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

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue ServiceUnder 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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 2010**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
Optimist Club of Columbia Mo
PO Box 1959
Columbia, MO 65205-1959**D** Employer identification number

43-6034157

E Telephone number

(573) 445-8645

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.downtownoptimistclub.org**J** Tax-exempt status (check only one) — ☒ 501(c) (4) (insert no.) 4947(a)(1) or 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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

▶ \$ 210,269.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	2,026.
	2	Program service revenue including government fees and contracts	2	1,115.
	3	Membership dues and assessments	3	6,302.
	4	Investment income	4	22.
	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)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	13,431.
	6b	Less: direct expenses other than fundraising expenses	6b	18,945.
EXPENSES	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-5,514.
	7a	Gross sales of inventory, less returns and allowances	7a	187,373.
	7b	Less: cost of goods sold	7b	134,907.
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	52,466.
	8	Other revenue (describe ▶)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	56,417.
	10	Grants and similar amounts paid (attach schedule) See Statement 1	10	38,770.
	11	Benefits paid to or for members	11	7,442.
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
NET ASSETS	14	Occupancy, rent, utilities, and maintenance	14	3,964.
	15	Printing, publications, postage, and shipping	15	9.
	16	Other expenses (describe ▶ See Statement 2)	16	13,340.
	17	Total expenses. Add lines 10 through 16	17	63,525.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,108.
	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	113,894.
	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	106,786.

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	81,759.	80,717.
23 Land and buildings	33,975.	31,341.
24 Other assets (describe ▶ See Statement 3)		1,378.
25 Total assets	115,734.	113,436.
26 Total liabilities (describe ▶ See Statement 4)	1,840.	6,650.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	113,894.	106,786.

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

Form 990-EZ (2009)

TEEA0803L 01/30/10

SCANNED JUN 01 2011

X 16

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? Serving the youth of Mid-Missouri

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

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.

28 Funding local organizations that support the mission of the Optimist Club(Grants \$ 38,770.) If this amount includes foreign grants, check here ☐ **28a** 38,770.**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** 38,770.**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
Mike Cusak 1612 Stanford Dr Columbia, MO 65203	President 7.69	0.	0.	0.
Sid Sullivan 2980 Maple Bluff Drive Columbia, MO 65203	1st VP 4.81	0.	0.	0.
Brooke Burnham 1329 Overhill Road Columbia, MO 65203	2nd VP 1.92	0.	0.	0.
Mike Hatchet 3812 Koala Drive Columbia, MO 65202	Secretary 0.96	0.	0.	0.
Jerry Hays 7253 Suncrest Court Columbia, MO 65201	Treasurer 0.77	0.	0.	0.
Christine White 4817 Prestwick Court Columbia, MO 65203	Past President 0.38	0.	0.	0.
Denise Payne 3005 Hal Court Columbia, MO 65203	Director 1.92	0.	0.	0.
Clement Sheffers 2912 Woods Crossing Drive Columbia, MO 65202	Director 0.77	0.	0.	0.
Cyrella Galbreath 4609 Royal Heritage Columbia, MO 65203	Director 0.38	0.	0.	0.
Jessica Kempf 9351 Mt Zion Road Hallsville, MO 65255	Director 0.58	0.	0.	0.
Steve Klein 2509 Ridgfield Road Columbia, MO 65203	Director 0.96	0.	0.	0.
Chuck Boots 360 Sunny Ridge Lane Columbia, MO 65202	Director 0.96	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs 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?		
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 0.		
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 outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 N/A , section 4912 N/A ; section 4955 N/A		
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 40c 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
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 None		

42a The organization's books are in care of **Jerry Hays** Telephone no **(573) 445-8645**
 Located at **7253 Suncrest Court Columbia MO** ZIP + 4 **65201**

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**

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 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: _____

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**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

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**

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.

	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 a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b If 'Yes,' was the related organization a section 527 organization?	49b	

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 and deferred compensation	(e) Expense account and other allowances

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

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

Signature of officer: *Terry Hays* Date: 4/29/11

Type or print name and title: Terry Hays, Treasurer

Paid Preparer's Use Only

Preparer's signature: Non-Paid Preparer Date: _____

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

Check if self-employed: ☒ Preparer's Identifying Number (See instructions): _____

EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

BAA

Form 990-EZ (2009)

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	Small Grants less than \$5000 each	
Relationship of Donee:	Unrelated	
Cash Amount Given:		\$ 38,770.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Awards	\$ 10.
Bank Charges	1,063.
Chamber Dues	320.
Depreciation	2,634.
Insurance	2,421.
Meals	1,034.
Meeting Expense	2,429.
Miscellaneous	1,469.
Office Expenses	1,649.
Repairs and maintenance	45.
Telephone	266.
Total	\$ 13,340.

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Prepaid Expenses and Deferred Charges	\$ 0.	\$ 1,378.
Total	\$ 0.	\$ 1,378.

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Deferred Revenue	\$ 1,840.	\$ 6,650.
Total	\$ 1,840.	\$ 6,650.

Optimist Club of Columbia Mo

43-6034157

	2009	2008	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants	2,026	30,971	-28,945
Program service revenue	1,115	0	1,115
Membership dues and assessments	6,302	6,728	-426
Investment income	22	1,060	-1,038
Net income (loss) - special events	-5,514	0	-5,514
Gross profit (loss) - inventory sales	52,466	54,622	-2,156
Other revenue	0	12,891	-12,891
Total revenue	56,417	106,272	-49,855
EXPENSES			
Grants and similar amounts paid	38,770	46,269	-7,499
Benefits paid to or for members	7,442	0	7,442
Occupancy/rent/utilities/maintenance	3,964	15,635	-11,671
Printing, publications, and postage	9	1,152	-1,143
Other expenses	13,340	35,993	-22,653
Total expenses	63,525	99,049	-35,524
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year	-7,108	7,223	-14,331
Net assets/fund bal. at beg. of year	113,894	105,145	8,749
Other changes in net assets/fund bal	0	1,526	-1,526
Net assets/fund bal. at end of year	106,786	113,984	-7,198

2009

General Information

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Optimist Club of Columbia Mo

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Forms needed for this return

Federal: 990-EZ

Carryovers to 2010

None