

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493159005292

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)

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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 Name of organization
OPTIMIST INTERNATIONAL FOUNDATION D Employer identification number B Check if applicable 23-7102928 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) 4494 LINDELL BOULEVARD (314)371-6000 Terminated G Gross receipts \$ 1,387,987 ______ Amended return or town, state or country, and ZIP + 4 ST LOUIS, MO 63108 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? STEVEN SKODAK 4494 LINDELL BLVD **H(b)** Are all affiliates included? ☐ Yes ☐ No ST LOUIS, MO 63108 If "No," attach a list (see instructions) H(c) Group exemption number ▶ Tax-exempt status Website: ► www oifoundation org K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1971 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities OPTIMIST INTERNATIONAL FOUNDATION WAS INCORPORATED TO SOLICIT AND RECEIVE GIFTS OF MONEY AND PROPERTY TO BE USED FOR THE FURTHERANCE OF THE CHARITABLE AND EDUCATIONAL EFFORTS OF OPTIMIST INTERNATIONAL Activities & Governance 2 Check this box | fthe organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 5 Number of independent voting members of the governing body (Part VI, line 1b) . 5 5 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 400 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** 1,063,508 1,286,883 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 7,252 7,659 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 171,258 178,485 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,079 4,237 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1,472,472 1,253,889 1,283,486 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 770,663 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 341,798 334,977 **Expenses** 5-10) 16a 0 Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 142,735$ 349,469 348.699 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . 1,967,932 1,461,160 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -495,460 19 Revenue less expenses Subtract line 18 from line 12 $\,$. -207,271 Assets or d Balances **Beginning of Current End of Year** Year 20 5,742,564 5,646,220 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 3,247,649 3,499,561 Net assets or fund balances Subtract line 21 from line 20 2,494,915 2,146,659 Part II Signature Block 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. 2012-05-24 Signature of officer Date Sign Here CONNIE PELLOCK CHIEF FINANCIAL OFFICER Type or print name and title Check if self-Preparer's signature Date PTIN preparer's name Paid Firm's name | RUBINBROWN LLP Firm's FIN

SAINT LOUIS, MO 63105

May the IRS discuss this return with the preparer shown above? (see instructions) .

Firm's address P ONE NORTH BRENTWOOD

Preparer

Use Only

Phone no 🕨 (314) 290-

orm	990	(2010)	

Page **2**

. •	(= /								i age a
Par		of Program Servio dule O contains a respo			III				.V
1	Briefly describe the o	organization's mission							
COR OFN ACT VAR	OPTIMIST INTERNATION ESTABLISMONEY AND PROPERTIVITIES OF OPTIMISMOUS FUNDS THAT HE PORTS OPTIMIST INTERNATIONS THAT HE PORTS OPTIMIST OPTIMIST INTERNATIONS THAT HE PORTS OPTIMIST OPTIMIST INTERNATIONS THAT PROPERTY OPTIMIST OPTI	SHED FOR THE GENER Y TO BE USED FOR T T INTERNATIONAL T AVE BEEN DONATED	RAL PURPOS HE FURTHER HE FOUNDA TO OR ACCU	E OF SOLICITING ANCE OF THE CHA TION ALSO ACTS	AND RECEI ARITABLE A AS A CUST	VING GIFTS ND EDUCAT ODIAN AND	, DONATIO IONAL EF INVESTM	ONS AN FORTS A ENT MA	D BEQUESTS AND NAGER FOR
2	the prior Form 990 or	indertake any significa 990-EZ?		rvices during the ye	ear which we	re not listed o		es 🗸 No)
3	Did the organization of services?	ease conducting, or m	ake sıgnıfıcan	t changes in how it	conducts, ar	ny program	. Г Y	es レ N e	o
	If "Yes," describe the	se changes on Schedul	e O						
4	Section 501(c)(3) an	purpose achievements d 501(c)(4) organization the total expenses, an	ns and section	on 4947(a)(1) trust	s are require	d to report th			and
4a	(Code) (Expenses \$	534,000	ıncludıng grants of \$	19	97,730) (Reveni	ue \$	7,	659)
		AND EDUCATIONAL PROGRA the organization's constitue grants							
4b	(Code) (Expenses \$	188,000	ıncludıng grants of \$	18	38,000) (Reveni	ue \$)
	ORATORICAL CONTEST S in the United States	CHOLARSHIPS An annual s	peech competitiC	N with over 40,000 ent	rants Scholarsh	ips are awarded	at the distric	t level in c	ontests located
4c	(Code) (Expenses \$	137,583	including grants of \$	13	37,583) (Reveni	ue \$)
	CLUB GRANT PROGRAMS support from the member	Grants for member clubs user cLUBS	itilized for chanta	able, literary and educat	onal programs	at the directiON	OF the Found	dation in co	onjunction with
4d	Other program carv	ces (Describe in Sche	dula () Sac s	also Additional Date	a for Descript	tion			
⊤u	(Expenses \$	•	iding grants o		17,350)(Re)	
4e	Total program service	e expenses►\$	1,106,93	3					

