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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, 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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011, and ending 09-30-2012

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

OPTIMIST CLUB KETTERING DOR WOOD OHIO  
DBA THE DOR-WOOD OPTIMIST CLUB

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

P O BOX 292266

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

KETTERING, OH 45429

D Employer identification number

31-6064624

E Telephone number

(937) 293-4040

F Group Exemption Number

G Accounting method

Cash

Accrual

Other (specify)

H Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-Exempt status (check only one)

501(c)(3)

501(c)( 4 )

(insert no )

 4947(a)(1) or  527

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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  \$ 107,065

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, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	9,991
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6d	39,904
	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	
			6c	
Expenses	c	Less direct expenses from gaming and fundraising events	6c	36,063
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	39,904
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	21,107
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	71,002
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	33,936
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	450
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,732
	16	Other expenses (describe in Schedule O)	16	29,138
	17	Total expenses. Add lines 10 through 16	17	65,256
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,746
	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	41,506
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	47,252

Part II

Balance Sheets

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

☐

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	41,506	22	47,252
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .		24	
25	Total assets . . . . .	41,506	25	47,252
26	Total liabilities (describe in Schedule O) . . . . .	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	41,506	27	47,252

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		<input checked="" type="checkbox"/>	
What is the organization's primary exempt purpose? TO PROVIDE EDUCATIONAL, CULTURAL, LITERARY, RECREATIONAL AND SOCIAL BENEFITS TO MINORS THROUGH ACTIVITIES AND PROGRAMS		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 TO PROVIDE EDUCATIONAL, CULTURAL, LITERARY, RECREATIONAL AND SOCIAL BENEFITS TO MINORS THROUGH PROGRAMS AND ACTIVITIES WHICH FOSTER THE DEVELOPMENT OF CHARACTER, SPORTSMANSHIP, AND EDUCATION (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	58,928
29  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .		32	58,928

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

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		Yes	No
33	Did the organization engage in any significant 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 <b>not</b> 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
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 <input type="checkbox"/> 37a <input type="text" value="0"/>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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		
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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 . . . . . <input type="checkbox"/> 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> 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 <input type="checkbox"/> OH _____		
42a	The organization's books are in care of <input type="checkbox"/> THE ORGANIZATION _____ Telephone no <input type="checkbox"/> (937) 293-4040 5113 CROFTSHIRE DRIVE Located at <input type="checkbox"/> KETTERING, OH _____ ZIP + 4 <input type="checkbox"/> 45440		
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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> 43 <input type="text" value=""/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	

		Yes	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 or have a section 501(h) election in effect during the tax year? 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?		
49b	If "Yes," was the related organization a section 527 organization?		

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

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

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	2013-01-12 Date		
	BOB MONTAVON TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	DAVID P DIRKSEN	Date	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	FLAGEL HUBER FLAGEL & CO 3400 SOUTH DIXIE DRIVE DAYTON, OH 45439		Preparer's taxpayer identification number (See instructions) P00189814
			EIN	31-0796034
				Phone no (937) 299-3400
May the IRS discuss this return with the preparer shown above? See instructions				
Yes No				

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
OPTIMIST CLUB KETTERING DOR WOOD OHIO  
DBA THE DOR-WOOD OPTIMIST CLUB

Employer identification number  
31-6064624

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CHRISTMAS TREE SALES (event type)	GOLF FOR KIDS OUTING (event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	40,884	17,908	17,175
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .	40,884	17,908	17,175
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages . . .			
	8	Entertainment . . . .			
	9	Other direct expenses .	24,250	8,282	3,531
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶			

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
Revenue					(Add col (a) through col (c))
1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . .	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11**

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12**

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

**13**

Indicate the percentage of gaming activity operated in

<b>a</b>	The organization's facility	<b>13a</b>	
<b>b</b>	An outside facility	<b>13b</b>	

**14**

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

**15a**

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

**b**

If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

\$ \$

**c**

If "Yes," enter name and address

Name

Address

**16**

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

**17**

Mandatory distributions

**a**

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

**b**

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

**Part IV**

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
OPTIMIST CLUB KETTERING DOR WOOD OHIO  
DBA THE DOR-WOOD OPTIMIST CLUB

