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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, 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.

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 10-01-2010, and ending 09-30-2011

- B Check if applicable**
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization OPTIMIST INTERNATIONAL WILMINGTON NC SUPPER CLUB	D Employer identification number 56-0860873
E Telephone number (910) 791-5272	
F Group Exemption Number ► 1334	
G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____	
I Website: ► WWW.SUPPEROPTIMIST.COM	
J Tax-Exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	

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. ► \$ 80,964

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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> 1 Contributions, gifts, grants, and similar amounts received </td><td style="width: 25%; vertical-align: top;"> 1 7,265 </td></tr> <tr> <td style="vertical-align: top;"> 2 Program service revenue including government fees and contracts </td><td style="vertical-align: top;"> 2 50,395 </td></tr> <tr> <td style="vertical-align: top;"> 3 Membership dues and assessments </td><td style="vertical-align: top;"> 3 1,847 </td></tr> <tr> <td style="vertical-align: top;"> 4 Investment income </td><td style="vertical-align: top;"> 4 8 </td></tr> <tr> <td style="vertical-align: top;"> 5a Gross amount from sale of assets other than inventory </td><td style="vertical-align: top;"> 5a </td></tr> <tr> <td style="vertical-align: top;"> b Less cost or other basis and sales expenses . . . </td><td style="vertical-align: top;"> 5b </td></tr> <tr> <td style="vertical-align: top;"> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . </td><td style="vertical-align: top;"> 5c </td></tr> <tr> <td style="vertical-align: top;"> 6 Gaming and fundraising events <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . </td><td style="width: 25%; vertical-align: top;"> 6a </td></tr> <tr> <td style="vertical-align: top;"> 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 exceed \$15,000) . . . </td><td style="vertical-align: top;"> 6b </td></tr> <tr> <td style="vertical-align: top;"> c Less direct expenses from gaming and fundraising events . . . </td><td style="vertical-align: top;"> 6c </td></tr> <tr> <td style="vertical-align: top;"> d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . </td><td style="vertical-align: top;"> 6d </td></tr> </table> </td><td style="vertical-align: top;"> Revenue </td></tr> <tr> <td style="vertical-align: top;"> 7a Gross sales of inventory, less returns and allowances . . . </td><td style="vertical-align: top;"> 7a 21,449 </td></tr> <tr> <td style="vertical-align: top;"> b Less cost of goods sold . . . </td><td style="vertical-align: top;"> 7b 19,568 </td></tr> <tr> <td style="vertical-align: top;"> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . </td><td style="vertical-align: top;"> 7c 1,881 </td></tr> <tr> <td style="vertical-align: top;"> 8 Other revenue (describe in Schedule O) . . . </td><td style="vertical-align: top;"> 8 </td></tr> <tr> <td style="vertical-align: top;"> 9 Total revenue. 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Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

22 Cash, savings, and investments
 23 Land and buildings
 24 Other assets (describe in Schedule O)
25 Total assets
26 Total liabilities (describe in Schedule O)
27 Net assets or fund balances (line 27 of column (B) **must** agree with line 21)

	(A) Beginning of year	(B) End of year	
22	18,887	22	24,451
23	37,779	23	37,600
24	96	24	0
25 Total assets	56,762	25	62,051
26 Total liabilities	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,762	27	62,051

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO TEACH AREA YOUTH THE IMPORTANCE OF SPORTSMANSHIP, PHYSICAL FITNESS AND TEAMWORK

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 RAN YOUTH BASEBALL/SOFTBALL LEAGUE FOR AREA YOUTH PURPOSE IS TO TEACH SPORTSMANSHIP, GOOD PHYSICAL TRAINING HABITS AND HOW TO GET ALONG WITH OTHERS
 (Grants \$ 0) If this amount includes foreign grants, check here

28a 46,432

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

46,432

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
See Additional Data Table				

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	No
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	No
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	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	0
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	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►, 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	No
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	0	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	0	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► TODD EBERHARDT Telephone no ► (910) 791-5272		
605 EASTWOOD ROAD Located at ► WILMINGTON, NC ZIP + 4 ► 28405		
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	No
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.?	42c	No
If "Yes," enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	
44a Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	45	No
45a 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 must be completed instead of Form 990-EZ	45a	No
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	No

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.

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		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

<p>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."</p>				
(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

50(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

51(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	***** Signature of officer TODD EBERHARDT TREASURER Type or print name and title	2012-03-02 Date		
Paid Preparer's Use Only	Preparer's signature JENNIFER PRESNELL	Date	Check if self- employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 MCGLADREY & PULLEN LLP 300 N 3RD STREET 5TH FLOOR WILMINGTON, NC 28401			EIN <input checked="" type="checkbox"/>
				Phone no <input checked="" type="checkbox"/> (910) 762-9671

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**

OPTIMIST INTERNATIONAL WILMINGTON NC SUPPER CLUB

Employer identification number

56-0860873

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 8

Identifier	Return Reference	Explanation
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 21,449 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 19,568 GROSS PROFIT 1,881 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 0 COST OF LABOR 0 MATERIALS AND SUPPLIES 19,293 OTHER COSTS 275 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 19,568

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK FEES AMOUNT 33 DESCRIPTION OFFICE SUPPLIES AMOUNT 235 DESCRIPTION TELEPHONE AMOUNT 710 DESCRIPTION MEETING EXPENSES AMOUNT 1,155 DESCRIPTION INSURANCE AMOUNT 1,462 DESCRIPTION MAINTENANCE & EQUIPMENT AMOUNT 6,634 DESCRIPTION FEES & REGISTRATION EXPENSES AMOUNT 14,650 DESCRIPTION BALLS AMOUNT 3,702 DESCRIPTION UNIFORMS AMOUNT 11,414 DESCRIPTION PROGRAM INSURANCE EXPENSE AMOUNT 4,956 DESCRIPTION PLAQUES & TROPHIES AMOUNT 3,102 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 1,673 TOTAL TO FORM 990-EZ, LINE 16 49,726

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 96 END OF YEAR AMOUNT 0

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: OPTIMIST INTERNATIONAL WILMINGTON NC SUPPER CLUB

EIN: 56-0860873

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 56-0860873
Name: OPTIMIST INTERNATIONAL WILMINGTON NC SUPPER CLUB

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
JERRY TODD 605 EASTWOOD ROAD WILMINGTON, NC 28405	PRESIDENT 5 00	0	0	0
CHRIS HOLLAND 605 EASTWOOD ROAD WILMINGTON, NC 28405	BOARD MEMBER 5 00	0	0	0
TODD DECKER 605 EASTWOOD ROAD WILMINGTON, NC 28405	BOARD MEMBER 1 00	0	0	0
BRIAN ESTES 605 EASTWOOD ROAD WILMINGTON, NC 28405	BOARD MEMBER 1 00	0	0	0
JOE MARSTON 605 EASTWOOD ROAD WILMINGTON, NC 28405	BOARD MEMBER 1 00	0	0	0
DEBBIE CREWS 605 EASTWOOD ROAD WILMINGTON, NC 28405	PAST PRESIDENT 1 00	0	0	0
TODD EBERHARDT 605 EASTWOOD ROAD WILMINGTON, NC 28405	TREASURER 5 00	0	0	0
BRANDON ARTHURS 605 EASTWOOD ROAD WILMINGTON, NC 28405	BOARD MEMBER 1 00	0	0	0
CHRIS HARDEE 605 EASTWOOD ROAD WILMINGTON, NC 28405	BOARD MEMBER 1 00	0	0	0