Part TV	Checklist of	Required	Schedules
4 1 2 2 2 2	CHECKHISE OF	reuun eu	SCHEUUICS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
c	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.	11c		No
d	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 Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV 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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \bigcirc Yes \checkmark No			
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	Yes	
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		No
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	Yes	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ju	year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		No
b	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		N o
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		No
	Did ble a construction of the decided discarding and unable to the construction of the			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
В	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?	_		
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
ט	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
L	Enter the amount of recorves the erganization is required to maintain by the atotal			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	orm 990	(2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI										. ঢ়	7
-------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	------	---

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax vear			
b	Enter the number of voting members included in line 1a, above, who are			
,	Independent			
2	other officer, director, trustee, or key employee?	2		No
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	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b		No
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
U	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		
S-	ection C. Disclosure	TOD		
17				

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization CONNIE J PELLOCK

4494 LINDELL BLVD ST LOUIS, MO 63108 (314) 371-6000

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee												
(A) Name and Title	(B) (C) Average Position (cl) hours that ap			che)		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		Former lighest compensated mployee Key employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) KAREN MONVILLE DIRECTOR	5 0	Х						0	0	0		
(2) WILLIAM H TEAGUE DIRECTOR	5 0	Х		Х				0	0	0		
(3) ROGER C VAUGHAN TREASURER	5 0	Х		Х				0	0	0		
(4) GARY W ADDISON PRESIDENT	5 0	Х		Х				0	0	0		
(5) FRANK RUMAN PRESIDENT-ELECT	5 0	Х		Х				0	0	0		
(6) JUDITH SMITH EXEC DIRECTOR/SECRETARY	40 0			Х				101,036	0	13,384		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	- 1	(F) Estima amount o compens	nted f other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	0	from t rganizati relati organiza	the on and ed
											+		
											+		
											+		
											+		
											+		
1b	Sub-Total				<u> </u>			-					
С	Total from continuation sheets	•					F	<u> </u>	101.025	0	\perp		12.204
2	Total (add lines 1b and 1c) . Total number of individuals (incl \$100,000 in reportable compen	udıng but not lır	nited to	thos	e lis				101,036 o received more that		<u> </u>		13,384
3	Did the organization list any for	mer officer, dired	torort	ruste	ee, k	ey e	mploy	ee, c	or highest compens	ated employee		Yes	No
4	on line 1a? If "Yes," complete Sci For any individual listed on line:					nens	• sation	• and	other compensatio	n from the	3		No
-	organization and related organiz										4		No
5	Did any person listed on line 1a services rendered to the organiz										5		No
	- Carlos Alandaria												
1	ction B. Independent Con Complete this table for your five \$100,000 of compensation from	highest comper		ındep	end	ent o	contra	tors	that received mor	e than			
		(A) me and business ad							Desc	(B) ription of services		(C Comper) nsation
	Fotal number of independent cont \$100,000 in compensation from t			ot lır	nıte	d to	those	ıste	d above) who recei	ved more than			

		2010)					Р	age 9
rc v	/1111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue		exclud from tax unde
								512, 513, 514
and other similar amounts	1a	Federated campaigns	1 a					
≣∣	b	Membership dues	. 1b					
₩	c	Fundraising events	1c					
₹	d	Related organizations	. 1d					
徨		Government grants (contributions)						
\$ 		All other contributions, gifts, grants		1,063,508		 	ļ	
Ě	Т	similar amounts not included abov	s, and 1f e					
o D	g	Noncash contributions included in I	ines 1a-1f \$	751				
ᄪ	h	Total. Add lines 1a-1f			1,063,508			
				Business Code				
)	2a	PRESIDENT CLUB LUNCHEON		900099	3,885	3,885		
	b	HAT LUNCHEON		900099	3,774	3,774		
	С							
	d							
	e							
	f	All other program service re	venue					
	а	Total. Add lines 2a-2f .			7,659			
		Investment income (includir			.,			
		and other similar amounts)			160,090			160,
		Income from investment of tax-ex		-	0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental income or (loss)	<u> </u>					
ŀ		,	(ı) Securities	(II) O ther				
	7a	Gross amount	152,493	,				
		from sales of assets other						
	h	than inventory Less cost or	134,098					
	_	other basis and sales expenses	,,					
	c	Gain or (loss)	18,395					
	d	Net gain or (loss)		•	18,395			18
Ī		Gross income from fundraisi	ng events					
		(not including						
		of contributions reported on						
		See Part IV, line 18	а					
	h	Less direct expenses .	-					
		Net income or (loss) from fu			0			
ŀ			activities See Part IV, line 19 .	a				
				b				
		Net income or (loss) from ga			0			
ľ		Gross sales of inventory, les	SS					
		returns and allowances .	a					
	h	Less cost of goods sold .						
		Net income or (loss) from sa			0			
}	_	Miscellaneous Revenue		Business Code				
}	11a	INCREASE CSV OF LIFE		525990	9			
		INSURANCE						
	b	MISCELLANEOUS		900099	4,228			4,
	c							
- 1	d	All other revenue						
		Total. Add lines 11a-11d			4,237			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 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	421,313	421,313		
2	Grants and other assistance to individuals in the			1	
	U S See Part IV, line 22	349,350	349,350		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and key employees	145,468	88,735	33,458	23,275
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	116,439	71,027	22,067	23,345
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,021	15,263	5,304	4,454
9	Other employee benefits	36,020	21,972	7,636	6,412
10	Payroll taxes	18,850	11,499	3,996	3,355
а	Fees for services (non-employees) Management	0			
b	Legal	0			
c	Accounting	53,000	40,000	13,000	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	41,301		4,760	36,541
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	41,402	25,647	15,755	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	38,336	23,385	6,824	8,127
23 24	Insurance	508			508
	miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O $)$				
а	VOLUNTEER ACTIVITIES	52,868	26,434	26,434	
b	BAD DEBT EXPENSE	36,949		36,949	
c	DONOR A WARDS	24,775			24,775
d	PLANNED GIVING	16,842	12,308		4,534
е	BANK CHARGES	11,488		11,488	
f	All other expenses	31,230		23,821	7,409
25	Total functional expenses. Add lines 1 through 24f	1,461,160	1,106,933	211,492	142,735
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 1 178,591 2 2 Savings and temporary cash investments 192,758 323,917 348,639 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 678,941 7 657,580 30,000 30,000 8 8 Prepaid expenses and deferred charges 11,837 9 12,647 10a Land, buildings, and equipment cost or other basis Complete 294,338 Part VI of Schedule D 10a 10b 229,156 85.840 **10c** b Less accumulated depreciation 65,182 4.239.422 4.035.159 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 194.016 15 304,255 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 5,742,564 16 5,646,220 451,969 **17** 17 428,787 Accounts payable and accrued expenses . 18 1,135,088 18 1,241,583 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 1.660.592 25 1,829,191 26 3,247,649 26 3,499,561 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 493,468 27 -65,631 Temporarily restricted net assets 572,606 512,855 28 28 Fund F 1,699,435 1,428,841 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 2,494,915 2,146,659 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 5.742.564 5.646,220 34

