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₽ 990-EZ

Department of the Treas ary

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) Spansoring organizations of donor advised funds and controlling organizations as defined in section 51.2(b)(13) must tile Form 900 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 ma, use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

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Section 501(c)(3) organizations and 4947(d)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990 cf 390 cf 2). Website: ▶		₹							10 10000		~ -			otion		
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(See the instructions for Part II) 22 Cash, sayings, and investments 23 Cash, sayings, and investments 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) (A) Beginning of year (B) Find of year 33 6.4.2.2.2.5 5/6.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3											m 990 ir					
22 Cash, savings, and investments 23 Cand and buildings 24 Other assets (describe ▶ 24 25 Total assets 26 Total liabilities (describe ▶ 25 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Version 1	-															
23 Land and buildings 24 Other assets (describe ▶ 24 25 Total assets 26 Total liabilities (describe ▶ 26 27 Net assets or fund balances (fine 27 of column (B) must agree with line 21) 28 29 20 21 22 23 24 25 27 27 27 27 27 27 27 27 27	2	o cAm	(Oct the Waterland of Att II)													
24 Other assets (describe ► 24 25 Total assets			30, 000								- V					
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26 Total liabilities (describe ► 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 33642 27 5/673		~ ~ ~	u //	SCHOE						ì	77	3647		51632		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 33642 27 5/673		_		docenh	= >											
	= :					e 27 of column	(B) must	ao:	ee with line 21)	3					
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Call No. 106421 Form 990-EZ (2006)	_													Form 990-EZ (20)6)		

7 (7,17, 555 22 (2003)					1 ags			
Rart III Statement of Program Service Accomplishments (See the instructions for Part III)								
What is the organization's primary exempt purpose? RAISE FUNDS TO SUPPORT Youth an								
Describe what was achieved in carrying out the organize	and	(4) organizations 4947(a)(1) trusts.						
describe the services provided, the number of persons benefited or other relevant information for each program title optional for others)								
28 INDIER SORER LEDGUE PROVIDED ATTLETIC EVENT FOR								
611 4 5 m 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								
VIEW ROOF INVIEW								
(Grants \$) If this amount incl	ludes foreign grants, check		▶ □	28a	17512			
				202	11370			
29 SCHOLANSHIP TO SEMO UNI	YERSITY 10 PR	OVIOZ						
EOUCATIONAL ASSISTANCE								
					ه درسرار			
(Grants \$) If this amount incl	ludes foreign grants, check	k here	▶_□	29a	4500			
30 NUMEROUS OTHER YOUTH :	supported Activ	alties						
***************************************					11			
(Grants \$) If this amount incl	udes foreign grants, check	here .	<u>.</u> ▶ 📋	30a	17575			
31 Other program services (attach schedule)								
(Grants \$) If this amount incl	udes foreign grants, check	here	• []	31a				
32 Total program service expenses (add lines 28a th	rough 31a)		. ▶	32				
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	en if not compensate	ed (See the ins	tructio	ns for Part IV)			
	(b) Title and average	(c) Compensation	(d) Contribution	is to	(e) Expense			
(a) Name and address	nours per week cevated to position	(If not paid, enter -0)	emplo, ee benefit p deferred compens		account and other allowances			
BROCK ALSPAUGH			1					
CADE GIRARDEAU, MO	PRESIDEME	-0-	_ 0-		-0-			
De on Therm.	TRESIDE	·						
PERCY HUSTUM CARE GRANDERY, LIC	TREASURIN	-0-	-0-	- 1	-0-			
			}	}				
PAT MCCARIN	SECRETARY		-0-		— <u>~</u>			
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Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI)			
	The second section is the second section in the section		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		×
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes,' has it filed a tax return on Form 990-T for this year?	35b		L <u>.</u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] O Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	-	X
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved . Section 501(c)(7) organizations Enter		-	, . I
b	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities			,
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶		-	
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	40ь		X
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶			
42a	The books are in care of \blacktriangleright 1. PERCY HUSTOW Telephone no. \blacktriangleright (Located at \blacktriangleright P.O. BOX 232, CARE GURANDEMU UW ZIP + 4 \blacktriangleright 6370)) 1-025	2	·- •
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)?	42b	Yes	No X
	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.			, *
С	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		Ž_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		,	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	- 		
			Yes	No
14	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
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	-	<u>x</u> _

