	nan 33 1/3 % and	
	17 is not more than 33 1/3 %, check this bo						
	33 1/3% support tests - 2007. If the orga						
ט	line 18 is not more than 33 1/3 %, check thi						
						• •	• • • • • • • • • • • • • • • • • • • •
20	Private foundation. If the organization did	not check a box	on line 14, 19a, 0	i 190, check this i	JUX AND SEE INSTITU	CHOIS	<u></u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

nam	e or the organization	Employer Identification number
OP:	TIMIST INTERNATIONAL FOUNDATION	23-7102928
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if
	(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	<u> </u>
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	nor advised
	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
	Impermissible private benefit?	Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of	f an historically importantly land area
		f certified historic structure
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form	of a conservation 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	2 b
С	Number of conservation easements on a certified historic structure 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, released, extinguished, or terminal	ated by the organization during
	the taxable year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, vio	
	enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the	-
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	1 1 1
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	-
	balance sheet, and include, if applicable, the text of the footnote to the organization's financi	al statements that describes
D-	the organization's accounting for conservation easements	- Cimilar Assats
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	- Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statem art, historical treasures, or other similar assets held for public exhibition, education, or resea provide, in Part XIV, the text of the footnote to its financial statements that describes these ite	ent and balance sheet works of rch in furtherance of public service, ms
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research 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	
2	If the organization received or held works of art, historical treasures, or other similar assets f	
	following amounts required to be reported under SFAS 116 relating to these items	<u> </u>
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	
	Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	
OF		

Par	t III Organizations Maintaining	g Collections of	of Art, Hi	storical	Treasures	s, or (Other Similar A	ssets (c	continued)	
3	Using the organization's accession a	nd other records	, check a	iny of the	following th	hat ar	e a significant us	e of its c	ollection	
	items (check all that apply)									
а	. Public exhibition		d			chang	je programs			
þ	Scholarly research		е		Other					
С	Preservation for future gene									
4	Provide a description of the organiza	ition's collections	and expl	lain how	they further	the c	rganization's exe	mpt purp	ose in	
	Part XIV									
5	During the year, did the organization									
	assets to be sold to raise funds rathe									No
Pai	Trust, Escrow and Custod						nswered "Yes" f	:o Form	990,	
	Part IV, line 9, or reported	an amount on	Form 9	90, Part	X, line 21.		 			
1a	Is the organization an agent, trustee,			-						_
_	included on Form 990, Part X?							· · · L	Yes _	No
b	If "Yes," explain the arrangement in P	art XIV and com	plete the	following	j table					
							Ar	nount		
C	Beginning balance					_				
d	3 ,					_				
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amou		, Part X,	line 217				· · · L	Yes _	No
	If "Yes," explain the arrangement in P				N/ U (- E -		00 D () () () (40		
Par	t V Endowment Funds. Comp									
4.	Barrana af wasa balana	(a) Current Year	(b) Pri	or year	(c) Two ye	ars bac	k (d) Three year	rs back	(e) Four year	rs back
1a		1,773,623.								
b	Contributions	212,580.								
C	Investment earnings or losses	86,510.								
d	Grants or scholarships	10,016.								
е	Other expenditures for facilities .									
	and programs									
	Administrative expenses									
g	End of year balance	2,062,697.	<u> </u>		<u> </u>					
2	Provide the estimated percentage of			as						
a	Board designated or quasi-endowme		<u>0</u> %							
D	Permanent endowment ► 63.000									
	Term endowment ▶%		41		h					
Ja	Are there endowment funds not in th	e possession of	the orga	nization i	nat are nei	a and	administered for t	.ne	N.	
	organization by								Yes	+
	(i) unrelated organizations								3a(i)	X
ь.	(ii) related organizations								3a(ii)	<u> </u>
	Describe in Part XIV the intended use		-						3b	
4 Par	t VI Investments - Land, Buildi					rt Y	ine 10			
rai							T			
	Description of investment		or other bas estment)) Cost or other basis (other)		(c) Depreciation	(d	l) Book value	
12	Land						-		-	
b	Buildings						+			
D	Leasehold improvements				2 21	$\overline{}$				
ن يہ	Equipment			_	9,91		9,918.			<u> </u>
d	• •				215,89		134,353.			<u>544.</u>
	Other		Part V	column (66,31		39,568.			751.
ota	i. Add lines Ta-Te (Column (d) Should	equal FOIII 990,	rail A,	COIUITITI (E	o), IIII U TU(C)	· / · ·	<u></u>			<u> 295.</u>
								0-6-4	ula D (Farm 0	000 2000