Pai	Check if Schedule O contains a response to any question in this Part XI			. 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.2	253,88
2	Total expenses (must equal Part IX, column (A), line 25)	2			161,160
3	Revenue less expenses Subtract line 2 from line 1	3		- 2	207,27
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,4	194,91
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	140,98
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,1	146,659
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493159005292

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Inspection

PIIMISI	INTERNATIONAL FOUNDATION 23-71	02928						
Part								
	inization is not a private foundation because it is (For lines 1 through 11, check only one box)							
1 T	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2 Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
з Г	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						
5 Г	An organization operated for the benefit of a college or university owned or operated by a governm	nental unit described in						
	section 170(b)(1)(A)(iv). (Complete Part II)							
6 F	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 described in section 170(b)(1)(A)(vi) (Complete Part II)	or from the general pub	lıc					
8 Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
9	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross							
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no							
	its support from gross investment income and unrelated business taxable income (less section 5	11 tax) from businesse	S					
_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)							
LO [An organization organized and operated exclusively to test for public safety See section 509(a)(4	·).						
l 1	An organization organized and operated exclusively for the benefit of, to perform the functions of, one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2 the box that describes the type of supporting organization and complete lines 11e through 11h a	,	3). Chec					
е Г	By checking this box, I certify that the organization is not controlled directly or indirectly by one other than foundation managers and other than one or more publicly supported organizations descion 509(a)(2)							
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Ty check this box	pe III supporting orgar	nization,					
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		s No					
	and (III) below, the governing body of the 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)						
h	Provide the following information about the supported organization(s)							
	(:::)							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part III 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. II the	organization i	alis to quality u	iluei tile tests i	isted below, pie	ease co	ilibiete F	ait III.)
	ection A. Public Support	T	T		I			
Car	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,729,082	1,870,796	1,311,249	1,286,883	:	1,063,508	7,261,518
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,729,082	1,870,796	1,311,249	1,286,883	:	1,063,508	7,261,518
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							97,529
6	(f) Public Support. Subtract line 5							7,163,989
	from line 4							· ·
	ection B. Total Support endar year (or fiscal year	T						
Cui	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
7	A mounts from line 4	1,729,082	1,870,796	1,311,249	1,286,883	1	,063,508	7,261,518
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	166,669	237,560	185,060	138,048		160,090	887,427
9	Net income from unrelated business activities, whether or not the business is regularly							
10	Carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	21,258	11,643	9,973	6,734		4,237	53,845
11	Total support (Add lines 7 through 10)							8,202,790
12	Gross receipts from related activition	es, etc (See inst	ructions)			12		14,911
13	First Five Years If the Form 990 is to check this box and stop here	for the organization	on's first, second,	thırd, fourth, or fı	fth tax year as a	501(c)(• -	ation,
S	ection C. Computation of Pub							
14	Public Support Percentage for 2010) (line 6 column (f) divided by line	11 column (f))		14		87 336 %
15	Public Support Percentage for 2009	Schedule A , Pai	rt II, line 14			15		87 921 %
	33 1/3% support test—2010. If the and stop here. The organization qua 33 1/3% support test—2009. If the	lifies as a publicl	y supported orga	nızatıon				► ✓
17a	box and stop here. The organization 10%-facts-and-circumstances test -is 10% or more, and if the organization Part IV how the organization meeorganization	n qualifies as a pu - 2010. If the orga tion meets the "fa ts the "facts and	iblicly supported anization did not o acts and circumst circumstances"	organization theck a box on lin tances" test, chec test The organiza	e 13, 16a, or 16i ck this box and st ation qualifies as	o and line o p here. a publici	e 14 Explain y support	► □
18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organization supported organization Private Foundation If the organization	iization meets the tion meets the "fa	e "facts and circu acts and circumst	mstances" test, c ances" test The	theck this box an organization qual	d stop h e lifies as a	e re. a publicly	▶ ┌
	instructions	ala noc check	_ 55% OII IIIIC 15,	,,,, 01	_, b, check tills	ZOA GIIG		▶ □

