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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 \$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 the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH ACTIVITIES ORGANIZATION, INC.		D Employer identification number 62-1703651
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1268 WILLOWOOD RD		E Telephone number 865-539-2681
		City or town, state or country, and ZIP + 4 KNOXVILLE, TN 37922-7610		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.CBFOSPORTS.COM

H Check ☒ if the organization is not required to attach Schedule 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 ▶ \$ 308,408.

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	13,152.
	2	Program service revenue including government fees and contracts	2	225,337.
	3	Membership dues and assessments	3	
	4	Investment income	4	45.
	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"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	23,967.
	6b	Less: direct expenses other than fundraising expenses	6b	6,450.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	17,517.
	7a	Gross sales of inventory, less returns and allowances STMT 4	7a	37,167.
	7b	Less: cost of goods sold	7b	31,137.
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,030.
	8	Other revenue (describe) ▶ SEE STATEMENT 2)	8	8,740.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	270,821.
	Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	78,102.
14		Occupancy, rent, utilities, and maintenance	14	27,992.
15		Printing, publications, postage, and shipping	15	1,465.
16		Other expenses (describe) ▶ SEE STATEMENT 1)	16	143,305.
17		Total expenses. Add lines 10 through 16	17	265,124.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,697.
	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	103,722.
	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	109,419.

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	86,604.	91,846.
23 Land and buildings		
24 Other assets (describe) ▶ OTHER DEPRECIABLE ASSETS)	17,118.	17,573.
25 Total assets	103,722.	109,419.
26 Total liabilities (describe) ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	103,722.	109,419.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)</small>
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.	
28 TO PROVIDE SPRING AND FALL SOFTBALL PROGRAMS FOR OVER 675 BOYS AND GIRLS TO PARTICIPATE IN.	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 72,914.
29 TO PROVIDE BASKETBALL PROGRAMS FOR OVER 700 BOYS AND GIRLS TO PARTICIPATE IN.	
(Grants \$ 2,480.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 49,654.
30 TO PROVIDE A VOLLEYBALL PROGRAM FOR OVER 550 GIRLS TO PARTICIPATE IN.	
(Grants \$ 1,005.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 75,072.
31 Other program services (attach schedule) SEE STATEMENT 7	
(Grants \$ 10,200.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 57,056.
32 Total program service expenses (add lines 28a through 31a)	32 254,696.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions 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
TED FRIZEN, 1268 WILLOWOOD RD, KNOXVILLE, TN 37922	SECRETARY/TREASURER	5.00 0.	0.	0.
PHIL MASON, 813 W WOODCHASE RD, KNOXVILLE, TN 37934	BOARD MEMBER	5.00 0.	0.	0.
RICHARD GREEN, 11301 BIRCH SPRING DRIVE, KNOXVILLE, TN 37932	BOARD MEMBER	1.00 0.	0.	0.
DON HUTCHESON, 1140 LIVE OAK CR., KNOXVILLE, TN 37932	BOARD MEMBER	10.00 0.	0.	0.
JEFF BECK, 236 GERONIMO RD, KNOXVILLE, TN 37934	BOARD MEMBER	10.00 0.	0.	0.
DOUGLAS MOONEY, 2412 HARDIN FARMS LANE, KNOXVILLE, TN 37923	BOARD MEMBER	1.00 0.	0.	0.
TODD ARMSTRONG, 12325 PITTMAN RD, KNOXVILLE, TN 37932	PRESIDENT	5.00 0.	0.	0.
SUSANNE GREGG, 11764 BLACK ROAD, KNOXVILLE, TN 37932	BOARD MEMBER	10.00 0.	0.	0.
JOEL FARMER, 12433 UNION RD, KNOXVILLE, TN 37924	BOARD MEMBER	5.00 0.	0.	0.
ERIC DYE, 11100 YARNELL ROAD, KNOXVILLE, TN 37932	BOARD MEMBER	1.00 0.	0.	0.
TODD HAZLEWOOD, 1111 LONG BRANCH DRIVE, KNOXVILLE, TN 37922	BOARD MEMBER	10.00 0.	0.	0.
GREG MCMURRY, 516 BATTLE FRONT TRAIL, KNOXVILLE, TN 37934	BOARD MEMBER	5.00 0.	0.	0.
TIM SEATON, 411 RTORRINGTON CT, KNOXVILLE, TN 37934	BOARD MEMBER	5.00 0.	0.	0.
JENNIFER BRAZELTON, 2724 SOOD ROAD #7, KNOXVILLE, TN 37934	BOARD MEMBER	5.00 0.	0.	0.

**THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH
ACTIVITIES ORGANIZATION, INC.**

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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?	N/A	
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	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	N/A	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 0.; section 4912 0.; section 4955 0.		
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		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	0.	
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		X
41	List the states with which a copy of this return is filed. TN		
42a	The organization's books are in care of TED FRIZEN Telephone no. (865) 769-8649		
	Located at 1268 WILLOWOOD RD, KNOXVILLE, TN ZIP + 4 37922		
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)?		X
	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.?		X
	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
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Form 990-EZ (2009)

**THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH
ACTIVITIES ORGANIZATION, INC.**

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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.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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

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.		
	Signature of officer <i>Ted Frazier</i>	Date 6-26-11	
	Type or print name and title <i>TED FRAZIER Secretary/Treasurer</i>		
Paid Preparer's Use Only	Preparer's signature <i>David M. ...</i>	Date 6/21/11	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 PUGH & COMPANY, P.C. 315 N. CEDAR BLUFF RD. KNOXVILLE TN 37923	EIN	Preparer's identifying number (See instr.) (865) 769-0660

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

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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

Employer identification number	62-1703651
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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)		

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH

Schedule A (Form 990 or 990-EZ) 2009 **ACTIVITIES ORGANIZATION, INC.**

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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.")			25,450.	32,843.	13,152.	71,445.
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	370,510.	299,508.	284,662.	287,658.	266,989.	1,509,327.
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	370,510.	299,508.	310,112.	320,501.	280,141.	1,580,772.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						1,580,772.

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	370,510.	299,508.	310,112.	320,501.	280,141.	1,580,772.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	681.	624.	185.	27.	45.	1,562.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	681.	624.	185.	27.	45.	1,562.
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.)						
13 Total support (Add lines 9, 10c, 11, and 12)	371,191.	300,132.	310,297.	320,528.	280,186.	1,582,334.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.90 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.87 %

Section D. Computation of Investment Income Percentage

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

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 ☐

Schedule A (Form 990 or 990-EZ) 2009

CEDAR BLUFF - FARRAGUT OPTIMIST CLUB

SCHOLARSHIP APPLICATION FOR HIGH SCHOOL STUDENTS

Cedar Bluff - Farragut Optimist Club (CBFO) will be awarding scholarships to assist deserving high school seniors in the pursuit of a major or minor field of study. To be considered for CBFO scholarship, the applicant must be a graduating senior who has participated in a CBFO Youth Activity and meets the following criteria:

- I. The following must be received from each candidate:
 1. Completed CBFO Scholarship application form.
 2. Submit an essay on the topic: "The Power of One". This essay should include how this issue appeals to their interest. The essay must be sufficiently specific to assure the Selection Subcommittee that the candidate understands the specific topic (with the length between 450-500 words) as well as assessing the candidate skills for written expression. The approach can encompass a young person's personal experience, the experience of their community, country or a more historical perspective. This essay must also address the applicant's financial need for scholarship.
 3. Students must have demonstrated involvement in community/public service including volunteer work, extra-curriculum activities, and student organization, voting education, and church/religious organizations. Please attach a description of your involvement in these activities.
 4. Copy of transcripts from each school attended as applicable. Qualification is determined by such factors as academic record (Grade Point Average (GPA) of 3.0 on a 4.0 scale), potential performance, need for assistance, and interest in community/public service.
 5. Letter of recommendation from current instructor or advisor.
- II. The following describes the time line for receipt of applications, the selection process, and award of scholarships:
 1. Applications and enclosures are due to your guidance office on or before May 13, 2005 for pick-up by the CBFO Scholarship Committee member.
 2. The CBFO Scholarship Chairperson and Selection Subcommittee will complete their review using a point scoring rating of the applications and make recommendations.
 3. The President of CBFO through the will of its members, which has the final authority, will make the final selection of the recipient (s).
 4. The President of the CBFO will announce the scholarship awardees soon after the final selections. The CBFO Scholarship Chairperson will provide a notification to the selected candidate soon after the selection. The award is expected to be announced in May 2005. Formal presentations may be made pending availability of student.

I hereby release the CBFO and its members and my school of any liability associated with the use of information obtained in connection with the application for this scholarship. Further, I expressly grant the CBFO authority to use general information for press release purposes in announcing the recipients of the scholarships.

Signature _____ Date: _____

CEDAR BLUFF - FARRAGUT OPTIMIST CLUB (CBFO)

SCHOLARSHIP APPLICATION FOR HIGH SCHOOL STUDENTS

Cedar Bluff - Farragut Optimist Club (CBFO) will be awarding scholarships for graduating seniors whom have participated in a CBFO Youth Activity. To be considered for this scholarship, please complete this application and requirements:

Name: _____ Date: _____
First M. I. Last

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

Sex (Male ___ Female ___) No. of Siblings _____ No. of Siblings in college: _____

Social Security Number: _____ - _____ - _____ Class Standing: _____

High School Attending: _____

High School Address: _____

Student Status: High School Senior ___ GPA: ___ of ___ ACT Score: ___ SAT Score: ___

College/University you will attend: _____

Degree Pursuing: _____ Area of Concentration: _____

Career Objective/Interests: _____

Please indicate family's income range:

Less than \$50,000 ___ \$50,000-80,000 ___ \$80,000-\$130,000 ___ Over \$130,000 ___

Other scholarships/grants you have received: _____

Organizations you belong to: _____

Hobbies/Activities: _____

CBFO Youth Activities Participated in: _____

I hereby release the CBFO, its members and/or my school of any liability associated with the use of information obtained in connection with the application for this scholarship. Further, I expressly grant the CBFO authority to use general information for press release purposes in announcing the recipients of the scholarships.

