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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 tess than \$1,000,000 and total assets less than
\$2,500,000 at the earl of the veer rear use line form.

OMB No 1545-1150

2008

Open to Public

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements \$2,500,000 at the end of the year may use this form Internal Revenue Service Inspection of the treasury Inspection of the treasury Inspection of the treasury Inspection of the year may use this form Inspection of the treasury Inspection of the treasury Inspection of the treasury Inspection of the year may use this form Inspection of the treasury Inspection of the year may use this form Inspection of the treasury Inspection of the year may use this form Inspection of the year may use the							Inspection		
A For the 2008 calendar year, or tax year beginning 10-1-200%, 2008, and ending 9-30							, 2009		
		k if cable				Employer Identification number			
\Box		ess ch		Please ise IRS			,		
Н		e char	ne 4	abel or		6	2-60	47319	
Н		returr	· P	ynntor ype	Optimist Internations			ne number	
н		nation	8	See Specific	11345 Optimist Club of Shelbyville			85-1956	
H		nded n	etum fi	nstruc	422 Dow Drive			exemption	
Н		cation	tı	ions	Shelbyville TN 37160-	E .	Number	. •	
•			501/c\(3	3) orga	izations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting			
	-	· · · · ·	. 00 . (0),(0		impleted Schedule A (Form 990 or 990-EZ).	Other (spe			
	Veh	site:			miplotod delitedate A (1 drill 200 dr 200 dz).			rganization is not required	
			tion type	(check	ty one) - X 501(c)(4) ◀ (insert no.) 4947(a)(1) or 527	to attach S		(Form 990, 990-EZ, or 990-PF)	
		k I			nization is not a section 509(a)(3) supporting organizationand its gros				
			_	_	it if the organization chooses to file a return, be sure to file a complete	•		1 11010 than \$20,000.	
					to determine gross recepts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	▶ \$		59,339.	
	art	_			penses, and Changes in Net Assets or Fund Balance	<u>·</u>	nstructio		
		1			fts, grants, and similar amounts received	(000	1	,,,,	
		2			revenue including government fees and contracts		. 2		
		3			es and assessments		3		
		4	Investm	•		• • • • • • • • • • • • • • • • • • • •	4	41.	
		•			om sale of assets other than inventory				
	-				per basis and sales expenses 5b		-		
					om sale of assets other than inventory (Subtract line 5b from line 5a)	(attach schedule)	7 5c		
	g	6			trivities (complete applicable parts of Schedule G). If any amount is from gaming, check his	`	1 00		
	ē		_		not including \$ of contributions	,,, , , , , , , , , , , , , , , , , ,			
	көмөппө	_	reported						
	_	h			enses other than fundraising expenses		7		
					oss) from special events and activities (Subtract line 6b from line 6a)		⊢ _{6c}		
					nventory, less returns and allowances	59,298.			
			Less: co			14,020.	_		
	ı			•	oss) from sales of inventory (Subtract line 7b from line 7a)		7c	45,278.	
		8			describe ▶		8		
	1	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	45,319.	
_		10			ar amounts paid (attach schedule)		10	3,800.	
	11 Benefits paid to or for members						. 11		
	န္	12 Salaries, other compensation, and employee benefits					12		
		13 Professional fees and other payments to independent contractors				13			
	<u>×</u>	14	Occupa	ncy, re	, utilities, and maintenance		14		
ı	ן ש	15		-	tions, postage, and shipping		15	47.	
		16	_		(describe ▶See Statement	<u> </u>	. 16	4,570.	
	l	17	Total ex	rpense	Add lines 10 through 16		▶ 17	8,417.	
		18	Excess	or (def	t) for the year (Subtract line 17 from line 9)		. 18	36,902.	
•	Net Assets	19	Net ass	ets or f	nd balances at beginning of year (from line 27, column (A)) (must agi	ee with	•		
•	¥8		end-of-y	ear fig	re reported on prior year's return)		. 19	21,730.	
	ğ	20	Other cl	hanges	n net assets or fund balances (attach explanation)		20		
_		21	Net ass	ets or f	nd balances at end of year Combine lines 18 through 20		≥ 21	58,632.	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form							Form 990-EZ		
					(See the instructions.)	(A) Beginning of	rear	(B) End of year	
		Cash, savings, and investments						58,632.	
24									
25	Total assets					_	58,632.		
			abilities	•			26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 21, 730.						. 27	58,632.		
Fo	r Pr	IVAC	Act and	i Papei	vork Reduction Act Notice, see the Instruction for Form 990.			Form 990-EZ (2008)	

SCANNED JUN 0 6 2012

Fon	m 990-EZ (2008) Optimist Internations	s		62	-6047	319 Page 2
	rt III Statement of Program Service Accompl		the instructions.)		-	Expenses
٧h	at is the organization's primary exempt purpose? <u>to si</u>	upport youth	<u> </u>		(Require	ed for 501(c)(3) & (4)
	cribe what was achieved in carrying out the organization's ex				•	itions and 4947(a)(1)
des	cribe the services provided, the number of persons benefited	l, or other relevant infor	mation for each progra	m title	trusts, o	ptional for others)
28	Conduct programs for children					
	the best in kids by offering	nope and pos	sitive visio	on		
	(Grants \$) If this amount includes	forcing grants, shock he	250	▶	28a	
29	(Grants \$) If this amount includes	toleigh grants, check he			208	
29						
						