organization

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493159005292

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

tema	mal Revenue Service ► Attach to Form 990. ► See separate instructions. Inspection						
	me of the organi			Empl	oyer identific	ation numb	er
OPI	TIMIST INTERNATION	AL FOUNDATION		23-7	102928		
Pa			dvised Funds or Other Similar Fo			s. Comple	te if the
	organiz	zation answered "Yes" to Form 99					
	T - t - 1	h - u d - f - u - u	(a) Donor advised funds	(b) Funds and	other accou	unts
	Total number at	•					
2		ributions to (during year) its from (during year)					
1		, -, ,					
•	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised						
,			organization's exclusive legal control?	or auvis	seu	┌ Yes	┌ No
5	Did the organiz	ation inform all grantees, donors, and	donor advisors in writing that grant funds	may be	!		
	used only for cl	haritable purposes and not for the ben	efit of the donor or donor advisor, or for ar			┌ Yes	□ No
Da		ermissible private benefit	ıf the organization answered "Yes" to	o Form	OOO Dart I		1 140
لنک		conservation easements held by the or		0 1 0111	1 990, Pait 1	v, iiie 7.	
	' ' '	on of land for public use (e.g., recreati		histori	cally importar	ntly land are	ea
	Protection	of natural habitat	Preservation of a c				
	┌ Preservati	on of open space					
2	Complete lines	2a-2d if the organization held a qual	ified conservation contribution in the form	of a co	nservation		
	easement on th	ne last day of the tax year	r				
				_	Held at th	e End of the	e Year
а		f conservation easements	•	2a			
Ь	_	restricted by conservation easements	•	2b			
с		servation easements on a certified his	` '	2c			
d		servation easements included in (c) a	•	2d			
3			erred, released, extinguished, or terminate	d by th	e organızatıor	n during	
	the taxable yea	ar ▶					
1	Number of state	es where property subject to conserva	ation easement is located 🗠				
5		nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, hand >	dling of	violations, an	d Ves	┌ No
5	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ients du	iring the year	-	
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during	the year 🟲 \$		
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	?(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial				
ar	tiiii Organi	izations Maintaining Collectio	ons of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Oth	er Similar	Assets.	
La			116, not to report in its revenue stateme	nt and	balance sheet	t works of	
	art, historical t	reasures, or other similar assets held	for public exhibition, education or researd nancial statements that describes these it	ch in fur			e,
b	The state of the s						
	(i) Revenues ir	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	luded in Form 990, Part X			► \$		
2	If the organizat	•	orıcal treasures, or other sımılar assets fo S 116 relatıng to these items	or financ			
а	Revenues inclu	ided in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>:, His</u>	tori	<u>cal Tre</u>	easur	res, or Oth	<u>1er</u>	Similar As	set	S (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing th	nat are	a significan	t us	e of its collec	tion		
а	Public exhibition		d	Γ	Loan o	rexch	ange prograi	ms				
b	Scholarly research e Other											
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y further	the o	rganızatıon's	exe	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ımı		┌ ⋎	'es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiz	ation		"Ye	es" to Form 9	90,		
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						r other asset	s n		ΓY	'es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able				Δn	nour	.	
c	Beginning balance						1	_	All	loui		
d	Additions during the year						10	-				
e	Distributions during the year						10	\neg				
f	Ending balance						1	-				
2a	Did the organization include an amount on Fo	orm 000 Bart V lin	o 212					•		<u> </u>	705	
	If "Yes," explain the arrangement in Part XIV	•	e 21,							, ,	es	1 140
	rt V Endowment Funds. Complete		n and	wor	ad "Vac	" to E	orm 000 E) a rt	TV line 10			
ГŒ	Endowment Funds. Complete	(a)Current Year)Prior					Three Years Back	(e)	Four Ye	ears Back
1a	Beginning of year balance	2,191,972			,062,697	,	1,773,623	_				
b	Contributions	176,907			77,556		212,580					
c	Investment earnings or losses	-48,625			105,914		86,510					
d	Grants or scholarships	70,655			54,195		10,016					
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	2,249,599		2	,191,972		2,062,697					
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	26 200 %										
b	Permanent endowment F 73 800 %											
c	Term endowment ▶											
За	Are there endowment funds not in the posse	ssion of the organiz	atıon	that a	are held	and ac	dmınıstered f	or t	he			
	organization by									-	Yes	No
	(i) unrelated organizations			•				•	3a	_		No
	(ii) related organizations					•		•	3a(No_
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•	3	_ر		
4	t VI Investments—Land, Building:)O Do	wt V June 1			—		
Раг	LVI investments—Land, Buildings	s, and Equipme	nt. S							. T		
	Description of investment				a) Cost or sıs (ınvest		(b)Cost or ot basis (other		(c) Accumulate depreciation	ed .	(d) Bo	ook value
1a	Land		•									
b	Buildings		•	<u> </u>								
C	Leasehold improvements		•				9,9	918	9,	918		0
d	Equipment		-				218,:	101	179,	570		38,431
	Other						66,3	319		568		26,751
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B ₎), line	10(c).)				🕨			65,182
									Schedule [) (Fc	orm 9	90) 2010

