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Form 990-EZ

Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 \$500,000 and total assets less than \$1,250,000 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

2009**Open to Public
Inspection****A** For 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable.

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization

LAWTON EVENING OPTIMIST SOCCER ASSOCIATION

Number & street (or P.O. box, if mail is not delivered to street addr.)

PO BOX 134

City or town, state or country, and ZIP + 4

LAWTON OK 73502

D Employer identification number

73-1134378

E Telephone number

(580) 353-2227

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: ▶ WWW.LAWTONSOCCER.COM**H** Check ☒ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) -- ☒ 501(c)(3) (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ

... ▶ \$ 192,104

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received															31,985											
	2	Program service revenue including government fees and contracts															121,051											
	3	Membership dues and assessments																										
	4	Investment income															11,945											
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)																										
	6b	Less: direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
EXPENSES	7a	Gross sales of inventory, less returns and allowances															18,924											
	7b	Less: cost of goods sold															10,279											
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															8,645											
	8	Other revenue (describe ▶ SEE ATTACHMENT #2)															8,199											
	9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															181,825											
	10	Grants and similar amounts paid (attach schedule)															2,000											
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits															20,780											
	13	Professional fees and other payments to independent contractors															2,590											
	14	Occupancy, rent, utilities, and maintenance															13,992											
ASSETS	15	Printing, publications, postage, and shipping															1,419											
	16	Other expenses (describe ▶ SEE ATTACHMENT #4)															152,259											
	17	Total expenses. Add lines 10 through 16															193,040											
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-11,215											
	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)															896,196											
	20	Other changes in net assets or fund balances (attach explanation)															39,966											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															924,947											

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	99,414	85,875
23	Land and buildings	645,692	636,965
24	Other assets (describe ▶ SEE ATTACHMENT #6)	159,774	208,893
25	Total assets	904,880	931,733
26	Total liabilities (describe ▶ SEE ATTACHMENT #7)	8,684	6,786
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	896,196	924,947

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

Form 990-EZ (2009)

P17

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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Expenses

What is the organization's primary exempt purpose? SEE ATTACHMENT #8

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, & other relevant information for each program title.

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

28 SEE ATTACHMENT #9

(Grants \$ 2,000) If this amount includes foreign grants, check here

28a	193,040
-----	---------

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32	Total program service expenses (add lines 28a through 31a)	32	193,040
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32	193,040
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr. 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 ATTACHMENT #10

Part V Other Information (Note the statement requirements in the instructions for Part 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? 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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 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?		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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	37a	
b Did the organization file Form 1120-POL for this year?	37b	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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. 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	40e	X
41 List the states with which a copy of this return is filed. OK		
42a The organization's books are in care of SEE ATTACHMENT #11 Telephone no. Located at ZIP + 4		
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	X
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	X
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	43	
44 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	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and 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 46 X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47 X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 48 X
- b If "Yes," was the related organization a section 527 organization? 49a X
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is 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
NONE				

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

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation 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) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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.

Sign Here 4-13-10

Signature of officer Date

Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date 3-15-10

Check if self-employed ☐

Preparer's identifying no. (See Instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 EIN

HATCH, CROKE & ASSOCIATES, PC Phone no.

417 SW C AVENUE 580-353-2122

LAWTON, OK 73501

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

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2009

Open to Public Inspection

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

Employer identification number

LAWTON EVENING OPTIMIST SOCCER ASSOCIATION

73-1134378

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,070	26,742	12,600	8,076	31,985	85,473
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	31,372	43,298	44,578	58,722	129,696	307,666
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	37,442	70,040	57,178	66,798	161,681	393,139
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						393,139

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	37,442	70,040	57,178	66,798	161,681	393,139
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,981	9,912	14,886	15,277	11,945	61,001
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,981	9,912	14,886	15,277	11,945	61,001
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				1,283	8,199	9,482
13 Total support. (Add lines 9, 10c, 11, and 12.)	46,423	79,952	72,064	83,358	181,825	463,622

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐ **►**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	84.80 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	87.41 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	13 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	12 %

19a 33 1/3 % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☒ **►**

b 33 1/3 % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐ **►**

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐ **►**

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2009Attachment
Sequence No. **67**

Name(s) shown on return

Lawton Evening Optimist Soccer Assoc

Business or activity to which this form relates

Identifying number

73-1134378**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	250,000.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	41,354.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	41,354.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 7

Keep for Your Records

KEEP FOR
YOUR RECORDS

For calendar year 2009 or tax period beginning

, and ending

Name of Organization

LAWTON EVENING OPTIMIST SOCCER ASSOCIATION

Employer Identification Number

73-1134378

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
CONCESSION STAND	18,924	10,279	8,645
Total	18,924	10,279	8,645

