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Form **990-EZ** 

2009 **Open to Public** 

Inspection

OMB No 1545-1150

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

Address change   Name change   Intel return   Profit or   Intel return   Intel return   Profit or   Intel return   Intel re	mber  tion Accrual on is not orm 990, 25,000 A  52,962
Name change   final return   Spea.   Number and street (or P O box, if mail is not delivered to street address)   Room/suite   E Telephone number of Specific   Number and street (or P O box, if mail is not delivered to street address)   Room/suite   E Telephone number of Specific   Number and street (or P O box, if mail is not delivered to street address)   Room/suite   E Telephone number of Specific	mber  tion Accrual on is not orm 990, 25,000 A  52,962
Name change	mber  tion Accrual on is not orm 990, 25,000 A  52,962
Termination Application pending Application pending Application pending Application pending  • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).    Website: ► N/A	on is not orm 990.  25,000 A  52,962
Amended return   Application pending   Institute   Application pending   Institute   Application pending   Institute   Application pending   Institute   Institu	Accrual on is not orm 990. 25,000 A 52,962
Amended return Application pending  SRANBURY TX 76048  CG Accounting method CD Cher (specify) Accounting method CD Accounting method CD Accounting method CD Accou	Accrual on is not orm 990. 25,000 A 52,962
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).    Website: ► N/A	on is <b>not</b> orm 990, 25,000 A 52,962
a completed Schedule A (Form 990 or 990-EZ).    Website: ► N/A	on is <b>not</b> orm 990, 25,000 A 52,962
Website: ► N/A   Tax-exempt status (check only one)   X  501(c) (3)	52,962
Tax-exempt status (check only one)	52,962
K Check	52,962
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  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I Contributions, grifs, grants, and similar amounts received  1 Contributions, grifs, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  SEE STATEMENT 1  4 Investment income  5a Gross amount from sale of assets other than inventory  b Less cost or other basis and sales-expenses.  c 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(s)) If any amount is from gaming, check here  a Gross revenue (not including reported on line 1)  b Less direct expenses other than-fundraising expenses by contributions reported on line 1)  c Net income or (loss) from special@vents_and_abstrivities (Subtract line 6b from line 6a)  7a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  Other revenue (describe  )  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule)  STMT 2  11 Salanes, other compensation, and employee benefits  12 Salanes, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  13 Professional fees and other payments to independent contractors  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Pronting, publications, postage, and shipping	52,962 .)
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  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments SEE STATEMENT 1 3 Investment income 5a Gross amount from sale of assets other than inventory 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 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule (S) If any amount is from gaming, check here of Contributions reported on line 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.)
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I Contributions, gifts, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments SEE STATEMENT 1  4 Investment income  5a Gross amount from sale of assets other than inventory  b Less cost or other basis and sales expenses.  c Gain or (loss) from sale of assets other than inventory  b Less cost or other basis and sales expenses.  c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  a Gross revenue (not including reported on line 1)  b Less direct expenses other than fundraising expenses  c Net income or (loss) from special events and allowances  b Less cost of goods sold  c Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe  )  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  12 Salanes, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  14 Professional fees and shipping	.)
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Investment income   5a   Gross amount from sale of assets other than inventory   5a   Second or other basis and sales expenses   5b   Second or other basis and activities (complete applicable parts of Schedule (5)) If any amount is from gaming, check here   Second or other basis and activities (complete applicable parts of Schedule (5)) If any amount is from gaming, check here   Second or other basis and activities (complete applicable parts of Schedule (5)) If any amount is from gaming, check here   Second or other basis and activities (complete applicable parts of Schedule (5)) If any amount is from gaming, check here   Second or other basis and activities (subtract line 5a)   Second or other basis and activities (subtract line 6b from line 6a)   Second or other basis and activities (subtract line 6b from line 6a)   Second or other basis and activities (subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other parts of subtract line 7b from line 7a)   Second or other line 7b from line 7a)   Second or other line 7b from line 5a   Second or other line 7b from	
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b Less cost or other basis and sales expenses	150
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C Net income or (loss) from special events and allowances 7a 7a 7b 7b 7b 7c	
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping	
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Professional fees and other payments to independent contractors  13  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15	
15 Ponting, publications, postage, and shipping	7,413
15 Ponting, publications, postage, and shipping	
10 Timing, pasiloations, postage, and shipping	330
1 46 Other common (december N. C.D.D. C.T.D.	120
16 Other expenses (describe ► SEE STATEMENT 3 ) 16	6,802
17 Total expenses. Add lines 10 through 16	39,478
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 Excess or (deficit) for the year (Subtract line 17 from line 9)	10,863
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 Other changes in net assets or fund balances (attach explanation) 20	47,840
end-of-year figure reported on prior year's return)  19  20 Other changes in net assets or fund balances (attach explanation)  20	
20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  21 21	58,703
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	
	nd of year
22 Cash, savings, and investments 46, 226 22	58,703
23 Land and buildings	
24 Other assets (describe ► SEE STATEMENT 4 ) 1,614 24	
25 Total assets 47,840 25	58,703
26 Total liabilities (describe	<u>0</u> 58,703
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 47,840 27	

