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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010**Open to Public
Inspection****A** For the 2010 calendar year, or tax year beginning 10/1, 2010, and ending 9/30, 2011**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organizationOPTIMIST INTERNATIONAL OPTIMIST CLUB of MERRILL

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

Room/suite

P.O. Box 881

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

MERRILL WI 54452**D** Employer identification number39-6126962**E** Telephone number(715) 536-8328**F** Group Exemption
Number ►**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ►**H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(9) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 40872.03**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<u>6671.70</u>
	4	Investment income	4	<u>387.63</u>
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	<u>33512.70</u>	
b	Less: cost of goods sold	7b	<u>14270.44</u>	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>19242.26</u>	
8	Other revenue (describe in Schedule O)	8	<u>300.00</u>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>26601.59</u>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	<u>19063.98</u>
	11	Benefits paid to or for members	11	<u>7137.14</u>
	12	Salaries, other compensation, and employee benefits	12	<u>0</u>
	13	Professional fees and other payments to independent contractors	13	<u>0</u>
	14	Occupancy, rent, utilities, and maintenance	14	<u>2274.31</u>
	15	Printing, publications, postage, and shipping	15	<u>660.84</u>
	16	Other expenses (describe in Schedule O)	16	<u>2890.91</u>
	17	Total expenses. Add lines 10 through 16	17	<u>32027.20</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(5425.61)</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>69100.26</u>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u>0</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>63674.65</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	69 065 48	22 63 674 65
23 Land and buildings	34 98	23 0
24 Other assets (describe in Schedule O)		24
25 Total assets	69 100.26	25 63 674 65
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69 100.26	27 63 674 65

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28		
(Grants \$) If this amount includes foreign grants, check here	☐	28a
29		
(Grants \$) If this amount includes foreign grants, check here	☐	29a
30		
(Grants \$) If this amount includes foreign grants, check here	☐	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	☐	31a
32 Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MEREDITH PREBEC PO Box 584 MERRILL WI.	PRES	-0-		
KEN NEFF 1107 W ST TAYLOR MERRILL WI.	V.P.	0		
MARCI BORCHARDT W5742 DIANA CIRLE MERRILL WI.	TREAS	0		
DEBRA STADLER P.O. Box 408 MERRILL WI.	SEC	0		
TOM BURG N2771 THIEL DR MERRILL WI.	DIR	0		
CARRIE CORNOIA N 5771 Hwy 17 TOMAHAWK WI.	DIR	0		
AMANDA Kestman 503 1/2 MILL ST MERRILL WI.	DIR	0		
NANCY STADLER N 751 RANGE LINE ST MERRILL WI.	DIR	0		
TOM HAYDON MERRILL WI.	DIR	0		
DOUG WILLIAMS MERRILL WI.	DIR	0		
SHELLY STORM N2552 NORWEGIAN RD MERRILL	Past Pres	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	☒
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	☒
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	☒
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	☒
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	☒
41 List the states with which a copy of this return is filed. ▶ <u>WI</u>		
42a The organization's books are in care of ▶ <u>MARCI BORCHARDT</u> Telephone no. ▶ <u>715 536-1947</u> Located at ▶ <u>W5742 DIANA CIRCLE DR MERRILL WI</u> ZIP + 4 ▶ <u>53452</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	☒
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	☒
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		☐
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	☒
c Did the organization receive any payments for indoor tanning services during the year?	44c	☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☒
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	☒
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	☐
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☐
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	☐
b If "Yes," was the related organization a section 527 organization?	49b	☐
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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.

Sign Here: Marci L. Borchardt Signature of officer Date 1/2/2012
Marci Borchardt, Treasurer Type or print name and title

Paid Preparer Use Only: Preparer's name Prnt/Type preparer's name Preparer's signature Preparer's signature Date Date Check ☐ if self-employed PTIN PTIN
 Firm's name Firm's name Firm's EIN Firm's EIN
 Firm's address Firm's address Phone no Phone no

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

SCHEDULE O
(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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Optimist International Optimist Club of MERRILL

39-6126962

LINE 8 OTHER REVENUE

RENT 300.00

LINE 10 GRANTS PAID

OCTOGAN CLUB 3000.00 - O.I. DONATION 100.00

AFTER THE BELL 500.00 - HALLOWEEN PARADE 166.84

MERRILL FIRE DEPT 120.00 - SPECIAL OLYMPICS 300.00 -

SCHOLARSHIPS 5400.00 -

CRIME STOPPERS 250.00 - TOTAL 19063.98

TEEN COURT 1000.00

CHRISTMAS MOVIE 410.00 -

DARE 1000.00

SENIOR CELEBRATION 500.00 -

YOUTH TURKEY 225.00 -

POOL DAY 250.00

T.B. SCOTT 850.00 -

BOY SCOUTS 100.00

5TH QTR 500.00 -

PUMPKIN PATCH 162.00 -

BIKE SAFETY 214.45 -

EASTER EGG HUNT 200.00 -

TR. STAR SPORTS 455.56 -

FROM SPECIAL NEEDS 200.00 -

PROTECTIVE SERVICE BANQUET 3056.54 -

EMERGENCY FAMILY NEED 203.59 -

Name of the organization

Employer identification number

Optimist International Optimist Club of Merrill

39-6126962

Line 16 OTHER Expenses

Licenses 192⁰⁰Property Tax 136⁸⁶Insurance 874⁰⁰Guest Meals 856⁵¹Awards 259⁰⁰Depreciation 34⁹⁸Officer Training 537.⁵⁶Total 2890⁹¹