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See	Form 990, Part X, line	e 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
Financial der	ivatives and other financial products			
	equity interests	I I		
		<u> </u>		
		<u> </u>		
	(b) should equal Form 990, Part X, col (B) line 12)		- 10	
Part VIII	Investments - Program Related. See			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
				·
				·
		1		
	# 15			
	(b) should equal Form 990, Part X, col (B) line 13)	_1		
Part IX	Other Assets. See Form 990, Part X		T	(In) Dealership
-) Description		(b) Book value
				
				
				<u> </u>
		· -		-
			-	
		- ·		
				· -
Total. (Column	(b) should equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part			
	(a) Description of liability	(b) Amount		
Federal incon	ne taxes			
DIJE TO N	MEMBER CLUBS	1,120,902.		
	NUITIES PAYABLE	305,585		
	OPTIMIST INTERNATIONAL	88,734.		
DOB 10 C	JI IIII J. INI DAMII JAMII	007,31		
		 		
				
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25)	1,515,221.		
,	1,	1, 1, 1, 1, 2, 2, 2, 1,	·	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2008

SEE_PAGE_5	

Schedule D (Form 990) 2008

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047 2008

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Open to Public Inspection

tion number

Department of the Treasury	► Complete if the organization answered "Yes," on Form 390, Part IV, lines 21 of 22.
Internal Revenue Service	Attach to the control of the control
Name of the organization	Employer identifica
OPTIMIST INTERN	OPTIMIST INTERNATIONAL FOUNDATION
Part General Inf	Part I General Information on Grants and Assistance
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
the selection criter	the selection criteria used to award the grants or assistance?
2 Describe in Part IN	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

ž

X Yes

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on	to Governm	ents and Orga	nizations in the Un	ited States. Comp	lete if the organiza	ation answered "Ye	is" on
Form 990, Part IV, line 21, for any recipient th Use Part IV and Schedule I-1 (Form 990) if addit	any recipien orm 990) if a	it that received additional space	at received more than \$5,000. Check this box if no one recipient received more than \$5,000 from a space is needed	Check this box if	no one recipient received more t	eceived more man	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPTIMIST INTERNATIONAL	43-0443279	501(0)(4)	160.065.				CHARITABLE, LITERARY
STONE OAK COMMUNIY OPTIMIST CLUB OF SAN AN				i			CONT. COMMATTER STRONG
SAN ANTONIO, TX DORAL OPTIMIST CLUB (FLORIDA)	90-0335449	501 (C) (4)	10,000.			:	STONE OAK WINTER FES
DORAL, FL	90-0099568	501 (C) (4)	18,097.				DORAL YOUTH FOOTBALL
RIVERFRONT OPTIMIST CLUB OF NILES, MI							THE CASE OF THE CA
NILES, MI	36-4508071	501 (C) (4)	12,000.				TOUTH MUSIC FESTIVAL
OFTIMIST CLUB OF ALTAMONIE SERINGS-SOUTH SE. ALTAMONIE SPRINGS. FT.	23-7105612	501 (C) (4)	12,215.				CHARITY GOLF TOURNAM
OPTIMIST CLUB OF PRINCETON, KY							
PRINCETON, KY	23-7178644	501(C)(4)	15,650.				PRINCETON PLAYGROUND
S.U.C.C.E.S.S. OPTIMIST CLUB OF SAN DIEGO.							
SAN DIEGO, CA	90-0183833	501 (C) (4)	9,903.				CHILDREN'S RAINFORES
OPTIMIST CLUB OF INCLINE VILLAGE, NV							
INCLINE VILLAGE, NV	23-7402398	501 (C) (4)	9,500.				SCHOLARSHIPS
OPTIMIST CLUB OF FOLEY, AL							
FOLEY, AL	63-6054213	501 (C) (4)	5,500.				SCHOLARSHIPS
		-					
						:	
2 Enter total number of section 501(c)(3) and government o	and governme	ent organizations					NONE
3 Enter total number of other organizations					• • • • • • • • •	A	6
5	Act Notice, se	e the Instruction	ins for Form 990.			Scher	Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008
Part III Grants an

