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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2008

Open to Public Inspection

▶

For the 2008 calendar year, or tax year beginning 10-01-2008, and ending 09-30-2009

▶

Check if applicable:

▶

Address change

▶

Name change

▶

Initial return

▶

Termination

▶

Amended return

▶

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE DOR-WOOD OPTIMIST CLUB

Number and street (or P O box, if mail is not delivered to street address) Room/suite
p o box 292266

City or town, state or country, and ZIP + 4
KETTERING, OH 45429

D Employer identification number
31-6064624

E Telephone number
(937) 293-4040

F Group Exemption Number
▶

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

G Accounting method

▶

Cash

▶

Accrual

Other (specify) ▶

I Website:▶ n/a

J Organization type (check only one)—▶ 501(c) (4) ▶(insert no) ▶ 4947(a)(1) or ▶ 527

H Check ▶ ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 106,953

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

| | | | | |
|------------|----|--|----|--------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 9,839 |
| | 4 | Investment income | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5c | |
| | 5b | Less cost or other basis and sales expenses | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ▶ | 6c | 26,758 |
| | a | Gross revenue (not including \$ ____ 0 ____ of contributions reported on line 1) ▶ | | |
| | b | Less direct expenses other than fundraising expenses | | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) ▶ | 10 | 31,620 |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | 1,852 |
| | 16 | Other expenses (describe ▶ ▶) | 16 | 33,864 |
| | 17 | Total expenses (add lines 10 through 16) ▶ | 17 | 67,336 |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -7,751 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 58,303 |
| Net Assets | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | Net assets or fund balances at end of year (combine lines 18 through 20) ▶ | 21 | 50,552 |

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

(A) Beginning of year

(B) End of year

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe ▶)

25 Total assets

26 Total liabilities (describe ▶)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

58,303

22

50,552

23

24

58,303

25

50,552

0

26

0

58,303

27

50,552

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

Cat No 10642I

Form 990-EZ (2008)


| | | | |
|---|--|---|--------|
| Part III Statement of Program Service Accomplishments (See the instructions for Part III) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) | |
| What is the organization's primary exempt purpose? TO PROVIDE EDUCATIONAL, CULTURAL, LITERARY, RECREATIONAL AND SOCIAL BENEFITS TO MINORS THROUGH ACTIVITIES AND PROGRAMS | | | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title | | | |
| 28 TO PROVIDE EDUCATIONAL, CULTURAL, LITERARY, RECREATIONAL AND SOCIAL BENEFITS TO MINORS THROUGH PROGRAMS AND ACTIVITIES WHICH FOSTER THE DEVELOPMENT OF CHARACTER, SPORTSMANSHIP, AND EDUCATION (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | | 28a | 66,057 |
| 29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | | 29a | |
| 30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | | 30a | |
| 31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 | 66,057 |

| Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) | | | | |
|--|--|--|---|--|
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

| Part V Other Information (Note the statement requirements in the instructions for Part VI.) | | Yes | No | | |
|---|--|-----|----|--|--|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | No | | |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34 | No | | |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | No | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | 36 | No | | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td>0</td></tr></table> | 37a | 0 | | |
| 37a | 0 | | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | No | | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | | | |
| 39 | 501(c)(7) organizations. Enter | | | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____ | | | | |
| b | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. | 40b | No | | |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0 | | | | |
| d | Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0 | | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 40e | No | | |
| 41 | List the states with which a copy of this return is filed ▶ OH _____ | | | | |
| 42a | The books are in care of ▶ The Organization _____ Telephone no ▶ (937) 299-3400 3400 S Dixie Dr Located at ▶ Dayton, OH _____ ZIP + 4 ▶ 45439 | | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | 42b | No | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____ | 42c | No | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table> | 43 | | | |
| 43 | | | | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. | 44 | No | | |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ. | 45 | No | | |

complete the tables for lines 50 and 51.






| | | | |
|------------|---|------------|-----------|
| 46 | 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 | Yes | No |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | | |
| b | If "Yes," was the related organization(s) a section 527 organization? | | |
| 50 | Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None." | | |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$100,000  | | | | |