Employer identification number  
31-6064624

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION RAFFLE AMOUNT 408 DESCRIPTION MEALS AMOUNT 18,739 DESCRIPTION MISCELLANEOUS AMOUNT 1,960 TOTAL TO FORM 990-EZ, LINE 8 21,107
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME OPTIMIST INTERNATIONAL FOUNDATION AFFILIATE ADDRESS 4494 MINDELL BLVD ST LOUIS, MO 63108 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 5,609
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION ORATORICAL/ESSAY CONTEST GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/30/12 AMOUNT GIVEN 125
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TRI-STAR CONTESTS GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/30/12 AMOUNT GIVEN 2,292
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION OPTIMIST JUNIOR GOLF TOURNAMENT GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/30/12 AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION OI YOUTH CLUBS SUPPORT GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/30/12 AMOUNT GIVEN 4,630
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SEASON STARTER TROPHY GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/30/12 AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DORWOOD SCHOLARSHIP FUND GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/30/12 AMOUNT GIVEN 3,385
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MISCELLANEOUS REQUESTS GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/30/12 AMOUNT GIVEN 13,594
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION OHIO DISTRICT JUNIOR OPTIMISTS OCTAGON INTERNATIONAL GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/30/12 AMOUNT GIVEN 1,851
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SAFETY VILLAGE GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/30/12 AMOUNT GIVEN 100 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 28,327
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADMINISTRATIVE EXPENSES AMOUNT 379 DESCRIPTION OFFICERS EDUCATIONAL SEMINARS AMOUNT 2,581 DESCRIPTION MEMBERSHIPS AND DUES AMOUNT 1,169 DESCRIPTION PRESIDENTS CLUB AMOUNT 100 DESCRIPTION MEALS AMOUNT 22,953 DESCRIPTION FLOWER FUND AMOUNT 256 DESCRIPTION FELLOWSHIP & HOSPITALITY AMOUNT 511 DESCRIPTION MISCELLANEOUS AMOUNT 297 DESCRIPTION SCRAPBOOK AMOUNT 27 DESCRIPTION AWARDS AMOUNT 665 DESCRIPTION FILING FEES AMOUNT 200 TOTAL TO FORM 990-EZ, LINE 16 29,138

**TY 2011 Transfers Personal Benefits  
Contracts Declaration**

**Name:** OPTIMIST CLUB KETTERING DOR WOOD OHIO  
DBA THE DOR-WOOD OPTIMIST CLUB

**EIN:** 31-6064624

**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: 31-6064624

Name: OPTIMIST CLUB KETTERING DOR WOOD OHIO  
DBA THE DOR-WOOD OPTIMIST CLUB

Form 990-EZ, Special Condition Description:

Special Condition Description
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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
BILL BRAUN 2348 COLONY WAY KETTERING, OH 45429	PRESIDENT 2 00	0	0	0
FRANK SPOLRICH 750 INGERSOL DR DAYTON, OH 45429	PRESIDENT-ELECT 2 00	0	0	0
BRYAN MCCORMICK 2911 GERHARDT CIRCLE SPRING VALLEY, OH 45370	SECRETARY 2 00	0	0	0
BOB MONTAVON 5113 CROFTSHIRE DR KETTERING, OH 45440	TREASURER 5 00	0	0	0
DAVID HAMMOND 884 TIMBERLAKE CT KETTERING, OH 45429	IMMEDIATE PAST PRESIDENT 2 00	0	0	0
RON ARMSTRONG 4904 MARYBROOK DR KETTERING, OH 45429	VICE PRESIDENT 2 00	0	0	0
JERRY BASFORD 956 BUCK SPRING CIR DAYTON, OH 45459	VICE PRESIDENT 2 00	0	0	0
FRED HOFFMAN 1300 COURTYARD PL CENTERVILLE, OH 45458	DIRECTOR 2 00	0	0	0
ROBERT MOORE 849 TIMBERLAKE CT KETTERING, OH 45429	DIRECTOR 2 00	0	0	0
JIM SHANESY 159 FARMRIDGE RD SPRINGBORO, OH 45066	DIRECTOR 2 00	0	0	0
MIKE ATHMER 4417 JONATHAN DR KETTERING, OH 45440	DIRECTOR 2 00	0	0	0
JEFF SCHAIRBAUM 4816 LAURELANN DR KETTERING, OH 45429	DIRECTOR 2 00	0	0	0