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ORATORICAL SCHOLARSHIPS	81	100,360.			•
CCDHH SCHOLARSHIPS	26	21,000.			
ESSAY CONTEST SCHOLARSHIPS	38	32.950.			
	:				
Part IV Supplemental Information. Complete this pai	ete this part to	provide the info	ormation required	I in Part I, line 2, and any	rt to provide the information required in Part I, line 2, and any other additional information.
PROCEDURES FOR MONITORING USE OF GRANT FUNDS	RANT FUNDS				
SCHEDULE I. PART I. QUESTION 2	 				
THE FOUNDATION MONITORS THE CLUB GRANT PROGRAM ON A PERIODIC BASIS.	RANT PROGR	<u>am on a peri</u>	ODIC BASIS.	Ą	
FINAL PROJECT COMPLETION FORM HAS BEEN DEV	BEEN DEVEL	ELOPED BY THE FOUNDATION AND	FOUNDATION A	Q	
מר אפטם פוו וכ חסגים סה הפתוזיספט				I K E C E	
<u> </u>		<u> </u>			
AMOUNTS OF AND UTILIZATION OF HOW THE GRANT FUNDS WERE SPENT.	THE GRANT	FUNDS WERE S	PENT. THE		
COMPLETION FORMS ARE REVIEWED BY THE FOUNDATION STAFF ON A MONTHLY BASIS	<u>HE FOUNDAT</u>	ION STAFF ON	LA MONTHLY B	ASIS	
TO ENSURE THAT FUNDS WERE UTILIZED FOR THE VARIOUS CHARITABLE. LITERARY	EOR THE V	<u> ARIOUS CHARI</u>	TABLE, LITER	<u>ARY</u>	
AND EDUCATIONAL PURPOSES AS DEFINED BY THE CLUB GRANT PROGRAM. FOR CLUBS	ID BY THE C	LUB_GRANT_PR	OGRAM. FOR	CLUBS	
THAT ARE DELINQUENT IN TURNING IN THE COMPLETION FORMS, THE FOUNDATION	THE COMPLE	TION FORMS.	<u>THE FOUNDATI</u>	NO	

Part III	Grants and Other Assistance to Individuals in Use Schedule I-1 (Form 990) if additional space	dividuals in the sional space is	the United States.	. Complete if the	e organization answered	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
						•
Part IV	Supplemental Information. Complete this part		provide the info	rmation required	I in Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information
MILLL NO	WILL NOT AWARD ADDITIONAL GRANTS UNTIL ALL	- 1	PAST DUE COMPLETION FORMS HAVE	LETION FORMS	HAVE	
BEEN RE	<u>BĒĒN RĒCĒIVĒD FROM THĒ CLUB.</u>	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
FOR GRA	GRANȚS MADE TO OPTIMIST INTERNATIONAL/		THE FOUNDATION MONITORS		THE	
UTILIZA	UTILIZATION_OF_THE_GRANT_FUNDS_VIA_A_JOINT	i	MEETING_OE_THE_FOUNDATION_S	E_FOUNDATION	S.	
BOARD O	OF DIRECTORS AND THE OPTIMIST INTERN	T_INTERNAT	ATIONAL BOARD OF DIRECTORS ON	<u>of_directors</u>	NO	
AN ANNU	<u>AN ANNUAL BASIS AT THE JOINT BOARD MEETING, OPTIMIST INTERNATIONAL</u>	RD MEETING	OPTIMIST	<u>NTERNATIONAL</u>		
PROVIDE	PROVIDES_A_HIGH_LEVEL_SUMMARY_OF_T!	<u>THE_PROGRAM</u>	PROGRAM ACTIVITIES.	<u>THAT IT HAS</u>		
CONDUCT	CONDUCTED FOR THE CURRENT YEAR, AS WELL AS	:	THE PLANNED A	PLANNED ACTIVITIES FOR		
FUTURE	PERIODS.					
SCHOLAR	SCHOLARSHIPS ARE AWARDED TO ELIGIBLE INDIVIDUALS IN THE UNITED STATES ON	TE INDIVID	UALS_IN_THE_	UNITED STATE		

