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Form **990-EZ**

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 of donor advised funds 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

	Department of the Treasury Internal Revenue Service 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 Inspection												
A For the 2008 calendar year, or tax year beginning $10/01/08$, and ending $9/30/09$													
В									D	D Employer identification number			
$\bar{\Box}$	Address	Use IPS ODDITATED TAMEDNAMIONAL MANUATRANI											
П	Name c	label or KS CLIB								48-	6118677		
П	Initial re	pinto						E	E Telephone number				
П	Termina		See	COMMERCE BANK TOWE	R,	6TH FLO	OR				785-539-9307		
П	Amende	ed return	Specific	City or town, state or country, and ZIP	+ 4					F	F Group Exemption		
П	Applicat	tion pending	tions	MANHATTAN	I	KS 66502	2				Numbe	er >	
	• Sec	tion 501(c)(3) organı	zations and 4947(a)(1) nonexempt ch	arıtabl	le trusts must	attach	1	G Accounting	ng meth	od [X Cash Accrua	al
			a cor	mpleted Schedule A (Form 990 or 990	-EZ).				Other (specify)) >			
1	Websi	te: ▶ <u>N</u> /	'A						H Check ▶	_ <u>\</u> X	if the or	rganization is not	
<u>J</u>	Organi	ization type (check onl	y one)— X 501(c) (4) ∢ (insert n	<u>o)</u>	4947(a)(1)	or _	527	990-EZ, c	o attacr or 990-P	F)	dule B (Form 990,	
Κ	Check	▶ if th	ie organ	zation is not a section 509(a)(3) suppo	rting o	rganization and	l its gro	oss rece	ıpts are norma	lly not	more	than \$25,000 A ret	urn
				anization chooses to file a return, be su									
<u>L</u>	Add line			to determine gross receipts, if \$1,000,000 or							▶ \$	105,7	<u>65</u>
F	Part I	Reven	ue, Ex	penses, and Changes in Net	<u>Asse</u>	ts or Fund I	Balar	<u>1ces (S</u>	See the inst	<u>ructio</u>	<u>ons fo</u>	or Part I.)	
	1	Contributions,	gıfts, gra	nts, and similar amounts received							1	8,0	
	2	Program ser	rvice rev	enue including government fees and co	ntract		_				2	21,4	
	3	Membership	dues a	nd assessments		S€	ee S	State	ement 1		3	9,5	
	4	Investment i	ncome				1	ı		ļ	4	2,6	<u>//</u> .
9103	5a			sale of assets other than inventory			5a						
3	b			asis and sales expenses			5b	l					
.	С												
≱ڏ	6												
JAN ⊎ ຜ Revenue	а												
74		reported on line 1)							_				
D	b		s direct expenses other than fundraising expenses 6b where the special expenses and activities (Subtract line 6b from line 6a)								_		
ij	C	1 1 0. 0.50								6c			
5	7a	Gross sales of inventory, less returns and allowances 7a 62, 259 1ess cost of goods sold 7b 48, 795											
₹	b										12 /	61	
	C	•	s profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							7c	13,4	04 62 ·	
	8		Other revenue (describe See Statement 2						.′ —	8 9	56,9	_	
	9_										10		/0 /
	10	Grants and similar amounts paid (attach schedule)							11	0, 4.	<u>1 0</u>		
	11	•	nefits paid to or for members						-	12			
ses	12		Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors							<u> </u>	13	-	—
ĕ	13			lities, and maintenance							14		
Expense	14			nies, and maintenance , postage, and shipping						15			
	16	• .								16	25,02	28	
	17	•	ner expenses (describe See Statement 3) tal expenses. Add lines 10 through 16)						. —	17	33,43		
-S				r the year (Subtract line 17 from line 9)						\neg	18	23,5	
SSe	19									19	169,39		
Net Assets	₽E									20			
2	21	Net assets o	r fund b	alances at end of year Combine lines 1	8 thro	ugh 20			İ		21	192,93	30
\$	UE	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of F (A) Beginning of year								(B) End of year			
22	Cash. s	Cash, savings, and investments 155,883				33 2	2	166,81	<u> 15</u> .				
	13,515					5 2	23	26,11	<u>15</u> ·				
		assets (déscri])[$\overline{}$	4		
	Total assets • 169, 398						8 2	5	192,93	<u>30</u> .			
26	6 Total liabilities (describe ►)							6		0			
				s (line 27 of column (B) must agree with	line 2	<u> </u>	[169,39	8 2	7	192,93	<u> 30</u>

