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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008Department 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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations 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

Open to Public Inspection**A** For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009**B** 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 THE OPTIMIST CLUB OF SOUTHSIDE KANSAS
CITY, MISSOURI
11154 BLUE RIDGE BOULEVARD
KANSAS CITY, MO 64134

D Employer identification number

43-1242214

E Telephone number**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**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one) — ☒ 501(c) (4) (insert no) 4947(a)(1) or 527**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. ► \$ 665,853.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	45.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	2,185.
4	Investment income	4	169,980.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	486,273.
6b	Less: direct expenses other than fundraising expenses	6b	485,839.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	434.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► SEE STATEMENT 1 RECEIVED)	8	7,370.
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	180,014.
10	Grants and similar amounts paid (attach Schedule)	10	
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	2,345.
14	Occupancy, rent, utilities, and maintenance	14	152,088.
15	Printing, publications, postage, and shipping	15	2,372.
16	Other expenses (describe ► SEE STATEMENT 2)	16	29,042.
17	Total expenses (add lines 10 through 16)	17	185,847.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,833.
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	55,648.
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	49,815.

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	43,943.	41,016.
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 3)	13,579.	13,059.
25 Total assets.	57,522.	54,075.
26 Total liabilities (describe ► SEE STATEMENT 4)	1,874.	4,260.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,648.	49,815.

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

Form 990-EZ (2008)

TEEA0803L 09/18/08

9P

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 5

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

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	TO PROVIDE VARIOUS PROGRAMS FOR YOUTH ORGANIZATIONS AND COMMUNITY BETTERMENT.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28 a 33,759.
29			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29 a
30			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30 a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a).	<input type="checkbox"/>	32 33,759.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
JAMES H. LEE 6804 E. 140TH TERRACE GRANDVIEW, MO 64030	TREASURER 0	0.	0.	0.
MARCELLA MCWHORTER 9214 MARSH AVENUE KANSAS CITY, MO 64138	PAST PRESIDENT 0	0.	0.	0.
ALFREDA STARK 11154 BLUE RIDGE BOULEVARD KANSAS CITY, MO 64134	SECRETARY 0	0.	0.	0.
KARON SIMS 9213 JAMES A REED ROAD KANSAS CITY, MO 64138	PRESIDENT 0	0.	0.	0.
PENYATE CROSS-CALHOUN 7921 E 117TH TERRACE KANSAS CITY, MO 64134	VICE PRESIDENT 0	0.	0.	0.
MARTIN MCWHORTER 9214 MARSH KANSAS CITY, MO 64138	DIRECTOR 0	0.	0.	0.
LADONNA JURGESON 563 WOODBRIDGE KANSAS CITY, MO 64145	VICE PRESIDENT 0	0.	0.	0.
EARL MURDOCK 6804 RAYTOWN ROAD RAYTOWN, MO 64133	DIRECTOR 0	0.	0.	0.
THELMA TERRY 3205 SOUTHERN HILLS DRIVE KANSAS CITY, MO 64139	DIRECTOR 0	0.	0.	0.
RALPH HOW P.O. BOX 1111 BLUE SPRINGS, MO 64013	DIRECTOR 0	0.	0.	0.
JOHN THIEL 9604 HIGH COURT KANSAS CITY, MO 64139	DIRECTOR 0	0.	0.	0.
LINDA MAY 13005 MANCHESTER GRANDVIEW, MO 64030	DIRECTOR 0	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

	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		X
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		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.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911		
b 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		X
c 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		
e 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		X
41 List the states with which a copy of this return is filed		

42a The books are in care of THE OPTIMIST CLUB OF SOUTHSIDE Telephone no 816-763-7622
 Located at 11154 BLUE RIDGE BLVD, KANSAS CITY, MO ZIP + 4 64134

	Yes	No
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.		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
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.		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		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.		X

		Yes	No
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.	46	
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49 a	
b	If 'Yes,' was the related organization(s) a section 527 organization?	49 b	

(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 and deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000				

(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		

Signature of officer Elizabeth Karon Sims Date 4 June 2010
Type or print name and title ELIZABETH KARON SIMS, PRESIDENT

Preparer's signature	FRANK A. HALBHUBER	Date	6-3-10	Check if self-employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)	N/A
Firm's name (or yours if self-employed), address, and ZIP + 4	HALBHUBER & COOK, P.C. 200 S. DOUGLAS, SUITE 105 LEE'S SUMMIT, MO 64063	EIN	N/A				
		Phone no	(816) 524-9063				

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

► 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.

