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### Form 990

Department of the Treasury

Internal Revenue Service

**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)

2009

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u> </u>	For th	e 2009 calendar year, or tax year beginning OCT 1, 2009 and	lending S	EP 30, 20	10
В	Check if	Please C Name of organization		D Employer ide	ntification number
	Addr	use into			
Į	chan	ge print or OPTIMIST CLUB OF YUMA			
ļ	chan	ge Doing Business As			-6053090
ļ	returi	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone nur	
J	ated Amer	Instruc- PO BOX 4157			8-783-5516
l	returi	City or town, state or country, and ZIP + 4		G Gross receipts \$	137396.
ţ	tiốn pend	10MA, AZ 65300		H(a) Is this a grou	
		, ,	85367	for affiliates?	s included? Yes No
-	Taylor	xempt status <b>X</b> 501(c) (4 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		1 ' '	ch a list (see instructions)
		tte: N/A		H(c) Group exem	
_			TH L Year		2 M State of legal domicile AZ
	Part I			01.01.madom, 23.0	27 171 04420 07 10941 007110110 222
_	<u> 1</u>	Briefly describe the organization's mission or most significant activities YOUT	'H AND	COMMUNITY	SERVICE
	2	,			
	Activities & Governance	Check this box  if the organization discontinued its operations or disposition	sed of more	than 25% of its ne	et assets
	8 3	Number of voting members of the governing body (Part VI, line 1a)			3 12
	<del>ن</del> 4	Number of independent voting members of the governing body (Part VI, line 1b)			4 12
	S 5	Total number of employees (Part V, line 2a)			5 0
	<u> </u>	Total number of volunteers (estimate if necessary)			6 0
	<b>ŏ</b>   7a	Total gross unrelated business revenue from Part VIII, optumn Chilte D	<u> </u>		7a 2824.
_	b	Net difference business taxable income from Forth 950-1, line 34	<del>ان   ان</del>		7b 0.
		(C) (A) 1 0 2011	RS-OS(	Prior Year	Current Year
	8 <u>re</u>	Contributions and grants (Part VIII, line 1h)  JAN 1 0 2011	χ <u>)</u>  -	1618	3. 17678.
	Revenue 9 10	0 1	<u>"-</u>	323	9. 2824.
1		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9		<u>323</u> 4357	
	11	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6299		
-	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0233	322/11	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
	Expenses 16 a	Professional fundraising fees (Part IX, column (A), line 11e)			
	<u>8</u>   t	Total fundraising expenses (Part IX, column (D), line 25)			
1	<sup>∭</sup>   17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5164	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5164	
_	19	Revenue less expenses Subtract line 18 from line 12	,	1135	7. 10356.
2	Fund Balances 20 21 22		Be	ginning of Current Yo	
1000	[జౢ 20	Total assets (Part X, line 16)		9093	2. 101288.
V to	[ 21	Total liabilities (Part X, line 26)		0000	2 101000
	<u>记 22</u> Part Ⅱ	Net assets or fund balances Subtract line 21 from line 20 Signature Block		9093	2. 101288.
201	raitii	·, · · · · · · · · · · · · · · · · · ·	and statements.	and to the best of my kno	wiledge and belief, it is true, correct
		Under penalties of penalty, I declare that I have examined this return, including accompanying schedules a and complete declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge		
	ian	Milletauk		1 1-	-4-11
		Signature of officer		Date	
JAN		KATHLEEN PAULSON, PRESIDENT			
_		Type or print name and title			
Ē, -	noid	Preparer's Date			reparer's identifying number see instructions)
3,	'aid 'reparer':		3/11 em	ployed >	
-	reparer : Ise Only	yours if BROWN, BENCH & WRIGHT. P.C.		EIN ►	
က္က က	or only	self-employed), 798 WEST 28TH STREET			
- <del>-</del>		ZIP+4 YUMA, AZ 85364		Phone no.	<u>&gt; 928-344-3003</u>
٨	/lav the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No

	<u>86-605</u>	<u> 3090 </u>	Page 2
briefly describe the organization's mission NONE			
Did the organization undertake any significant program services during the year which were not listed on			
·		Yes	LX. No
			V No
		res	۱۷۵ لیمیا
	penses		
allocations to others, the total expenses, and revenue, if any, for each program service reported			
B005			
		c DOM	v m to to
	KAISED	& DONZ	ALED
10 THE BOTS & GIRLS CHOB			
	<del></del>		
·		<u> </u>	
(Code ) (Expenses \$ 3084 • including grants of \$ ) (B)	evenue \$		,
CHRISTMAS CLOTHING FOR DISADVANTAGED CHILDREN	**********		,
	<u> </u>		
	evenue \$		
CATFISH RODEO AND YOUTH SPONSORSHIPS			
		<del></del> -	
	<del> </del>		
Other program on the Cohodule O.)	<del></del>		
	`		
	<del></del>		
	Briefly describe the organization's mission NONE    Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E2?   If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?   If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by extention 50(5) and 501(6)(9)	The statement of Program Service Accomplishments    Prefly describe the organization's mission   NONE	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?    Tyes, describe these new services on Schedule O   Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Tyes, describe these changes on Schedule O   Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Tyes, describe these changes on Schedule O   Did the organization cease conducting, or make significant changes in how it conducts, any program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(d)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