	(Grants \$) If this amount includes	foreign grants, check he	ere	.•	29a	_
30	<u> </u>					
]]	
	(Grants \$) If this amount includes	foreign grants, check he	ere	<u> </u>	30a	
31	Other program services (attach schedule)]	
	(Grants \$) If this amount includes		ere <u></u>	<u>.▶ []</u>	31a	
	Total program service expenses (add lines 28a through 31			.,, , >	32	
Pē	rt IV List of Officers, Directors, Trustees, and	(b) Title & average	(List each one ev		compensate	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee	benefit plans red comp	account and other allowance
Вr	ent Pewitt	President	enter -o/	8 0818	neo comp	Other allowance.
	4 Parker Shelbyvill TN 37160	1100100	0			
	ran Shavers	Vice-Pres		1		
	8 Adams Shelbyvill TN 37160		0			
	avis Spivey	Sec/trea				
	2 Dow Dr Shelbyvill TN 37160		0			
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Part	Other Information (Note the statement requirements in the instructions for Part VI)					
	. 1]	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		Х		
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					
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				
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"					
	complete applicable parts of Schedule N	36		Х		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions . > 37a 0	•		•		
	Did the organization file Form1120-POL for this year?	37b				
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeor were	'		•		
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			1		
39	Section 501(c)(7) organizations. Enter.	1				
	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities	1				
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1				
→ ∪ a	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			1		
	the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part 1	40b		X		
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under	1				
·	sections 4912, 4955, and 4958			:		
d	Enter amount of tax on line 40c reimbursed by the organization					
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			ŀ		
8	If "Yes," complete Form 8886-T	40e		X		
41	List the states with which a copy of this return is filed		<u> </u>	1		
	The books are in care of ▶ Travis Spivey Telephone no ▶ 931-685-1956					
420	Located at ▶ 422 Dow Drive TN Shelbyville ZIP+4 ▶ 37160-					
_	At any time during the calendar year, did the organization have an interest in or a signature or other authority		-			
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No		
	account)?	42b		X		
	If "Yes," enter the name of the foreign country.	.,	ı			
	See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank					
_	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	l	l x		
C	If "Yes," enter the name of the foreign country:	420	L	1		
40	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of the 1041 - Check here			▶ [
43	and enter the amount of tax-exempt interest received or accrued during the tax year		•			
	and enter the amount of tax-exempt interest received of accided during the tax year					
			Voc	No		
	District and the second of		Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	مما	ı	Ιx		
	Form 990-EZ	44	I	1 ^		
45	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	I	X		

Part VI	_	tions only. All section	in 501(c)(3) organizatio	ons must answer questions 40	6 - 49		<u>.5</u>
10 0.4	and complete the tables for lines 5					T	
	the organization engage in direct or inc				10	Yes	No
	didates for public office? If "Yes," comp				46		
	the organization engage in lobbying ac				. 47	 	
	ne organization operating a school as d				48		
	the organization make any transfers to		related organization?		49a	-	
	es," was the related organization(s) a				. 49b	1	L
	nplete this table for the five highest cor h received more than \$100,000 of com			•	ees) who		
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) E:	cpense	
(a) Na	ame and address of each employee	hours per week		employee benefit plans &	acco	int and	i
	paid more than \$100,000	devoted to position		deferred compensation	other a	lowand	es
Total number	of other employees paid over \$100,000						
	he organization. If there is none, enter		n \$100 000	(b) Type of service	(c) Comp	vensatio	
Total num	ber of other independent contractors e	ach receiving over \$100,0	000▶				
Sign Here	Under penalties of penury, I declare that I have and belief, it is true, corpora, and complete Designature of officer Travis Spivey Type or print name and title.	e examined this return, including ac	companying schedules and ste licer) is based on all information		dge		
Paid Preparer' Use Only	Preparer's signature	alstano	- 4'~4' OUC	eck if self- Preparer's Id	entifying N	o. (See	instr)
	address, and ZIP + 4			Dhana an 🏲			
May the I		r chawa abaya? Saa instr	uctions	Phone no ▶	► X Ye	TT	No.
iviay ine i	RS discuss this return with the prepare	shown above / See instr	ucuons	····	► X Ye: Form 990 -		No

4,026.

ID: 62-6047319 Name: Optimist Internations Description: Other Expenses Туре Amount Dinner meals 2,840. Dues to parent organization 992. Advertising 184. Misc

62-6047319

Gross Profit on Sales of Inventory 990-EZ: Page 1, Line 7; 990-PF: Page 12, Line 10 US 990 2008 Gross sales Cost of Gross less returns goods sold profit Description 45,278. 59,298. Donut Booth 14,020. 59,298. 14,020. 45,278.