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orm 990-ÈZ (2009) OPTIMIST CLUB OF GRANBURY		-1320238				Page 2
Part III Statement of Program Service Accomplishments (Se	ee the instruction	ons for Part III.	.)		•	oenses
What is the organization's primary exempt purpose?						or section
SEE STATEMENT 5		<del> </del>		1		nd 501(c)(4)
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						ns and section
						trusts, optional
each program title				101	others )	
28						
(Grants \$) If this amount includes foreign grants, chec	ck here	•	$\bigcap$	28a		
29		•				
(Grants \$ ) If this amount includes foreign grants, check	ck here	<u> </u>		29a		
30						
(Grants \$ ) If this amount includes foreign grants, cher	ck here			30a		
31 Other program services (attach schedule) SEE STATEMENT 6		_				20 470
(Grants \$ 24,813) If this amount includes foreign grants, cher	ck here	<u> </u>		31a		39,478 39,478
32 Total program service expenses (add lines 28a through 31a)	a ana ayan if not an	mnoncoted (See	the in	32	ne for D	
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	(b) Title and average	(c) Compensation	(d)	Contribu	tions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)		yee bene rred comp	fit plans & ensation	account and other allowances
JEFF MEADOR	PRESIDENT	CITICI -0-1,	40.0.	nou oomp	CHOUGH	Other anovarious
OBT MEADOR	10.00				0	0
MIKE GILBERT	TREASURER			_		
	5.00				0	0
DARRELL MORGAN	DIRECTOR					
	1.00	c	<u> </u>		0	0
KEVIN MOORE	PAST PRES		1			
	1.00		<u> </u>		0	0
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1626				
Form	1990-EZ (2009) OPTIMIST CLUB OF GRANBURY 75-1320238		F	Page :
	art 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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	1		
а	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?	35a		_X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
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	7		
а	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	7		
	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
С	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			
0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			$ldsymbol{f eta}$
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed   NONE			
42a	The organization's books are in care of ▶ MIKE GILBERT Telephone no ▶ 81	7-21	9-3	703
	1540 BOYD RD			
	Located at ▶ GRANBURY, TX ZIP+4 ▶ 76	048		
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		Yes	No
	account)?	42b	<u> </u>	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		Ì	
	and Financial Accounts.		1	
C	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country			

Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here

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

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

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

"Yes," Form 990 must be completed instead of Form 990-EZ

Form 990-EZ (2009)