Form 990 (2009) OPTIMIST CLUB OF YUMA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	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	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11		X_
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			ļ
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		ĺ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		İ	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		v
104	Schedule D, Parts XI, XII, and XIII.  Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12		X
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ł		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	179		- <del>**</del>
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	(SUUG)

# Form 990 (2009) OPTIMIST CLUB OF YUMA Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	ļ		
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26	<u></u>	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			1
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
_	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	L	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			ļ
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	If "Yes," complete Schedule R, Part V, line 2	36		<del>  -</del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			,,
	Note. All Form 990 filers are required to complete Schedule O	38		X (2009)

Form 990 (2009)

Part V Sta OOO9) OPTIMIST CLUB OF YUMA
Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ł		
	filed for the calendar year ending with or within the year covered by this return  2a 0	<u>]</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	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)?	4a		X
b	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		-	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	l _		
_	Tax Shelter Transaction?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		!	₹.
_	any contributions that were not tax deductible?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	-	<u> </u>	•
-	provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings		-	
	at any time during the year?	8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	1_	ł	1
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12  Cross receipts, included on Form 900, Part VIII, line 12 for public use of club feetilities.	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter	1		]
11 a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
U	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990	(2009)

Form 990 (2009) OPTIMIST CLUB OF YUMA 86-6053090 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to fine 6a, 6b, or 10b below, describe the circumstances, processes, or changes in schedule O. See instructions.									
Sec	tion A. Governing Body and Management	_								
			Yes	No						
	Enter the number of voting members of the governing body  1a 1	2								
	Enter the number of voting members that are independent 1b 1	2								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u> X</u>						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u> </u>	X						
۰,6										
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the									
	governing body?	7a		<u>X</u>						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
	by the following			-						
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>						
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with those of the organization?	10b								
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х							
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		_							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise									
	to conflicts?	12b								
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this is done	12c								
13	Does the organization have a written whistleblower policy?	13		_X_						
14	Does the organization have a written document retention and destruction policy?	14		_X_						
15	Did the process for determining compensation of the following persons include a review and approval by independent	,								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
<u>Sec</u>	tion C. Disclosure	_								
17	List the states with which a copy of this Form 990 is required to be filed ►AZ									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for								
	public inspection. Indicate how you make these available. Check all that apply									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ıncıal							
	statements available to the public									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation 🕨	<b>.</b>							
	TINA RUSNAK - 928-344-3500									
	3140 S WINSON #1, YUMA, AZ 85365									
		Form	990 (	2009)						

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee".
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did not co	ny current officer, director						r, or trustee			
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours	(C	check all that apply)		ly)	compensation	compensation	amount of		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KATHLEEN PAULSON										
PRESIDENT	2.00	x		x				0.	0.	0.
RAMON ARIAS										
VICE-PRESIDENT	1.00	X		X				0.	0.	0.
CHRISTINE TOWNSEND										
SECRETARY	3.00	X		X				0.	0.	0.
TINA RUSNAK										
TREASURER	2.00	X	<u> </u>	X				0.	0.	0.
									,	
		-		ļ		$\vdash$				
		-	┢							-
		-	-		_					
<del></del>		-	-	<u> </u>	-	<u> </u>				
			_	_						
				1_						

	<b>(A)</b> Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportable			(F) ımate	d
	Name and the	hours					app	ly)	compensation	compensation from related		am	ount o	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		comper		e on ed
··														
	Total				i				0.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100				Yes	0 No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on		3	162	X
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	50,000? If "Yes,	, ° co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual	-		4		x
5 Sec	Did any person listed on line 1a receive or the organization? If "Yes," complete Sche ction B. Independent Contractors				rom	any	/ unr	eiat 	ed organization for serv	ces rendered to		5		X
1	Complete this table for your five highest of the organization <b>NONE</b>	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	ation fr	om	
	(A) Name and busines	s address							(B) Description of s	services	C	(C ompen		n
		<del></del> -												
												<del></del>		
	<del></del>		_								-			
	Total number of independent contractors	(including but r	not li	mite	d to	tho	se la	stec	d above) who received n	nore than				•
	\$100,000 in compensation from the organ	nization >					0					Fam (	200 (	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	and 501(c)(4) organizat lete column (A) but are	•		i (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			-	
	organizations in the U.S See Part IV, line 21				
2	Grants and other assistance to individuals in	·			
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,			·	
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		,		
7	Other salaries and wages	·			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	68.		68.	
13	Office expenses	107.		107.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
<b>20</b> .	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	635.		635.	<del></del>
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
-	expenses shown on line 25 below.) YOUTH PROGRAMS	9564.	9564.	- 1	<del></del>
a	CLUB MEETING MEALS	7175.	3304.	7175.	
Ь	SCHOLARSHIPS	6500.	6500.	/1/3•	
c d	OPT INTERNATIONAL DUES	3801.	0000	3801.	· ·
_	OFFICER TRAINING	1900.	· · · · · · · · · · · · · · · · · · ·	1900.	
e f	All other expenses	2165.	595.	1570.	
	Total functional expenses. Add lines 1 through 24f	31915.	16659.	15256.	0.
<u>25</u> 26	Joint costs. Check here J If following	21313.	10033.	13230.	<u> </u>
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	cooperational campaign and rundraising solicitation			L	7 000 (2005)