2008

Open to Public Inspection

Employer identification number
43-1242214

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

- | | |
|--|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

☐ Yes ☐ No

(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			
Total						

[illegible]

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
REVENUE	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses.				
	8 Direct expense summary. Add lines 4- through 7 in column (d)				
9 Net income summary. Combine lines 3 and 8 in column (d)					

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
REVENUE	1 Gross revenue	301,110.	185,163.		486,273.
	2 Cash prizes	250,781.	130,523.		381,304.
	3 Non-cash prizes				
	4 Rent/facility costs	41,600.			41,600.
	5 Other direct expenses	62,935.			62,935.
DIRECT EXPENSES	6 Volunteer labor.	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				485,839.
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				434.

9 Enter the state(s) in which the organization operates gaming activities: MO

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a	X	
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** 100.0 %**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 ▶ JAMES LEE

Address: ▶ 6804 E 140TH TERRACE, GRANDVIEW, MO 64030

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a**

X

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: ▶

☐ Director/officer☐ Employee☐ 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**

X

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: ▶ \$ _____

2008

FEDERAL STATEMENTS

PAGE 1

CLIENT SOUTHSID

THE OPTIMIST CLUB OF SOUTHSIDE KANSAS
CITY, MISSOURI

43-1242214

6/02/10

11 09AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS INCOME

	\$	7,370.
TOTAL	\$	<u>7,370.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION
AWARDS
BANK SERVICE CHARGES
COMMUNITY SERVICE
CONFERENCES, CONVENTIONS, AND MEETINGS
DEPRECIATION
DISTRICT & INT'L DUES
FUNDRAISING
HOSPITALITY & FELLOWSHIP
INTEREST
MISCELLANEOUS
OFFICE EXPENSE
SUPPLIES
YOUTH ASSISTANCE PROGRAMS

	\$	100.
		292.
		82.
		2,289.
		915.
		2,207.
		4,154.
		493.
		4,236.
		218.
		3,152.
		978.
		8,850.
		<u>1,076.</u>
TOTAL	\$	<u>29,042.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

FURNITURE AND FIXTURES

	BEGINNING	ENDING
	\$ 13,579.	\$ 13,059.
TOTAL	<u>\$ 13,579.</u>	<u>\$ 13,059.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIESCREDIT CARDS PAYABLE
ROUNDING

	BEGINNING	ENDING
	\$ 1,873.	\$ 4,260.
	1.	0.
TOTAL	<u>\$ 1,874.</u>	<u>\$ 4,260.</u>

2008

FEDERAL STATEMENTS

PAGE 2

CLIENT SOUTHSID

THE OPTIMIST CLUB OF SOUTHSIDE KANSAS
CITY, MISSOURI

43-1242214

6/02/10

11 09AM

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE VARIOUS PROGRAMS FOR YOUTH ORGANIZATIONS AND COMMUNITY BETTERMENT.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE OPTIMIST CLUB OF SOUTHSIDE KANSAS CITY, MISSOURI	Employer identification number 43 1242214	
	Number, street, and room or suite no. If a P.O. box, see instructions. 11154 BLUE RIDGE BOULEVARD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MISSOURI 64134		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **THE OPTIMIST CLUB OF SOUTHSIDE**

Telephone No. ► (**816**) **763-7622** FAX No. ► ()

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 or
 - ☒ tax year beginning **10/01**, 20**08**, and ending **9/30**, 20**09**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ 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.	3a	\$	0
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.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE OPTIMIST CLUB OF SOUTHSIDE KANSAS CITY, MO	Employer identification number 43 1242214
	Number, street, and room or suite no. If a P.O. box, see instructions. 11154 BLUE RIDGE BLVD	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. KANSAS CITY, MO 64134	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of
- THE SOUTHSIDE OPTIMIST CLUB**

Telephone No. **(816) 763-7322** FAX No. **()**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **AUGUST 15**, 20 **10**.
- 5 For calendar year **10/01**, or other tax year beginning **10/01**, 20 **08**, and ending **9/30**, 20 **09**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **THIRD PARTY INFORMATION IS REQUIRED TO COMPLETE RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Title ▶ CPA

Date ▶ 5/7/10