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors receiving over \$100,000 | | |

| | | |
|---------------------------------|---|------------|
| Please Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | |
| | ***** | 2010-01-12 |
| | Signature of officer | Date |
| | bob montavon treasurer Type or print name and title | |

| | | | | |
|---|--|------|--|---|
| Paid Preparer's Use Only | Preparer's signature  Dave P Dirksen | Date | Check if self-employed  | Preparer's PTIN (See Gen Inst X) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4  Flagel Huber Flagel & Co 3400 South Dixie Drive Dayton, OH 45439 | | | EIN  |
| | | | | Phone no  (937) 299-3400 |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 31-6064624
Name: THE DOR-WOOD OPTIMIST CLUB

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

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|--|---|--|
| DAVE HAMMOND 884 TIMBERLAKE CT KETTERING, OH 45429 | PRESIDENT 2 00 | 0 | 0 | 0 |
| LARRY MCVEY 1400 MOIRFIELD CT CENTERVILLE, OH 45459 | PRESIDENT-ELECT 2 00 | 0 | 0 | 0 |
| LARRY SPATZ 4231 WALLINGTON DR KETTERING, OH 45440 | SECRETARY 2 00 | 0 | 0 | 0 |
| BOB MONTAVON 5113 CROFTSHIRE DR KETTERING, OH 45440 | TREASURER 5 00 | 0 | 0 | 0 |
| TOM HANNA 1320 YANKEE VINEYARDS LN CENTERVILLE, OH 45458 | PAST PRESIDENT 2 00 | 0 | 0 | 0 |
| ED BERG 2413 HACKNEY DR DAYTON, OH 45420 | VICE PRESIDENT 2 00 | 0 | 0 | 0 |
| DAVE DIRKSEN 3741 SILVER LEAF CT BEAVERCREEK, OH 45430 | VICE PRESIDENT 2 00 | 0 | 0 | 0 |
| JACK AKERMAN 4393 TANGENT DR KETTERING, OH 45440 | DIRECTOR 2 00 | 0 | 0 | 0 |
| BRUCE DUKE 417 WINDING WAY KETTERING, OH 45429 | DIRECTOR 2 00 | 0 | 0 | 0 |
| JOE PETROCELLI 1100 RIO LANE KETTERING, OH 45429 | DIRECTOR 2 00 | 0 | 0 | 0 |
| NEAL CHARSKÉ 4192 BRAEWICK CIRCLE KETTERING, OH 45440 | DIRECTOR 2 00 | 0 | 0 | 0 |
| TONY KLEPACZ 4840 MARYBROOK AVE KETTERING, OH 45429 | DIRECTOR 2 00 | 0 | 0 | 0 |
| BILL LAUTER 5065 JAMESWOOD CIRCLE KETTERING, OH 45429 | DIRECTOR 2 00 | 0 | 0 | 0 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE DOR-WOOD OPTIMIST CLUB

Employer identification number
31-6064624

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☒ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| | | | | | | |
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| | | | | | | |
| Total | | ► | | | | |

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue | | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|---|--|----------------------|--------------|------------------|-------------------------------|
| | | | CHRISTMAS TREE SALES | GOLF OUTING | 5 | (Add col (a) through col (c)) |
| | | | (event type) | (event type) | (total number) | |
| | 1 | Gross receipts | 29,908 | 18,551 | 25,667 | 74,126 |
| | 2 | Less Charitable contributions | | | | |
| Direct Expenses | 3 | Gross revenue (line 1 minus line 2) | 29,908 | 18,551 | 25,667 | 74,126 |
| | 4 | Cash Prizes | | | | |
| | 5 | Non-cash Prizes | | | | |
| | 6 | Rent/Facility costs | | | | |
| | 7 | Other direct expenses | 16,123 | 7,907 | 23,338 | 47,368 |
| | 8 | Direct expense summary Add lines 4 through 7 in column (d) ▶ | | | | 47,368 |
| | 9 | Net income summary Combine lines 3 and 8 in column (d). ▶ | | | | 26,758 |

