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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)

OMB No. 1545-1150

2009

Open to Public
Inspection

► 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

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable

Address change	Please use IRS label or print or type
Name change	See Specific Instructions
Initial return	
Terminated	
Amended return	
Application pending	

C Name of organization

OPTIMIST INTERNATIONAL WILMINGTON NC
SUPPER CLUB

D Employer identification number

56-0860873

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

605 EASTWOOD ROAD

Room/suite

E Telephone number

910-791-5272

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

WILMINGTON, NC 28405

F Group Exemption

Number ► 1334

- 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.SUPPEROPTIMIST.COM

H Check ► if the organization is notJ Tax-exempt status (check only one) — 501(c)(4) (insert no.) 4947(a)(1) or 527

required to attach Schedule B (Form 990, 990-EZ or 990-PF)

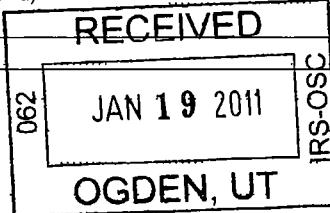
K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

► \$ 92,492.

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
2 Program service revenue including government fees and contracts	2 64,036.
3 Membership dues and assessments	3 495.
4 Investment income	4 15.
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c 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"/>	6a
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b
b Less: direct expenses other than fundraising expenses	6c
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c 5,986.
7a Gross sales of inventory, less returns and allowances	STMT 3 7a 27,946.
b Less: cost of goods sold	STMT 4 7b 21,960.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8
8 Other revenue (describe ►)	9 70,532.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10 4,412.
10 Grants and similar amounts paid (attach schedule)	11
11 Benefits paid to or for members	12
12 Salaries, other compensation, and employee benefits	13 250.
13 Professional fees and other payments to independent contractors	14 3,387.
14 Occupancy, rent, utilities, and maintenance	15 66.
15 Printing, publications, postage, and shipping	16 62,611.
16 Other expenses (describe ►)	17 70,726.
17 Total expenses Add lines 10 through 16	18 <194.>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19 56,956.
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)	20
20 Other changes in net assets or fund balances (attach explanation)	21 56,762.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	



SEE STATEMENT 1)

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	18,710.	22 18,887.
23 Land and buildings	37,958.	23 37,779.
24 Other assets (describe ► OTHER DEPRECIABLE ASSETS)	288.	24 96.
25 Total assets	56,956.	25 56,762.
26 Total liabilities (describe ►)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,956.	27 56,762.

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

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

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, and other relevant information for each program title.

Expenses

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

28 RAN YOUTH BASEBALL/SOFTBALL LEAGUE FOR AREA YOUTH. PURPOSE
IS TO TEACH SPORTSMANSHIP, GOOD PHYSICAL TRAINING HABITS
AND HOW TO GET ALONG WITH OTHERS.

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

55,270.

29 www.english-test.net

Digitized by srujanika@gmail.com

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

30 www.english-test.net

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

31 Other program services (attach schedule)

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

32 Total program service expenses (add lines 28a through 31a)

32

55.270.

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

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.

Yes	No
33	X
34	X

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?
 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 Sch. N

► 37a 0.

35a	X
35b	N/A

36	X
37b	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?

38a	X
38b	N/A

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?

38b	N/A
39a	N/A
39b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

39	
40a	

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A

40b	X
40c	

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

40c	
40d	

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

► 0.

40d	
40e	X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

► 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

41 List the states with which a copy of this return is filed. ► **NONE**

42a The organization's books are in care of ► **SCOTT BLISS** Telephone no. ► **910-791-5272**
 Located at ► **605 EASTWOOD ROAD, WILMINGTON, NC** ZIP + 4 ► **28405**

Yes	No
42b	X

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)?

42c	X
43	

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

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

43	
44	

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 and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 N/A

Yes	No
44	X

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

45	X
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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

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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	
b If "Yes," was the related organization a section 527 organization?		
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."	49b	

(a) Name and address of each employee paid more than \$100,000 N/A	(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

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 N/A	(b) Type of service	(c) Compensation

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

Sign Here	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		
	<div style="display: flex; align-items: center;"> ► Scott A. Bliss Date 1/13/2011 </div>		
<div style="display: flex; align-items: center;"> ► SCOTT BLISS, TREASURER </div>			
<div style="display: flex; align-items: center;"> ► Type or print name and title </div>			
Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>
	Jennifer H Presnell	12/21/10	
Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's identifying number (See instr.) <input type="checkbox"/> EIN ► <input type="checkbox"/> Phone no (910) 762-9623	
RSM MCGLADREY, INC. 300 NORTH 3RD STREET, FIFTH FLOOR WILMINGTON, NC 28401			

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

► Yes No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
BANK FEES		467.
OFFICE SUPPLIES		807.
TELEPHONE		1,435.
MEETING EXPENSES		2,409.
INSURANCE		2,761.
ADVERTISING		269.
MAINTENANCE & EQUIPMENT		13,213.
FEES & REGISTRATION EXPENSES		15,460.
BALLS		3,473.
UNIFORMS		11,290.
TOURNAMENT EXPENSES		600.
PROGRAM INSURANCE EXPENSE		4,622.
PLAQUES & TROPHIES		5,479.
MISCELLANEOUS EXPENSES		326.
TOTAL TO FORM 990-EZ, LINE 16		62,611.

FOOTNOTES	STATEMENT 2
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THE BEGINNING BALANCE SHEET CHANGED BY \$32,960 TO CORRECT ASSET BALANCES. REAL PROPERTY WAS DONATED TO THE ORGANIZATION IN 1971 AND HAD BEEN OMITTED FROM THE BALANCE SHEET.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 3

INCOME

1. GROSS RECEIPTS	27,946
2. RETURNS AND ALLOWANCES	
3. LINE 1 LESS LINE 2	27,946
4. COST OF GOODS SOLD (LINE 13)	21,960
5. GROSS PROFIT (LINE 3 LESS LINE 4)	5,986

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	
7. MERCHANDISE PURCHASED	
8. COST OF LABOR	
9. MATERIALS AND SUPPLIES	21,589
10. OTHER COSTS	371
11. ADD LINES 6 THROUGH 10	21,960
12. INVENTORY AT END OF YEAR	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . .	21,960

FORM 990-EZ	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION		AMOUNT
DEPRECIATION		371.
TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 7B		371.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

TO TEACH AREA YOUTH THE IMPORTANCE OF SPORTSMANSHIP, PHYSICAL FITNESS AND TEAMWORK.