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed.	idividuals in the	ne United States needed.	. Complete if the	e organization answered	'Yes" on Form 990, Part IV, line 22
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		-				
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line	ete this part to	provide the info	ormation required	7	and any other additional information
AN_ANN	AN ANNUAL BASISTHE SCHOLARSHIPS ARE AWA		RDED_BASED_ON_CRITERIA	CRITERIA		
ESTABL1	ESTABLISHED BY THE FOUNDATION INDIVIDUAL	ωį	SUBMIT AN AP	SUBMIT AN APPLICATION FOR A	R.A	
<u>SCHOLAE</u>	SCHOLARSHIP. AND THE AWARDS ARE MADE ON AN	<u>.de_on_an_a</u>	<u>NNUAL BASIS.</u>	ANNUAL BASIS BY THE MEMBERS OF	RS OF	
<u> The op</u> i	THE OPTIMIST INTERNATIONAL DISTRICT REPRES	T. <u>Represen</u>	TATIVES_ON_B	ENTATIVES ON BEHALF OF THE		
<u>FOUNDA</u> 1	FOUNDATION. THE SCHOLARSHIPS AWARDED TO INDIVIDUALS ARE ONLY PAID WHEN	DED TO IND	<u>IVIDUALS_ARE</u>	<u>- ONLY. PAID. W</u>	HEN	
THE IN	THE INDIVIDUAL PROVIDES CERTIFICATION OF ADMISSION TO AN EDUCATIONAL	<u>ION OF ADM</u>	<u>ISSION TO AN</u>	<u>- EDUCATIONAL</u>		
<u>IIZZZNI</u>	INSTITUTION. THE FOUNDATION MAKES	THE PAYME	NT_ON_BEHALE	THE PAYMENT ON BEHALF OF THE STUDENT	ENT	
<u>DIRECTI</u>	DIRECTLY TO THE EDUCATIONAL INSTITUTION.	NOIIO	 			
 		 		1		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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	

Name of the organization	Employer identification number
OPTIMIST INTERNATIONAL FOUNDATION	23-7102928
EODM 000 DEVIEW DDOORG	
FORM 990 REVIEW PROCESS	
PART VI, SECTION A, QUESTION 10	
THE FORM 990 IS REVIEWED BY MANAGEMENT AND PROVIDED TO THE BOARD	<u>OF</u>
DIRECTORS FOR REVIEW AND APPROVAL AT A REGULARLY SCHEDULED MONTHL	Y_BOARD
MEETING. AFTER REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, TH	E_FORM
990 IS FILED WITH THE IRS BY MANAGEMENT.	