Par	Section 501(c)(3) organizations only and complete the tables for lines 50 a	/. All section 501(c)(3) c and 51	organizations mu	st answer questi	ons 4	5~49			
46	Did the organization engage in direct or indirect i	political campaign activitie	s on behalf of or in	opposition to		Yes	No		
	candidates for public office? If "Yes," complete Schedule C. Part I.								
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II								
48									
	a Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," was the related organization(s) a section		•	•	49b		Ĺ		
	Complete this table for the five highest compensate each received more than \$100,000 of compensate				emplo	yees)) who		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average nours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acci	expens ount an allowan	าต่		
					 				
Total	number of other employees paid over \$100.000				··· ····				
	Complete this table for the five highest compensation from the organization. If there is no	·	ors who each rece	ived more than \$1	00,000	of			
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Typ	e of service	(c) Com	pensat	เดา		
					_				
						-			
									
	W. A. MARKATAN TO A. A. MARKATAN TO THE TAX					······································			
Total	number of other independent contractors each re		>						
	Under penalties of peoply I doctore that I have examinand belief it is true correct and complete Declaration	ned this return irrolating accomp ion of preparer (other than office)	anving schedules and s) is based on all inform	tatements and to the bation of which preparer	est of my has any	y know ' knowl	ledge ledge		
Sıgn Here	Signature of officer		D.	5/17/10 ate					
	PAT MCANING, SECRETI	<u> </u>							
Paid	Preparer's signature	¹ Date	Cneck if sell- cmplayea ▶	Preparer's facilitying f	Limber (Si	o instru	ctions)		
Prepa Use O	: Firm's harne (or yours L		Ell	N Þ-					
	address and ZIP + 4 /			ione no		7 - 7			
May t	the IRS discuss this return with the preparer show	n above? See instructions	· · · · · · · · · · · · · · · · · · ·	Fo	ு Ye ா 990		No (2008)		

Form **8868**

(Rev December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	e filing for an Automatic 3-Month Extension, complete only Part I and check this be e filing for an Additional (not automatic) 3-Month Extension, complete only Part II explete Part II unless you have already been granted an automatic 3-month extension on a	(on page 2 of this form).					
Part I	Automatic 3-Month Extension of Time—Only submit original (no copies no	eeded)					
Form 990-	T corporations requesting an automatic 6-month extension—check this box and com	plete Part I only ▶ □					
	orporations (including Form 990-C filers) must use Form 7004 to request an extension is, REMICs, and trusts must use Form 8736 to request an extension of time to file Form						
returns not (not autom	Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic ed below (6 months for corporate Form 990-T filers). However, you cannot file it electroatic) 3-month extension, instead you must submit the fully completed signed page 2 the electronic filing of this form, visit www.irs.gov/efile.	onically if you want the additional					
Type or	Name of Exempt Organization	Employer identification number					
print	NOON OPTIMIST CLUB OF PAPE GIRARDEAU	43 1210995					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your return See	1 P. U. 150× 282						
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	CAPE GIRARDEAU, NO 63702-0282						
_	e of return to be filed (file a separate application for each return):	_					
Form 9		∐ Form 4720					
Form 9	= 1 5/11/ 656 1 (566) 16 (56)	☐ Form 5227					
Form 9	<u></u>	☐ Form 6069					
Form 9	90-PF	☐ Form 8870					
Telephon If the org If this is is for the v	e No. ► (573) 24 = 14. FAX No. ► () anization does not have an office or place of business in the United States, check the for a Group Return , enter the organization's four digit Group Exemption Number (GE rhole group, check this box ► . If it is for part of the group, check this box ► . EINs of all members the extension will cover.	s box ▶ 🏻 🖂					
	est an automatic 3-month (6-months for a Form 990-T corporation) extension of time u	ntil MAY 17 , 2010.					
	the exempt organization return for the organization named above. The extension is for th						
▶ □	calendar year 20 or	1					
▶ ⊠	tax year beginning $\frac{10/1}{1}$, $\frac{2008}{2}$, and ending $\frac{9}{3}$, 2009					
2 If this	tax year is for less than 12 months, check reason: \Box Initial return \Box Final return	☐ Change in accounting period					
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions							
	b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit						
with	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Systions	/stem). See					
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 t instructions.	153-EO and Form 8879-EO					