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1:		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		1.6.1.
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of the o	r year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Irr			
(a) Descrip			(b) Book value
(1) DUE FROM OIF OF CANADA			46,680
(2) CSV LIFE INSURANCE			111,227
(3) ADVANCES			2,906
(4) BENEFICIAL INTEREST IN TRUST			143,442
			,
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		304,255
Part X Other Liabilities. See Form 990, Part X			, ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
DUE TO MEMBER CLUBS	1,210,042		
GIFT ANNUITIES PAYABLE	306,363		
	312,786		
DUE TO OPTIMIST INTERNATIONAL	312,/00		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,829,191		
,,,,,,	1,023,131		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,253,889
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,461,160
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-207,271
4	Net unrealized gains (losses) on investments	4	-190,628
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,982
9	Total adjustments (net) Add lines 4 - 8	9	-202,610
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-409,881
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,051,279
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -11,982		
e	Add lines 2a through 2d	2e	-202,610
3	Subtract line 2e from line 1	3	1,253,889
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,253,889
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,461,160
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		_
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,461,160
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,461,160
Par	t XIV Supplemental Information		_

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
USE OF ENDOWMENT FUNDS		THE FOUNDATION'S ENDOWMENT CONSISTS OF 43 DONOR-RESTRICTED ENDOWMENTS AND A BOARD- DESIGNATED QUASI-ENDOWMENT THE DONOR- RESTRICTED ENDOWMENTS HAVE BEEN ESTABLISHED FOR A VARIETY OF PURPOSES BY TEH DONORS THE MAJORITY OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ARE INTENDED TO BE KEPT IN PERPETUITY, WITH THE EARNINGS GENERATED FROM TEH INVESTED FUNDS TO BE UTILIZED FOR SCHOLARSHIPS GRANTED TO INDIVIDUALS IN THE UNITED STATES THE BOARD-DESIGNATED QUASI- ENDOWMENT IS INTENDED TO GENERATE INVESTMENT RETURNS, WHICH ARE ALSO UTILIZED TO FUND SCHOLARSHIPS TO INDIVIDUALS
OTHER CHANGES IN FUND BALANCE	SCHEDULE D, PART XI, LINE 8	(11,982) CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES AND SPLIT INTEREST AGREEMENTS
OTHER REVENUE AND EXPENSES NOT INCLUDED ON FORM 990	SCHEDULE D, PART XII, LINE 2D	(11,982) CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES AND SPLIT INTEREST AGREEMENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

DLN: 93493159005292

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

repartment of the Treasury Internal Revenue Service			Attach to Form 9	90			Inspection
ame of the organization PTIMIST INTERNATIONAL F	OUNDATION					Employer identif	ication number
						23-7102928	
		and Assistance					
Does the organization main the selection criteria used Describe in Part IV the organization main the selection criteria used Tart II Grants and Oth	to award the grants ganızatıon's procedu	orassistance?	of grant funds in the l	Jnited States			
Form 990, Part IV	V, line 21 for any	recipient that received eded.	l more than \$5,000.	Check this box if no	one recipient rec	ceived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OPTIMIST INTERNATIONAL4494 LINDELL BLVD ST LOUIS,MO 63108	43-0443279	501(C)(4)	242,278				CHARITABLE, LITERARY AND EDUCATIONAL PROGRAMS OF OPTIMIST INTERNATIONAL
(2) OPTIMIST CLUB OF PRINCETON KY100 COUNTRY CLUB LANE PRINCETON,KY 42445	23-7178644	501(C)(4)	11,100				PLAYGROUND PROJECT
(3) SUCCESS OPTIMIST CLUB OF SAN DIEGO CA 9505 JEREMY ST SANTEE,CA 92071	90-0183833	501(C)(4)	13,850				CHILDREN'S ART
(4) OPTIMIST CLUB OF HOLDREGEPO BOX 444 HOLDREGE,NE 68949	23-7039566	501(C)(4)	7,500				SPORTS EQUIPMENT
(5) OPTIMIST CLUB OF BOYERTOWN PA1405 PENNY LANE GILBERTSVILLE,PA 19525	23-6274613	501(C)(4)	7,000				SCOREBOARD
(6) ANDREW PENA MEMORIAL OPTIMIST CLUB1806 TRINIDAD LANE ALLEN,TX 75013	90-0353256	501(C)(4)	5,990				FOSTER HOME, AMERICAN HEART ASSOCIATION, SCHOLARSHIPS
2 Enter total number of sect	ıon 501(c)(3) and go	vernment organizations .					>