Yes

No

Χ

43

Form 990-EZ

Part			rganizations and section 49							
			ions and section 4947(a)(1) ables for lines 50 and 51.	nonexemp	t charitable	e trusts must a	nswer questior	ıs 46	<del>-4</del> 9b	
46 [			ables for fiftes 50 and 51.	tion on hohalf	of or in oppos	tion to			Yes	No
	_		n or indirect political campaigh activity of complete Schedule C, Part I	mes on benan	or or in oppos	ilion to		46	162	No X
		•	ying activities? If "Yes," complete So	shadula C. Par	+ 11			47		X
			ying activities in res, complete 30 iol as described in section 170(b)(1)			haduta E		48		X
	•	• •	sfers to an exempt non-charitable re			iledule L		49a		X
	-	· · · · · · · · · · · · · · · · · · ·	n a section 527 organization?	ialeu Organiza	lioi1,			49b		
			tion's five highest compensated emp	olovees (other	than officers	directore trustees	and key	400		
		_	e than \$100,000 of compensation from							
	employees/		f each employee paid more	(b)	Title and average	(c) Compensation	(d) Contributions to		Expens	
			\$100,000		ours per week voted to position		employee benefit plans & deferred compensation		ount ar allowar	
NONE				- 100	roted to postaon		deletted compensation	0	4	
NONE										
		<del></del>				···				
	····				-					
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f	Total number	er of other employees pa	aid over \$100,000	•	<b>•</b>					
		·	organization If there is none, enter		a,		1 33			
	(a) Nam	e and address of each inde	pendent contractor paid more than \$100,0	300	(0)	Type of service	(c) C	ompen	sation	
NON	E									
		<del></del>								
		<del></del>	<del></del>	-						
							<del></del>			
	-						·			
d	Total number	er of other independent	contractors each receiving over \$10	0,000	<b></b>					
		•	-							
	U	nder penalties of perjury, I	declare that I have examined this return, in	ncluding accomp	anying schedule	s and statements, and	to the best of my kno	wledge		
		nd belief, it is true, correct,	and complete Declaration of preparer (oth	ner than officer) i	s based on all in	formation of which pre		_	1.1	
Sign		- Ula	hen I he	udo			- 11-0	<u>20</u>	<u> </u>	
Here	·   [	Signature of officer			חחם	Date	•			
		JEFF MEAL			PRE	SIDENT	<del></del>			
		Type or print name and	nue		Data	Charle d	Demonstra (de-	Irhana Ni	mbos /C-	
		reparer's			Date .	Check if self-	Preparer's Iden			e instr)
Paid	1 _	gnature MOLLY	WILLSHER, CPA		01/0	5/11 employed ▶	——————————————————————————————————————			
•		irm's name (or yours	WILLSHER & ASSOCI	-	LLC		EIN ▶ 2	<u>6-3</u>	<u> 108</u>	<u>401</u>
Use (	Only   f	self-employed),	2305 E HIGHWAY 37				Phone			
		ddress, and ZIP + 4		<u>49-5921</u>		<del> </del>	no ▶ 817	-57		$\overline{}$
May tl	he IRS disci	uss this return with the p	preparer shown above? See instruction	ions		<u>=</u>		Y .		No
							Fo	orm <b>9</b> 9	0-EZ	(2009)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

**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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization OPTIMIST CLUB OF GRANBURY 75-1320238 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 Type II c Type III-Functionally integrated Type III-Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iv) is the organization (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization (vi) is the (vii) Amount of the organization in organization in col organization (described on lines 1-9 in col (i) listed in your support ∞l (i) of your (i) organized in the above or IRC section governing document? support? US? (see instructions)) Yes No Yes No Yes No

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

	rt II Support Schedule for Or (Complete only if you che				1)(A)(iv) and 17	70(b)(1)(A)( 	vi) 	
Sec	tion A. Public Support							
	endar 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		<u> </u>					
	tion B. Total Support			·	_			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4		<u> </u>					
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	<u></u>				<u> </u>		
12	Gross receipts from related activities, etc. (					_	12	- <del>-</del> -
13	First five years. If the Form 990 is for the o	organization's first,	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)		
	organization, check this box and stop here							<b>•</b>
Sec	tion C. Computation of Public Su		<del>-</del>			<del></del>		
14	Public support percentage for 2009 (line 6,			<b>(f)</b> )		}-	14	<u>%</u>
15	Public support percentage from 2008 Sche				440.04	L L	15	%_
16a	33 1/3 % support test—2009. If the organi			3, and line 14 is 33	1/3 % or more, che	eck this box		
_	and stop here. The organization qualifies a		•	40	00.4/0.0/			
b	33 1/3 % support test—2008. If the organi				is 33 1/3 % or mon	e, check this		
4-	box and stop here. The organization qualif	* *	• •		40h	400/		
17a	10%-facts-and-circumstances test—200							
	more, and if the organization meets the "fac					v now tne		. □
L	organization meets the "facts-and-circumst		-		=	no 15 io 100/ -		
b	10%-facts-and-circumstances test—2006 more, and if the organization meets the "factorial factorial factori	_					"	
	organization meets the "facts-and-circumst			•	-	4 HOW LIFE		▶ 「
18	Private foundation. If the organization did		•		-	astructions		

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.)