Par	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4329.	1	3473.
	2	Savings and temporary cash investments	86603.	2	95884.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	1931.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	_
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	<del></del>
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	<del></del>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	00000	15	101000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	90932.	16	101288.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19 20	
	20	Tax-exempt bond liabilities  Escrow or custodial account liability Complete Part IV of Schedule D		21	<del></del>
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		21	
Ē	22	highest compensated employees, and disqualified persons Complete Part II			
Ę		of Schedule L	• -	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities, Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here  and complete			
Ś		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
Ā	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here   X  and			
<u></u>		complete lines 30 through 34.			_
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
et/	32	Retained earnings, endowment, accumulated income, or other funds	90932.		101288.
Z	33	Total net assets or fund balances	90932.		101288.
	34	Total liabilities and net assets/fund balances	90932.	34	101288.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

Х

Act and OMB Circular A-133?

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

OPTIMIST CLUB OF YUMA Employer identification number 86-6053090

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a		e used only
_	for charitable purposes and not for the benefit of the donor of	<del>-</del> -	
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		ne organization during the tax
	year >	,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) above		· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and i	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e-	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$_
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1		,
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$
	•		

		T CLUB OF								Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, or C	ther S	Simila	ar Asse	ts (contii	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that are	a signi	ficant i	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	c	<b>,</b> 🗀 L	oan or exc	hange programs					
b	Scholarly research	e	, 🖂	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organization's	exempt	purpo	se in Pari	XIV	
5	During the year, did the organization solicit o									
_	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran					Form 9	90. Pa	rt IV, line	9, or	
·	reported an amount on Form 990, Par		Ū				-	·	·	
	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	contribution	ns or other assets	not inc	luded			
	on Form 990, Part X?		,						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina ta	able						
-			· · ·						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
22	Did the organization include an amount on Fe	orm 990 Part X line	212			l			Yes	No
	If "Yes," explain the arrangement in Part XIV	omi ooo, ran A, iine	, 21:						] 163	140
Par		f the organization ar	nswered '	"Yes" to Fo	rm 990 Part IV I	ne 10				
	2 1 Endottinone i andoi complete i	(a) Current year		nor year	(c) Two years ba	ı	Three v	eare hack	(a) Four	years back
4.	Paginging of year halance	(a) Current year	(6) -1	ioi yeai	(C) TWO years ba	CK (G)	тисс у	Cais Dack	(e) i oui	years back
1a	Beginning of year balance	·		<del></del>						
D	Contributions		<u> </u>							
C	Net investment earnings, gains, and losses							<del></del>		
a	Grants or scholarships									<del></del>
е	Other expenditures for facilities									
_	and programs							-		
f	Administrative expenses	- <del></del>		<u>-</u>	ļ					
g	End of year balance								L	
2	Provide the estimated percentage of the year	r end balance held a								
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	ınd admınıstered	for the o	organiz	ation	г	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line 10					
	Description of investment	(a) Cost or o				c) Accu		ed	(d) Book	value
	· · · · · · · · · · · · · · · · · · ·	basis (investi	ment)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
С	Leasehold improvements								-	
d	Equipment									
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Pari	t X colum	on (B) line	10(c) )			ightharpoonup		0.

Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

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	dule D (Form 990) 2009 OPTIMIST CLUB OF YUMA	<u> </u>				053090 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Finar	icial Si	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		42271.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		31915.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		10356.
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV)			8		
9	Total adjustments (net) Add lines 4 through 8	•		9		10256
10 Dar	Excess or (deficit) for the year per audited financial statements Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		ith Reve	10	r Return	10356.
	Total revenue, gains, and other support per audited financial statements		10111010	nac pe	1	
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				<del>                                   </del>	· · · · · · · · · · · · · · · · · · ·
z a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d			-	
	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Exp	enses	per Returr	)
1	Total expenses and losses per audited financial statements				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		ı			
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c			— , ′   .	
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1	1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
_	Add lines 4a and 4b  Table are asset Add lines 2 and 4a (This report are all 5 are 200, Float / Inc. 10.)				4c	
5 Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  TXIV Supplemental Information				5	
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete Also comp					

# SCHEDULE O

Department of the Treasury

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Employer identification number 86-6053090 OPTIMIST CLUB OF YUMA FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: YOUTH SERVICE ORGANIZATION FORM 990, PART VI, SECTION B, LINE 11: GIVEN TO THE OFFICES AND DIRECTORS AT THE DIRECTORS MEETING JANUARY 4, 2011. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.