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ORATORICAL SCHOLARSHIPS	79	188,000			
(2) CCDHH SCHOLARSHIPS	29	59,500			
(3) ESSAY CONTEST SCHOLARSHIPS	39	101,850			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR	SCHEDULE I, PART I, LINE 2	THE FOUNDATION MONITORS THE CLUB GRANT PROGRAM ON A PERIODIC BASIS A FINAL PROJECT
MONITORING USE OF		COMPLETION FORM HAS BEEN DEVELOPED BY THE FOUNDATION AND IS PROVIDED TO EACH CLUB THE FORM
GRANT FUNDS		REQUIRES THE CLUBS TO DOCUMENT THE TOTAL AMOUNTS OF AND UTILIZATION OF HOW THE GRANT FUNDS
		WERE SPENT THE COMPLETION FORMS ARE REVIEWED BY THE FOUNDATION STAFF ON A MONTHLY BASIS, TO
		ENSURE THAT FUNDS WERE UTILIZED FOR THE VARIOUS CHARITABLE, LITERARY AND EDUCATIONAL PURPOSES
		AS DEFINED BY THE CLUB GRANT PROGRAM FOR CLUBS THAT ARE DELINQUENT IN TURNING IN THE
		COMPLETION FORMS, THE FOUNDATION WILL NOT AWARD ADDITIONAL GRANTS UNTIL ALL PAST DUE
		COMPLETION FORMS HAVE BEEN RECEIVED FROM THE CLUB FOR GRANTS MADE TO OPTIMIST INTERNATIONAL,
		THE FOUNDATION MONITORS THE UTILIZATION OF THE GRANT FUNDS VIA A JOINT MEETING OF THE
		FOUNDATION'S BOARD OF DIRECTORS AND THE OPTIMIST INTERNATIONAL BOARD OF DIRECTORS ON AN
		ANNUAL BASIS AT THE JOINT BOARD MEETING, OPTIMIST INTERNATIONAL PROVIDES A HIGH LEVEL SUMMARY
		OF THE PROGRAM ACTIVITIES THAT IT HAS CONDUCTED FOR THE CURRENT YEAR, AS WELL AS THE PLANNED
		ACTIVITIES FOR FUTURE PERIODS SCHOLARSHIPS ARE AWARDED TO ELIGIBLE INDIVIDUALS IN THE UNITED
		STATES ON AN ANNUAL BASIS THE SCHOLARSHIPS ARE AWARDED BASED ON CRITERIA ESTABLISHED BY
		OPTIMIST INTERNATIONAL INDIVIDUALS SUBMIT AN APPLICATION FOR A SCHOLARSHIP, AND THE AWARDS
		ARE MADE ON AN ANNUAL BASIS BY THE MEMBERS OF THE OPTIMIST INTERNATIONAL DISTRICT
		REPRESENTATIVES ON BEHALF OF THE FOUNDATION THE SCHOLARSHIPS AWARDED TO INDIVIDUALS ARE ONLY
		PAID WHEN THE INDIVIDUAL PROVIDES CERTIFICATION OF ADMISSION TO AN EDUCATIONAL INSTITUTION
		THE FOUNDATION MAKES THE PAYMENT ON BEHALF OF THE STUDENT DIRECTLY TO THE EDUCATIONAL
		INSTITUTION

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493159005292

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization OPTIMIST INTERNATIONAL FOUNDATION

Employer identification number 23-7102928

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS		THE FORM 990 IS REVIEWED BY MANAGEMENT AND PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL AT A REGULARLY SCHEDULED MONTHLY BOARD MEETING AFTER REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, THE FORM 990 IS FILED WITH THE IRS BY MANAGEMENT

ldentifier	Return Reference	Explanation
CONFLICTS OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ANNUALLY REVIEW A LIST OF VENDORS AND SUPPLIERS TO DETERMINE CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, Part VI, Section B, LINE 15A	THE BOARD OF DIRECTORS APPROVED THE SALARY OF THE FOUNDATIONS CURRENT EXECUTIVE DIRECTOR BASED ON COMPARISONS FOR SIMILAR POSITIONS IN SIMILAR NOT-FOR-PROFIT ORGANIZATIONS THE COMPARATIVE INFORMATION WAS ACCUMULATED BY THE FOUNDATION DURING THE SEARCH FOR A NEW EXECUTIVE DIRECTOR IN A PRIOR YEAR ON AN ANNUAL BASIS, THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE TO DETERMINE IF A CHANGE IN COMPENSATION IS WARRANTED

ldentifier	Return Reference	Explanation
DELEGATION OF MANAGEMENT FUNCTION	FORM 990, Part VI, Section A, LINE 3	THE FOUNDATION HAS OUTSOURCED THE ACCOUNTING FUNCTION TO OPTIMIST INTERNATIONAL, WHICH IS A SEPARATE EXEMPT ORGANIZATION THE FOUNDATION'S ACCOUNTING ACTIVITIES ARE PERFORMED BY CONNIE PELLOCK AT OPTIMIST INTERNATIONAL UTILIZING INFORMATION PREPARED BY OPTIMIST INTERNATIONAL, THE FOUNDATION'S EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS MONITOR THE ACCOUNTING ACTIVITY AND FINANCIAL PERFORMANCE OF THE FOUNDATION ON A PERIODIC BASIS

ldentifier	Return Reference	Explanation
	FORM 990, Part VI, Section A, LINE 8B	THE ORGANIZATION DOES NOT CURRENTLY HAVE ANY FORMAL COMMITTEES OF THE BOARD OF DIRECTORS THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
COMPENSATION OF OTHER KEY EMPLOYEES		THE FOUNDATION DOES NOT HAVE ANY KEY EMPLOYEES OR HIGHLY COMPENSATED EMPLOYEES OTHER THAN THE EXECUTIVE DIRECTOR

ldentifier	Return Reference	Explanation
PUBLIC DOCUMENTS	FORM 990, Part VI, Section C, LINE 19	THE VARIOUS DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST ADDRESSED TO THE FOUNDATION'S OFFICE.