Sec	tion A. Public Support					-	
	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,599	23,750	17,473	7,648	16,815	81,285
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	26,290	27,539	37,359	19,629	33,376	144,193
3	Gross receipts from activities that are not an unrelated trade or business under section 513	· ·				0	
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	41,889	51,289	54,832	27,277	50,191	225,478
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	· -					<del></del>
С 8	Add lines 7a and 7b  Public support (Subtract line 7c from						
	line 6)						225,478
_	tion B. Total Support lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	41,889	51,289	54,832	27,277	50,191	225,478
10a	Gross income from interest, dividends,	41,865	31,289	34,632	27,277	30,171	223,470
100	payments received on securities loans, rents, royalties and income from similar sources	1,708	1,296	842	44	150	4,040
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,708	1,296	842	44	150	4,040
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				<del></del>		
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	43,597	52,585	55,674	27,321	50,341	229,518
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, fourth	n, or fifth tax year a	s a section 501(c)(	3) 	<b></b>
Sec	tion C. Computation of Public Su	pport Percenta	ge		<u></u>		<del>-</del>
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (	f))		15	98 24 %
16_	Public support percentage from 2008 Sche				<del></del>		47 94%
	tion D. Computation of Investmen					<del></del>	
17	Investment income percentage for 2009 (lin		•	olumn (f))		17	2 %
18	Investment income percentage from 2008 \$			_		18	2 %
19a	33 1/3 % support tests—2009. If the orga						<b>⊾</b> \\ \[ \tau_1 \]
	17 is not more than 33 1/3 %, check this bo						$\blacktriangleright X$
b	33 1/3 % support tests—2008. If the orga						▶ □
20	line 18 is not more than 33 1/3 %, check th Private foundation. If the organization did	•	-				
20	Tivate roundation. If the organization old	HOL CHECK & DOX OIL	c 17, 134, UI 19	O' CHECK THE DAY S	TO SEE ITISH UCLIONS		<u></u>

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Supplemental Information Regarding** 

Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

	ער מוז מוא גרמו				75 12202	
OPTIMIST CLUB OF G				rod "Voo" to Form	75-13202	
Part I Fundraising Activities. Complete it Form 990-EZ filers are not required				red fes to Folin	990, Part IV, line	: I <i>I</i> .
1 Indicate whether the organization raised funds through a	ny of the following	activitie	s Che	eck all that apply		
a Mail solicitations	e Solicitation	of non-	-gove	rnment grants		
b Internet and email solicitations	f Solicitation	of gov	emme	ent grants		
c Phone solicitations	g Special fui	ndraisin	g eve	nts		
d In-person solicitations						
2a Did the organization have a written or oral agreement wi or key employees listed in Form 990, Part VII) or entity in	th any individual (in n connection with p	icluding rofessio	office onal fu	ers, directors, trustees indraising services?		Yes No
b If "Yes," list the ten highest paid individuals or entities (futo be compensated at least \$5,000 by the organization	ındraisers) pursuan	t to agr	eeme	nts under which the fur	ndraiser is	
(i) Name of individual or entity (fundraiser)	(II) Activity	(iii) Did raiser custoo contro contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		1 1	-			-
		+	$\overline{}$			
			1		-	
			ı			
		-				
		+ +	$\neg$			
					-	
					<del></del>	
	1	1 1	$\dashv$			
Total	<u> </u>		▶			<u> </u>