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|---|---|---|---|---|--|
| | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Non-cash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | |

| | | Yes | No |
|-----|---|-----|----|
| 9 | Enter the state(s) in which the organization operates gaming activities _____ | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b | If "No," Explain _____ | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b | If "Yes," Explain _____ | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | |

| | Yes | No |
|---|-----|----|
| 13 Indicate the percentage of gaming activity operated in | | |
| a The organization's facility 13a | | |
| b An outside facility 13b | | |
| 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records | | |
| Name ► | | |
| Address ► | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ | | |
| c If "Yes," enter name and address | | |
| Name ► | | |
| Address ► | | |
| 16 Gaming manager information | | |
| Name ► | | |
| Gaming manager compensation ► \$ _____ | | |
| Description of services provided ► | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | |
| 17 Mandatory distributions | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a | | |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ | | |

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** THE DOR-WOOD OPTIMIST CLUB**EIN:** 31-6064624

| | |
|--|--------------------------|
| Item No. | 1 |
| Class of Activity | ORATORICAL/ESSAY CONTEST |
| Donee's Name | VARIOUS |
| Donee's Address | |
| Amount (FMV) | 175 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | 2009-09 |

| | |
|---------------------------------|-------------------|
| Item No. | 2 |
| Class of Activity | TRI-STAR CONTESTS |
| Donee's Name | VARIOUS |
| Donee's Address | |
| Amount (FMV) | 4,773 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | 2009-09 |

| | |
|---------------------------------|---------------------------------|
| Item No. | 3 |
| Class of Activity | OPTIMIST JUNIOR GOLF TOURNAMENT |
| Donee's Name | VARIOUS |
| Donee's Address | |
| Amount (FMV) | 490 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | 2009-09 |

| | |
|---------------------------------|------------------------|
| Item No. | 4 |
| Class of Activity | OI YOUTH CLUBS SUPPORT |
| Donee's Name | VARIOUS |
| Donee's Address | |
| Amount (FMV) | 5,998 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | 2009-09 |

| | |
|---------------------------------|-----------------------|
| Item No. | 5 |
| Class of Activity | SEASON STARTER TROPHY |
| Donee's Name | VARIOUS |
| Donee's Address | |
| Amount (FMV) | 2,000 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | 2009-09 |

| | |
|---------------------------------|--------------------------|
| Item No. | 6 |
| Class of Activity | DORWOOD SCHOLARSHIP FUND |
| Donee's Name | VARIOUS |
| Donee's Address | |
| Amount (FMV) | 2,000 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | 2009-09 |

| | |
|---------------------------------|------------------------|
| Item No. | 7 |
| Class of Activity | MISCELLANEOUS REQUESTS |
| Donee's Name | VARIOUS |
| Donee's Address | |
| Amount (FMV) | 11,930 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | 2009-09 |

| | |
|---------------------------------|---|
| Item No. | 8 |
| Class of Activity | |
| Donee's Name | OPTIMIST INTERNATIONAL FOUNDATION |
| Donee's Address | 4494 MINDELL BLVD ST LOUIS, MO 63108 |
| Amount (FMV) | 4,254 |
| Purpose of Payment to Affiliate | DUES |
| Relationship | |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | |

TY 2008 Other Expenses Schedule**Name:** THE DOR-WOOD OPTIMIST CLUB**EIN:** 31-6064624

| Description | Amount |
|-------------------------------|--------|
| ADMINISTRATIVE expenses | 1,279 |
| OFFICERS EDUCATIONAL SEMINARS | 4,419 |
| MEMBERSHIP AND DUES | 1,275 |
| PRESIDENTS CLUB | 100 |
| MEALS | 23,872 |
| FLOWER FUND | 467 |
| SCRAPBOOK | 210 |
| AWARDS | 826 |
| FELLOWSHIP & HOSPITALITY | 479 |
| FILING FEES | 200 |
| MISCELLANEOUS | 737 |

TY 2008 Other Revenues Schedule

Name: THE DOR-WOOD OPTIMIST CLUB

EIN: 31-6064624

| Description | Amount |
|---------------|--------|
| Raffle | 883 |
| MEALS | 19,231 |
| MISCELLANEOUS | 2,408 |
| INTEREST | 466 |

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: THE DOR-WOOD OPTIMIST CLUB

EIN: 31-6064624

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.