ldentifier	Return Reference	Explanation
AUDIT OVERSIGHT	FORM 990, Part XI, LINE 2C	THE FOUNDATION'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, INCLUDING REVIEW AND APPROVAL OF THE ANNUAL FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

ldentifier	Return Reference	Explanation
RELATED ORGANIZATION	SCHEDULE R	OPTIMIST INTERNATIONAL FOUNDATION (THE FOUNDATION) IS AFFILIATED WITH OPTIMIST INTERNATIONAL (THE ORGANIZATION), WHICH IS A SEPARATE 501(C)(4) ENTITY THE FOUNDATION AND THE ORGANIZATION HAVE SEPARATE GOVERNING BODIES AND SEPARATE OFFICERS HOWEVER, THE FOUNDATION WAS ESTABLISHED IN PRIOR YEARS TO COLLECT CONTRIBUTIONS FROM THE GENERAL PUBLIC AND ESTABLISH PROGRAM SERVICES THAT FURTHER EXECUTE THE ORGANIZATION'S CHARITABLE AND LITERARY ACTIVITIES THE FOUNDATION UTILIZES THE ORGANIZATION TO PROCESS PAYROLL TRANSACTIONS ON ITS BEHALF WHILE THE FOUNDATION DOES EMPLOY FOUR INDIVIDUALS (INCLUDING THE EXECUTIVE DIRECTOR OF THE FOUNDATION), ALL REQUIRED PAYROLL FILINGS (W-2, W-3, 941) ARE FILED BY THE ORGANIZATION UNDER THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER THE FOUNDATION REIMBURSES THE ORGANIZATION FOR 100% OF THE PAYROLL COSTS INCURRED FOR THESE FOUR EMPLOYEES, WHICH AMOUNTED TO \$365,476 FOR THE YEAR ENDED SEPTEMBER 30, 2011 THREE OF THE FOUNDATIONS FORMER EMPLOYEES ARE PARTICIPANTS IN A DEFINED BENEFIT PENSION PLAN SPONSORED BY THE ORGANIZATION ONE OF THE FORMER EMPLOYEES, WHO WAS THE FORMER EXECUTIVE DIRECTOR OF THE FOUNDATION, IS CURRENTLY RECEIVING BENEFIT PAYMENTS FROM THE PLAN (THE FREQUENCY AND AMOUNT OF WHICH ARE DETERMINED ACCORDING TO THE PLAN DOCUMENT) ON AN ANNUAL BASIS, THE FOUNDATION MAKES A PAYMENT TO THE ORGANIZATION RELATED TO THE PLAN THE AMOUNT OF THE PAYMENT FROM THE FOUNDATION TO THE ORGANIZATION FOR THE YEAR FOR THE YEAR ENDED SEPTEMBER 30, 2011, THIS AMOUNT WAS \$25,021 THE FOUNDATION FOR THE YEAR FOR THE YEAR ENDED SEPTEMBER 30, 2011, THIS AMOUNT WAS \$25,021 THE FOUNDATION HOLDS A LONG TERM NOTE RECEIVABLE FROM THE ORGANIZATION DURING THE CURRENT FISCAL YEAR, TOTAL REPAYMENTS OF INTEREST AND PRINCIPAL ON THE LOAN FROM THE ORGANIZATION TO THE FOUNDATION AMOUNTED TO \$62,335 ON A PERIODIC BASIS, THE ORGANIZATION ADVANCES OPERATING FUNDS TO THE FOUNDATION

ldentifier	Return Reference	Explanation
OTHER ORGANIZATION	FORM 990, PART IV, LINES 14, 15 AND 16	THE FOUNDATION HAS A RELATIONSHIP WITH AN ORGANIZATION BASED IN CANADA - THE OPTIMIST INTERNATIONAL FOUNDATION OF CANADA (CANADIAN FOUNDATION) THE FOUNDATION SHARES CERTAIN RESOURCES WITH THE CANADIAN FOUNDATION, INCLUDING A WEBSITE THE CANADIAN FOUNDATION IS A SEPARATE LEGAL ENTITY, AND HAS A SEPARATE BOARD OF DIRECTORS THERE ARE NO COMMON BOARD MEMBERS BETWEEN THE FOUNDATION AND THE CANADIAN FOUNDATION SEVERAL YEARS AGO, THE FOUNDATION ADVANCED FUNDS TO THE CANADIAN FOUNDATION TO COVER CERTAIN OPERATING COSTS THIS AMOUNT HAS BEEN RECORDED ON THE FOUNDATION'S FINANCIAL STATEMENTS AS A RECEIVABLE NO FORMAL REPAYMENT AGREEMENT EXISTS, HOWEVER THE CANADIAN FOUNDATION HAS BEEN MAKING PAYMENTS TO THE FOUNDATION ON A PERIODIC BASIS TO REDUCE THE AMOUNT OF THE ADVANCE THE TOTAL AMOUNT DUE FROM THE CANADIAN FOUNDATION AT SEPTEMBER 30, 2011, AMOUNTED TO \$46,680