SCHEDULE OF OTHER REVENUE

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 8

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization LAWTON EVENING OPTIMIST SOCCER ASSOCIATION	Employer Identification Number 73-1134378

Description of Other Revenue	Amount
OTHER INCOME	8,199
Total	8,199

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

For Calendar year 2009, or tax year period beginning

Name of Organization

LAWTON EVENING OPTIMIST SOCCER ASSOCIATION

Recipient's Name and Address

Purpose of Payment to Affiliate

NATHAN INGER

5335 NW OAK
LAWTON, OK 73505

MATTHEAU CURTIS

12173 NW RHOADES RD
LAWTON, OK 73507

Description of Property

Book Value

How Book Value is Determined

How FMV is Determined

Date of Gift

Total

2,000

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

For calendar year 2009 or tax period beginning _____, and ending _____

Employer Identification Number

73-1134378

Total	152,259
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ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 20

For calendar year 2009 or tax period beginning _____ **, and ending** _____

Employer Identification Number

73-1134378

Total	39,966
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ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

For calendar year 2009 or tax period beginning

, and ending

LAWTON EVENING OPTIMIST SOCCER ASSOCIATION

73-1134378

Totals

ATTACHMENT 7: PAGE 1 - 990-EZ PAGE 1, PART II, LINE 26

For calendar year 2009 or tax period beginning

, and ending

Employer Identification Number

73-1134378

Totals

PRIMARY EXEMPT PURPOSE

ATTACHMENT 8: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending .
Name of Organization LAWTON EVENING OPTIMIST SOCCER ASSOCIATION	Employer Identification Number 73-1134378

Primary Purpose

PROMOTE SOCCER AMONG SCHOOL AGE CHILDREN IN SOUTHWEST OKLAHOMA.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 9: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending			
Name of Organization LAWTON EVENING OPTIMIST SOCCER ASSOCIATION	Employer Identification Number 73-1134378			
Part III - Statement of Program Service Accomplishments				
Grants and allocations	2,000	Amount includes foreign grants	Program service expenses	193,040

Exempt Purpose Achievements

LAWTON EVENING OPTIMIST SOCCER ASSOCIATION SPONSORS SPRING AND FALL SOCCER PROGRAMS FOR SCHOOL AND CLUB YOUTHS IN SOUTHWEST OKLAHOMA. THE PURPOSES OF THE SOCCER PROGRAMS ARE TO FURTHER AND PROMOTE THE PROGRESSIVE DEVELOPMENT OF THE SPORT OF SOCCER THROUGH ORGANIZATION, TRAINING, AND EDUCATION; TO ORGANIZE A YOUTH SOCCER LEAGUE, OR LEAGUES, TO COMPETE IN SOCCER PROGRAMS IN THE SOUTHWEST OKLAHOMA AREA. THE ANNUAL LEOSA SCHOLARSHIP PROGRAM RECOGNIZES AND FINANCIALLY REWARDS THE INDIVIDUAL PERFORMANCE OF AN ATHLETE OR ATHLETES IN THE SPORT OF SOCCER BOTH ON AND OFF THE FIELD OF PLAY, AND FOR HIS/HER SCHOLASTIC EXCELLENCE. DURING THE YEAR TWO \$1,000 SCHOLARSHIPS WERE AWARDED.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 10: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning _____, and ending _____			
Name of Organization LAWTON EVENING OPTIMIST SOCCER ASSOCIATION			Employer Identification Number 73-1134378	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
STEVE MCNEIL 7075 NE WATTS ROAD ELGIN, OK 73538	PRESIDENT 1.00	0	0	0
JOHN WELLS 4107 SW WENDY DRIVE LAWTON, OK 73505	1ST VICE PRESIDENT 1.00	0	0	0
TOM PHILLIPS 14287 NE KLEEMAN RD FLETCHER, OK 73541	2ND VICE PRESIDENT 1.00	0	0	0
SARAH JOHNSON 139 SE DUNLOP STREET LAWTON, OK 73507	SECRETARY 1.00	0	0	0
JOAN JESTER 1125 NW ELM AVENUE LAWTON, OK 73507	TREASURER 2.00	0	0	0
MIKE CUMMINGS 6907 SW CHEROKEE AVENUE LAWTON, OK 73505	REGISTER 1.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 11 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization LAWTON EVENING OPTIMIST SOCCER ASSOCIATION	Employer Identification Number 73-1134378
Part V - Line 42a	

Individual Name JOAN JESTER
or
Business Name:

Street Address 1344 SE 1ST

U.S. Address:

Zip code 73501 City LAWTON State OK
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (580) 353-2227

Fax Number

Lawton Evening Optimist Soccer Assoc
Form 4562 - Supporting Schedules
Period Ended 12/31/09 - Federal ID #: 73-1134378

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Part II, Line 16 - ACRS/Other Deprec.