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Name of the organization	Employer identification number
OPTIMIST INTERNATIONAL FOUNDATION	23-7102928
RELATED ORGANIZATION	
SCHEDULE R	
OPTIMIST INTERNATIONAL FOUNDATION (THE FOUNDATION) IS AFFILIATED	WITH
OPTIMIST INTERNATIONAL (THE ORGANIZATION), WHICH IS A SEPARATE 50	1(C)(4)
ENTITY. THE FOUNDATION AND THE ORGANIZATION HAVE SEPARATE GOVERN	ING
BODIES AND SEPARATE OFFICERS. HOWEVER, THE FOUNDATION WAS ESTABL	ISHED IN
PRIOR YEARS TO COLLECT CONTRIBUTIONS FROM THE GENERAL PUBLIC AND	
ESTABLISH PROGRAM SERVICES THAT FURTHER EXECUTE THE ORGANIZATION!	<u>s</u>
CHARITABLE AND LITERARY ACTIVITIES.	
THE FOUNDATION UTILIZES THE ORGANIZATION TO PROCESS PAYROLL TRANS	ACTIONS
ON ITS BEHALF. WHILE THE FOUNDATION DOES EMPLOY 5 INDIVIDUALS (I	NCLUDING
THE EXECUTIVE DIRECTOR OF THE FOUNDATION), ALL REQUIRED PAYROLL F	ILINGS
(W-2, W-3, 941) ARE FILED BY THE ORGANIZATION UNDER THE ORGANIZAT	ION'S
FEDERAL EMPLOYER IDENTIFICATION NUMBER. THE FOUNDATION REIMBURSE	S_THE
ORGANIZATION FOR 100% OF THE PAYROLL COSTS INCURRED FOR THESE 5	
EMPLOYEES, WHICH AMOUNTED TO \$379,314 FOR THE YEAR ENDED SEPTEMBE	R_30,
2009.	
THREE OF THE FOUNDATIONS FORMER EMPLOYEES ARE PARTICIPANTS IN A D	EFINED
BENEFIT PENSION PLAN SPONSORED BY THE ORGANIZATION. ONE OF THE F	ORMER
EMPLOYEES, WHO WAS THE FORMER EXECUTIVE DIRECTOR OF THE FOUNDATIO	NIS
CURRENTLY RECEIVING BENEFIT PAYMENTS FROM THE PLAN (THE FREQUENCY	AND
AMOUNT OF WHICH ARE DETERMINED ACCORDING TO THE PLAN DOCUMENT).	ON_AN
ANNUAL BASIS, THE FOUNDATION MAKES A PAYMENT TO THE ORGANIZATION	RELATED
TO THE PLAN. THE AMOUNT OF THE PAYMENT FROM THE FOUNDATION TO TH	E
ORGANIZATION IS A PRO-RATA CALCULATION OF THE TOTAL CONTRIBUTION	MADE TO
THE PLAN BY THE ORGANIZATION FOR THE YEAR. FOR THE YEAR ENDED SE	PTEMBER
30, 2009, THIS AMOUNT WAS \$67,228.	

Name of the organization	Employer identification number
OPTIMIST INTERNATIONAL FOUNDATION	23-7102928
THE FOUNDATION HOLDS A LONG TERM NOTE RECEIVABLE FROM THE ORGANIZ	ATION.
DURING THE CURRENT FISCAL YEAR, TOTAL REPAYMENTS OF INTEREST AND	
PRINCIPAL ON THE LOAN FROM THE ORGANIZATION TO THE FOUNDATION AMO	UNTED_TO
\$63,528.	
ON A PERIODIC BASIS, THE ORGANIZATION ADVANCES OPERATING FUNDS TO	_THE
FOUNDATION. THE TOTAL OF SUCH PAYMENTS DURING THE YEAR ENDED SEP	TEMBER
30, 2009 AMOUNTED TO \$57,844.	
AT SEPTEMBER 30, 2009, \$88,734 WAS DUE FROM THE FOUNDATION TO THE	
ORGANIZATION.	
	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

20**08**

OMB No 1545-0047

Inspection

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OPTIMIST INTERNATIONAL FOUNDATION

Department of the Treasury Internal Revenue Service

Employer Identification number

► See separate instructions.