Page 2

SCH	tuule	G (FUIII 990 OI 990-EZ) 2		TOO OF GEWINDOKI		<u> </u>	, 0		uge =
P	art I	Fundraising E	vents. Complete if the orga	anization answered "Ye	s" to Form 990, Part IV, lines receipts greater than S	ne 18, 6 5.000.	or repo	rted	
		more man pro	(a) Event #1  FUNDRAISERS (event type)	(b) Event #2	(c) Other events  NONE (total number)	(	d) Total e dd col (a) col (	throug	gh
Revenue	1 2	Gross receipts Less Chantable contributions	35,997					35,	997
	3	Gross revenue (line 1 minus line 2)	35,997			-	3	35,	997
	4	Cash prizes		<del></del>			<del></del>		
	5	Noncash prizes							
enses	6	Rent/facility costs					· · · · · · · · · · · · · · · · · · ·		
Direct Expenses	7	Food and beverages							
₫	8	Entertainment Other direct expenses	2,621					2,	621
	10 11	Direct expense summary	y Add lines 4 through 9 in column (o		•			2, 33,	621 376
P	art l	III Gaming. Com	plete if the organization and on Form 990-EZ, line 6a.	swered "Yes" to Form 9	990, Part IV, line 19, or rep	orted	more		
Revenue		παπ φτο,οσο	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		Total gam (a) throug		
 Re	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes	-						_
Direct	4	Rent/facility costs				<del>                                     </del>		<del></del>	
	5	Other direct expenses	Yes %	Yes	% Yes %	6			
	7	Volunteer labor	X No  y Add lines 2 through 5 in column (	X No	No	<del> </del>			
	8	·	imary Combine line 1, column d, ar		•				
9	Er	nter the state(s) in which th	ne organization operates gaming ac	tıvıtıes				Yes	No
a b	lf '	"No," Explain	to operate gaming activities in each				9a		X
10a b		ere any of the organization "Yes," Explain	n's gaming licenses revoked, suspe	nded or terminated during the	tax year?		10a		Х
11			ite gaming activities with nonmembe				11		Х
12		the organization a grantor rmed to administer charital	, beneficiary or trustee of a trust or ble gaming?	a member of a partnership or o	other entity		12		X

che	dule G (Form 990 or 990-EZ) 2009 OPTIMIST CLUB OF GRANBURY	75-132023	88	Р	age 3
3 a b	Indicate the percentage of gaming activity operated in The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records	13a % 13b %	-	Yes	No_
	Name ► MIKE GILBERT 4400 PEAK ROAD Address ► GRANBURY	TX 76048			
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		Х
	If "Yes," enter the amount of gaming revenue received by the organization ▶  amount of gaming revenue retained by the third party ▶  \$ If "Yes," enter name and address of the third party.	and the	134		_==
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				

1626 Optimist Club of Granbury

75-1320238

**Federal Statements** 

FYE: 9/30/2010

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description			 Amount
MEMBERSHIP	DUES		\$ 11,505
TOTAL		-	\$ 11,505

## Federal Statements

1626 Optimist Club of Granbury

75-1320238 FYE: 9/30/2010

# Statement 2 - Form 990-EZ. Part I. Line 10 - Grants and Similar Amounts Paid to

		FMV Explanation				
9		Book Value Explanation				
IIdi Ailioulius ra		Book Value				
Ons		Noncash Contribution				
Organizations	Class of Activity	Cash Contribution	7.2 8.7.8	) ) )	13,658	
Statement 2 - Form 330-EZ, Fart I, Line 10 - Grants and Similar Amounts Faid to Organizations		Description of Property				
	Name and Address	Date of Gift	SCHOLARSHIPS AWARDED	GRANBURY, TX 76048	TOTAL	

1626 Optimist Club of Granbury

75-1320238 FYE: 9/30/2010

## **Federal Statements**

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
OFFICE	162
DISTRICT AND NATIONAL DUE	2,333
NEW MEMBER FEE	130
SUPPLIES - 4TH OF JULY	1,065
CONTINGENCIES	3,112
TOTAL	\$ 6,802

### Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE CHRISTMAS FOR CHILDREN UNDEPOSITED FUNDS	\$ 333 981 300	\$
	 1,614	

1626 Optimist Club of Granbury

75-1320238

FYE: 9/30/2010

### **Federal Statements**

### Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

### Description

TO PROMOTE AN ACTIVE INTEREST IN GOVERNMENT AND CIVIC AFFAIRS. TO INSPIRE RESPECT FOR LAW, TO PROMOTE PATRIOTISM AND TO AID THE DEVELOPMENT OF YOUTH.

### Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

### Description

TO PROMOTE AN ACTIVE INTEREST IN GOVERNMENT AND CIVIC AFFAIRS; TO INSPIRE RESPECT FOR LAW, TO PROMOTE PATRIOTISM AND TO AID THE DEVELOPMENT OF YOUTH.