Description	Acq. Date	Basis	Life	Method	Deduction
Land Preparation	09/30/03	57,400.	20 yr	SL	2,870.
Land Improvements	09/18/04	125,551.	20 yr	SL	6,278.
Land Improvements	10/13/04	56,227.	20 yr	SL	2,811.
Land Improvements	12/27/04	4,721.	20 yr	SL	236.
Land Improvements	03/04/05	3,325.	20 yr	SL	166.
Land Improvements	04/06/05	583.	20 yr	SL	29.
Sprinkler System	09/18/04	61,565.	15 yr	SL	4,104.
Sprinkler System	02/23/05	7,199.	15 yr	SL	480.
Sprinkler System	03/31/05	980.	15 yr	SL	65.
Road & Parking	09/18/04	29,500.	15 yr	SL	1,967.
Fence	03/31/05	1,085.	15 yr	SL	72.
Site Work	04/06/05	589.	20 yr	SL	29.
Land Improvements	08/09/05	32,728.	20 yr	SL	1,636.
Additional Sprinklers	08/09/05	530.	15 yr	SL	35.
Auto Sprinkler Sys 16A	12/01/06	3,450.	15 yr	SL	230.
Auto Spinkler Sys 16B	12/01/06	3,450.	15 yr	SL	230.
Auto Sprinkler Sys 15	12/01/06	5,100.	15 yr	SL	340.
Drainage Sys West	12/15/06	2,656.	20 yr	SL	133.
Drainage Sys SE	12/15/06	1,125.	20 yr	SL	56.
Buildings	09/18/04	284,827.	40 yr	SL	7,121.
Electrical Cost	10/13/04	30,194.	40 yr	SL	755.
Soccer Nets (17)	09/18/04	27,900.	5 yr	SL	4,185.
Gustafson Line Kin	09/18/04	6,650.	10 yr	SL	665.
Case Cutter Bush	09/18/04	9,400.	10 yr	SL	940.
Six Signs	09/23/04	383.	10 yr	SL	38.
Large Goal	03/05/05	1,674.	10 yr	SL	167.
Lawnmower	05/10/05	7,300.	10 yr	SL	730.
Horizontal Fuel Tank	05/10/05	759.	10 yr	SL	76.
Parts for Mowers	05/19/05	357.	5 yr	SL	71.
Loader Scraper &	12/14/05	5,639.	10 yr	SL	564.
Soccer Goal	02/10/06	2,497.	10 yr	SL	250.
Chain Saw	02/20/06	215.	5 yr	SL	43.
Sprinkler System	03/21/06	1,975.	15 yr	SL	132.
Sprinkler System Jr Field	03/21/06	4,100.	15 yr	SL	273.
Sprinkler System West	03/21/06	450.	15 yr	SL	30.
2 Sets of Goals	09/16/06	3,200.	10 yr	SL	320.
Goal	11/01/07	2,811.	10 yr	SL	281.
18 Chairs & 6 Tables	02/08/08	673.	10 yr	SL	67.
Set of Mid Size Goals	03/14/08	3,689.	10 yr	SL	369.
3 Two Way Radios	03/09/08	188.	5 yr	SL	38.
Freezer	03/09/08	404.	5 yr	SL	81.
3 Gates	05/16/08	599.	10 yr	SL	60.
Soccer Goals	09/09/08	1,516.	10 yr	SL	152.
Soccer Goals	10/27/08	2,951.	10 yr	SL	295.
Brush Hog	09/23/08	1,500.	10 yr	SL	150.
Sprinkler System	02/19/09	9,482.	15 yr	SL	527.
Goals - Installation	04/27/09	4,000.	10 yr	SL	267.
Hot Dog Warmer	06/24/09	1,511.	5 yr	SL	151.
Paint Machine	06/04/09	2,000.	5 yr	SL	233.

Lawton Evening Optimist Soccer Assoc
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Part II, Line 16 - ACRS/Other Deprec.

Description	Acq. Date	Basis	Life	Method	Deduction
Entrance Barricades	07/23/09	1,837.	15 yr	SL	51.
Concession Stand Equipmen	08/03/09	641.	5 yr	SL	53.
Concession Stand Equipmen	08/03/09	367.	5 yr	SL	31.
Concession Stand Equipmen	08/05/09	193.	5 yr	SL	16.
Ice Machine	08/10/09	3,480.	5 yr	SL	290.
Golf Cart	10/24/09	4,750.	10 yr	SL	79.
Hand Dryers	11/19/09	1,119.	10 yr	SL	9.
Alligator Ice Machine	11/27/09	3,250.	10 yr	SL	27.
Total		<u>832,245.</u>			<u>41,354.</u>