Signature _____ Date: _____

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
UNIFORMS AND SMALL EQUIPMENT	63,781.
OFFICE SUPPLIES	3,175.
TROPHIES AND FLOWERS	6,627.
SIGN EXPENSE	1,504.
WEBSITE	287.
INSURANCE	16,533.
BANK FEES	704.
CAMP EXPENSES	4,650.
BOWL GAME EXPENSES	1,800.
ADVERTISING	1,367.
MISCELLANEOUS	7,658.
PHOTOS	5,568.
COUNTY FEES	28,051.
APPRECIATION DAY EXPENSES	1,600.
TOTAL TO FORM 990-EZ, LINE 16	143,305.

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
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DESCRIPTION	AMOUNT
SIGN SPONSORS	5,450.
MISCELLANEOUS	3,194.
REFUNDED BANK FEES	96.
TOTAL TO FORM 990-EZ, LINE 8	8,740.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CHARITABLE DONATION FARRAGUT INTERMEDIATE SCHOOL 200 WEST END AVE KNOXVILLE, TN 37922	NONE	500.
CHARITABLE DONATION FARRAGUT HIGH SCHOOL 11237 KINGSTON PIKE KNOXVILLE, TN 37922	NONE	300.
CHARITABLE DONATION	NONE	454.
CHARITABLE DONATION	NONE	456.
CHARITABLE DONATION	NONE	570.
CHARITABLE DONATION Z-FOUNDATION 5950 BRANDYWINE DRIVE LENOIR CITY, TN 37772	NONE	500.
CHARITABLE DONATION	NONE	500.
CHARITABLE DONATION FARRAGUT 6TH PLAYER CLUB 11237 KINGSTON PIKE KNOXVILLE, TN 37922	NONE	275.
CHARITABLE DONATION BEARDEN HIGH SCHOOL FOOTBALL BOOSTER CLUB 8325 KINGSTON PIKE KNOXVILLE, TN 37922	NONE	300.

CHARITABLE DONATION FELLOWSHIP OF CHRISTIAN ATHLETES 406 UNION AVE, SUITE 610 KNOXVILLE, TN 37902	NONE	200.
CHARITABLE DONATION CANCER RESEARCH PO BOX 50226 HENDERSON, NV 89016	NONE	205.
SCHOLARSHIP	NONE	2,500.
SCHOLARSHIP	NONE	1,500.
SCHOLARSHIP	NONE	1,000.
SCHOLARSHIP	NONE	1,000.
SCHOLARSHIP	NONE	1,000.
SCHOLARSHIP	NONE	1,000.
SCHOLARSHIP	NONE	1,000.
SCHOLARSHIP	NONE	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>14,260.</u>

FORM 990-EZ

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

STATEMENT 4

INCOME

1. GROSS RECEIPTS	37,167	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		37,167
4. COST OF GOODS SOLD (LINE 13)	31,137	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		6,030

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	31,137	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		31,137
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		31,137

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

990-EZ PG 2

STATEMENT 6

TO SPONSOR YOUTH SPORTS PROGRAMS FOR BOYS AND GIRLS IN THE KNOXVILLE AREA.

FORM 990-EZ	OTHER PROGRAM SERVICES	STATEMENT	7
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DESCRIPTION	GRANTS	EXPENSES
TO PROVIDE A FOOTBALL AND CHEERLEADING PROGRAM FOR OVER 500 BOYS AND GIRLS TO PARTICIPATE IN.	200.	57,056.
SCHOLARSHIPS TO GRADUATING SENIORS WHO HAVE PARTICIPATED IN SPORTS PROGRAMS AND DONATIONS TO OTHER PROGRAMS THAT SUPPORT THE ORGANIZATION'S EXEMPT PURPOSE.	10,000.	0.
TOTAL TO FORM 990-EZ, LINE 31	10,200.	57,056.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH ACTIVITIES ORGANIZATION, INC.	Employer identification number 62-1703651
	Number, street, and room or suite no. If a P.O. box, see instructions. 1268 WILLOWOOD RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KNOXVILLE, TN 37922-7610	

Enter the Return code for the return that this application is for (file a separate application for each return) **03**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **TED FRIZEN - 1268 WILLOWOOD RD - KNOXVILLE, TN 37922**
Telephone No. **(865) 769-8649** FAX No. **(865) 769-8630**

• If the organization does not have an office or place of business in the United States, check this box ☐ **X**
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **AUGUST 15, 2011**
- 5 For calendar year **_____**, or other tax year beginning **OCT 1, 2009**, and ending **SEP 30, 2010**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ***David N. [Signature]*** Title **CPA**

Date **5/10/11**

Form 8868 (Rev. 1-2011)

SCANNED
Date **6-6-11**
By **am**