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	YOUTH CLUB PROGRAMS SCHOLARSHIPS TO SUPPORT YOUTH CLUB PROGRAMS AND ACTIVITIES TOTAL EXPENSES FOR THE YEAR ENDED SEPTEMBER 30, 2011, AMOUNTED TO \$86,000, ALL OF WHICH WERE SCHOLARSHIPS MADE TO INDIVIDUALS LIVING INSIDE THE UNITED STATES ESSAY CONTEST SCHOLARSHIPS PROGRAM AN ANNUAL COMPETITION FOR HIGH SCHOOL STUDENTS WITH OVER 25,000 ENTRANTS SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS LIVING IN THE UNITED STATES TOTAL EXPENSES FOR THE YEAR ENDED SEPTEMBER 30, 2011, AMOUNTED TO \$101,850, ALL OF WHICH WERE SCHOLARSHIPS COMMUNICATIONS CONTEST FOR THE DEAF AND HARD OF HEARING SCHOLARSHIPS PROGRAM (CCDHH) A PROGRAM THAT AWARDS SCHOLARSHIPS TO DISTRICT WINNERS SCHOLARSHIPS ARE AWARDED TO EACH INDIVIDUAL WINNER AND ARE PAYABLE UPON RECEIPT OF THE CORRECT PAPERWORK FROM AN INSTITUTION OF HIGHER LEARNING TOTAL EXPENSES FOR THE YEAR ENDED SEPTEMBER 30, 2011, AMOUNTED TO \$59,500, ALL OF WHICH WERE SCHOLARSHIPS MADE TO INDIVIDUALS

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS		(190,628) UNREALIZED LOSS ON INVESTMENTS (11,982) CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES AND SPLIT INTEREST AGREEMENTS 61,625 PRIOR PERIOD ADJUSTMENT

DLN: 93493159005292

2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
OPTIMIST INTERNATIONAL FOUNDATION
23-7102928

Part I Identification of Disregarded Entities (Complete	ıf the organizatio	n answered "Yes	s" on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (sta or foreign country	(d) te Total income)	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Cormore related tax-exempt organizations d	Organizat uring the	tions (Complete i tax year.)	f the organizatio	n answered "Yes" (on Form 990, Part	IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 51 contr organi	rolled ization
(1) OPTIMIST INTERNATIONAL							Yes	No
4494 LINDELL BLVD	CIVIC	/charity	МО	501(C)(4)	N/A	NA		
ST LOUIS, MO 63108 43-0443279								
(2) OPTIMIST INTERNATIONAL YOUTH PROGRAMS							1	
4494 LINDELL BLVD	YOU	TH SPORTS	МО	501(C)(3)	9	NA		
ST LOUIS, MO 63108 43-1733736								<u> </u>
							+	
							+	
For Delivery And and December 1. 12. A 1. 12. 12. 12. 12.		6 F COO		101.254				2015
For Privacy Act and Paperwork Reduction Act Notice, see the Ir	1St ructions	for Form 990.	Cat No 5	U135Y		Schedule R (F	orm 990)	2010

Part III Identifi because	ication of Related to the it had one or mo	ed Org ore relat	<mark>anizations Taxa</mark> ted organizations t	ble as a Partner reated as a partne	ship (Co ership du	omplete if ring the t	the org ax year	ganization (f.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lıı	ne 34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	(f) total income	(g) e Share of end-of-year assets		(h) Disproprtiona allocations?				(j) General or managing partner?		(k) Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	ication of Relat because it had on	ed Orga e or mo	l anizations Taxa pre related organız	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	ı omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "Y	es" on	Form	990,	Part IV,
Name, address, an	(a) Id EIN of related organiz	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	(f) f total income	Sha end-o	j) re of f-year sets		(h) Percentage ownership
														+	

che	edule R (Form 990) 2010		Pa	age 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	1	No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
C	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10	Yes	
р	Reimbursement paid by other organization for expenses	1р		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) OPTIMIST INTERNATIONAL	В	242,278	
(2) OPTIMIST INTERNATIONAL	D	62,335	
(3) OPTIMIST INTERNATIONAL	0	365,476	
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
									+	1
							\vdash		+	╁
									-	-
									+	-
										t
										1

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010

Additional Data

Software ID: Software Version:

EIN: 23-7102928

Name: OPTIMIST INTERNATIONAL FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services				
(Code YOUTH CLUBS PR) (Expenses \$	86,000	including grants of \$	86,000) (Revenue \$)
(Code ESSAY CONTEST) (Expenses \$ SCHOLARSHIP PROGRAM	101,850	including grants of \$	101,850) (Revenue \$)
(Code CCDHH SCHOLAF) (Expenses \$ RSHIPS PROGRAM	59,500	including grants of \$	59,500) (Revenue \$)