23-7102928

Part I Identification of Disregarded Entities			!		
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
	ļ				
	ļ				
	Ī				
Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
OPTIMIST INTERNATIONAL SAINT LOUIS, MO 63108	CIVIC/CHARITY MO	МО	501(C)(4)	N/A	N/A
	·				
	Ī				
	ļ				
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2008

Partill Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	8 8			_	
Ge Br	Yes		 		
Code V-UBI Gen amount in box 20 of mar Schedule K-1 (Form 1065)					
(H) Disproportionata					
	Yes				
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Predominant income (related, investment, unrelated)					
(D) Direct controlling entity					
(C) Legal domicile (state or foreign	(coming)				
(B) Primary activity					
(A) Name, address, and EIN of related organization					

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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) 2008

Transactions With Related Organizations Part V

Receipt of (i) interest (iii) annuities (iiii) royalties (iv) rent from a controlled entity	9 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	+
capital contribution from other organization(s)		×
loan guarantees by other organization(s)		+
sets to other organization(s)		×
of assets from other organization(s)	11	-
		 -
Exchange of assets		××
	, '	,
Lease of facilities, equipment, of other assets from other organization(s)		×
Performance of services or membership or fundraising solicitations by other organization(s)	:	
Sharing of facilities, equipment, mailing lists, or other assets		×
	:	
Reimbursement paid to other organization for expenses	10	× ×
Other transfer of cash or property to other organization(s)	11	××
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ps and transaction threshold	S
(B) Transaction Name of other organization(s) (B) Transaction (ype (a-r)	(C) stion Amount involved	hed
OPTIMIST INTERNATIONAL B	160	160,065.
OPTIMIST INTERNATIONAL	67,	228.
OPTIMIST INTERNATIONAL	379,	314.
OPTIMIST INTERNATIONAL	14,	709.
OPTIMIST INTERNATIONAL	121,	.372.
TANGTHANGGHAT	0	737

Page 4

Unrelated Organizations Taxable as a Partnership Part VI

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A)	(8)		(D)	(E)	(F)		(H)
Name, Bodress, and Ein of entity	Primary activity	(state or foreign country)	section 501(c)(3) organizations?		allocations?	amount in box 20 of Schedule K-1	managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
			_				
					-		
			_				
						Schedule R (Form 990) 2008	990) 2008

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE OPTIMIST INTERNATIONAL FOUNDATION, INCORPORATED IN FEBRUARY 1971, IS A FOUNDATION AND CHARITABLE CORPORATION ESTABLISHED FOR THE GENERAL PURPOSE OF SOLICITING AND RECEIVING GIFTS, DONATIONS AND BEQUESTS OF MONEY AND PROPERTY TO BE USED FOR THE FURTHERANCE OF THE CHARITABLE AND EDUCATIONAL EFFORTS AND ACTIVITIES OF OPTIMIST INTERNATIONAL. THE FOUNDATION ALSO ACTS AS A CUSTODIAN AND INVESTMENT MANAGER FOR VARIOUS FUNDS THAT HAVE BEEN DONATED TO OR ACCUMULATED BY OPTIMIST INTERNATIONAL CLUBS. THE FOUNDATION SUPPORTS OPTIMIST INTERNATIONAL PROGRAMS.

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EVENTS
FUNDRAISING
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NIII
PART
_
066
FORM 990

NET INCOME		
DIRECT EXPENSES	5,564.	8,301.
GROSS INCOME		5,034.
DESCRIPTION	PRESIDENT CLUB LUNCHEON HAT LUNCHEON	TOTALS

N

STATEMENT

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

PROMISSORY NOTE RECEIVABLE
ORIGINAL AMOUNT: 730 000

ORIGINAL AMOUNT:

INTEREST RATE:

O4/01/2008

MATURITY DATE:

REPAYMENT TERMS:

SECURITY PROVIDED:

PURPOSE OF LOAN:

RELATIONSHIP:

PROMISSORI NOTE RECEIVABLE

730,000.

7.000000

04/01/2008

03/31/2028

MONTHLY PAYMENTS BASED ON ADJUSTED INTEREST RATE

OFFICE BUILDING

FUND OPTIMIST INT'L DEFINED BENEFIT PLAN

BUSINESS - RELATED EXEMPT ORGANIZATION

BEGINNING BALANCE DUE 721,438. ENDING BALANCE DUE 701,473.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 721,438. -----

701,473. TOTAL ENDING NOTES AND LOANS RECEIVABLES ______

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MONEY MARKET FUNDS MUTUAL FUNDS	38,651. 4,271,798.	FMV FMV
TOTALS	4,310,449.	