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

	<u> IST INTERNATIONAL - MAN</u>					<u>.</u>	Page 2		
	Program Service Accomplishments (See the instruc	tions for Part	III)_	1	Ex	penses		
What is the organization's primary	exempt purpose?				(F	Required	for 501(c)(3)		
YOUTH AND COMMUNITY SERV	/ICES				a	and (4) organizations			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,						and 4947(a)(1) trusts,			
describe the services provided, the	number of persons benefited, or other relevant	information for each	n program title		9	ptional f	or others)		
28 YOUTH AND COMMUNITY S	SERVICES, NATIONAL AND STATE DUES AND								
CLUB ACTIVITIES EXPEN	ISES								
							•		
(Grants \$ '8,	410) If this amount includes foreign grants, c	heck here	<u></u>		28a		33,438		
29									
(Grants \$) If this amount includes foreign grants, c	heck here	>		29a				
30									
					1				
(Grants \$) If this amount includes foreign grants, cl	heck here	>	\Box	30a				
31 Other program services (attach									
(Grants \$) If this amount includes foreign grants, cl	heck here	>		31a				
32 Total program service expens				•	32		33,438		
	Pirectors, Trustees, and Key Employees. List ea	ach one even if not	compensated (Se	e the	ınstruc	ctions for			
		(b) Title and average	(c) Compensation	(d)	Contribu	tions to	(e) Expense		
(a	Name and address	hours per week devoted to position	(If not paid, enter -0)		yee bene rred comp	fit plans & ensation	account and other allowances		
Howard Erickson	Manhattan	Secretary	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1					
1700_Kings Road	KS 66503	2	0			ار	0		
Clyde Scott	Manhattan	Treasurer	<u>°</u>						
809_Mimosa Lane	KS 66502	2		1		اه	0		
Frank Connizzo	Manhattan	Director	-			<u>-</u>			
				Ì		اه	0		
3663 Everett	KS 66503		<u>-</u>	\vdash			0		
Jerry Banaka	Manhattan	Director					0		
2218 Terry Way	KS 66502	1	0	<u> </u>		0	0		
Don Morgan	Manhattan	Director							
1720 Sheffield Circle	KS 66503	1	0	-		0	0		
Roger Brannan	Manhattan	Director					_		
3448 Treesmill	KS 66503	1	0			0	0		
Larry Fox	Manhattan	Director							
1710 Westbank Way	KS 66503	1	0			.0]	0		
Cliff Spaeth	Manhattan	President.							
3409 Treesmill Circle	KS 66503	2	0	_			0		
Jim Morrison	Manhattan	Director .							
2034 Hillview Drive	KS 66502	1	0		——		0		
Steve Boeckman	Manhattan	Vice Pres.				[
720 Griffith Drive	KS 66502	2	0	ļ			0		
Almaz Rufael	Manhattan	Director .		Ī					
1621 Virginia	KS 66502	1	0	<u> </u>		0	0		
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DAA						Form	990-EZ (2008)		

Form 99	o-ez (2008) OPTIMIST INTERNATIONAL - MANI	HATTAN, 48	3-6118677		Page 4				
Part \				swer question					
	and complete the tables for lines 50 and 51.								
	the organization engage in direct or indirect political campaign activities of	on behalf of or in op	position 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								
	the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
	Yes," was the related organization(s) a section 527 organization?				49b				
	mplete this table for the five highest compensated employees (other than only received more than \$100,000 of compensation from the organization if			nployees) who					
				<u> </u>					
	(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				
		-							
	nber of other employees paid over \$100,000								
	mplete this table for the five highest compensated independent contractors	who each received	d more than \$100,0	000 of					
COI	mpensation from the organization. If there is none, enter "None."								
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation				
			_						
]					
Total nur	nber of other independent contractors each receiving over \$100,000	•							
	Under penalties of perjury, I declare that I have examined this return, including	accompanying schedu	iles and statements,	and to the best of my k	nowledge				
Cian	and belief it is true, correct and complete Declaration of preparer (other than	onicer) is based on all	iniornation of which	preparer has any know	vieuge				
Sign	Type Scott			2-14-09					
Here	Signature of office		Date						
	Special Print name and Mile								
	Spe of print name and fine	Date	Check if	Preparer's Ident	fying Number (See instr.)				
D-::	Preparer's		self-	_ '	, , ,				
Paid	signature Douglas G. Denning	11/12	/09 employed ▶	P0036					
Prepar				EIN ► 4	8-0787299				
Use Or		<u>6th Floor</u>		Phone	E 27 2122				
	address, and ZIP + 4 Manhattan, KS 66502			no ▶ 785	-537-0190				
May the	IRS discuss this return with the preparer shown above? See instructions		<u> </u>	<u> </u>	Yes No				
	•			For	m 990-EZ (2008)				

02751 OPTIMIST INTERNATIONAL - MANHATTAN, 48-6118677 Federal Statements

FYE: 9/30/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount				
DUES-CLUB FUND	\$ 9,580				
Total	\$ 9,580				

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

	escription	 Amount
MISCELLANEOUS I	NCOME	\$ 1,762
Total		\$ 1,762

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount			
Expenses	 \$			
CONFERENCES AND MEETINGS	474			
YOUTH AND COMMUNITY SERVI	18,671 -			
DUES AND CLUB EXPENSES	5,169 ·			
INSURANCE	100.			
CORPORATE ANNUAL REPORT F	40.			
MISCELLANEOUS	553			
INTANGIBLES TAX	21 ·			
Total	\$ 25,028			