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A For the 2011 calendar year, or tax year beginning 10-01-2011

As Filed Data -

DLN: 93492325000082

D Employer identification number

OMB No 1545-1150

2011

2011

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

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

, and ending 09-30-2012

Open to Public Inspection

_		change 11050 SCENIC CHATTANOOGA OPTIMIST CLUB		62-60	42828	
_	ame ch	Trained and street (or i o box) it mail to not deliver to street data soo) its only saits		E Teleph	one nu	ımber
	iitial ret erminat				(423	755-0712
_		City or town, state or country, and ZIP + 4	<u> </u>	F Group	Exemp	otion
_		CHATTANOOGA, TN 37401 on pending		Numbe	er	► 1334
		ting method	required	to atta	ch Sc	rganization is not hedule B or 990-PF)
		pt status(check only one)— 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527				
norm <u>ınstr</u>	nally n uction	if the organization is not a section 509(a)(3) supporting organization or a section 527 not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form is) But if the organization chooses to file a return, be sure to file a complete return	990-N (e	-postca	ırd) m	ay be required (see
L Add more,		5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Form 990 instead of Form 990-EZ * \$ 20,195	Part II, line	25, colur	nn (B)	below) are \$500,000 or
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (S Check if the organization used Schedule O to respond to any question in this Part I	See the in	structio	ns fo	r Part I)
	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts		Ī	2	
	3	Membership dues and assessments		Ī	3	8,112
	4	Investment income		. [4	
9	5a	Gross amount from sale of assets other than inventory 5a		Γ		
	ь	Less cost or other basis and sales expenses 5b				
Revenue	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
Rej	6	Gaming and fundraising events	Ī			
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)				
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising reported on line 1) (attach Schedule G if the sum of such gross income and contributions \$15,000)				
		6Ь	1	2,083		
	С	Less direct expenses from gaming and fundraising events 6c		4,845		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtra	act line 6	=)	6d	7,238
	7a	Gross sales of inventory, less returns and allowances				
	ь	Less cost of goods sold				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	15,350
	10	Grants and similar amounts paid (list in Schedule O)			10	4,705
	11	Benefits paid to or for members		Ī	11	
	12	Salaries, other compensation, and employee benefits			12	
S.	13	Professional fees and other payments to independent contractors		. [13	
ens	14	Occupancy, rent, utilities, and maintenance		. [14	
Expenses	15	Printing, publications, postage, and shipping		Ī	15	
ا ت	16	Other expenses (describe in Schedule O)			16	10,325
	17	Total expenses. Add lines 10 through 16		Ī	17	15,030
9	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	320
less	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v	with			
Net.Assets		end-of-year figure reported on prior year's return)			19	15,698
Ž	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	16,018

Cat No 10642I

Part II Balance Sheets						
Check if the organization used	Schedule O to respond to	any question in t	hıs Part I	I		<u></u>
(See the instruc	tions for Part II)	[(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments .				15,373	22	16,342
23 Land and buildings					23	
24 Other assets (describe in Schedule O)	.		325	24	C
25 Total assets				15,698	25	16,342
26 Total liabilities (describe in Schedule	0)			0		324
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21) .		15,698	27	16,018
Check if the organization used What is the organization's primary exempt TO SUPPORT YOUTH PROGRAMS Describe the organization's program service	d Schedule O to respond to purpose?	any question in t		·	(c)(org 494	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others
measured by expenses In a clear and conbenefited, and other relevant information for 28 THE SCENIC CHATTANOOGA OPTIMTRACK MEET, BOWLING TOURNAMENT CONTRIBUTES TO SEVERAL YOUTH-RE	cise manner, describe the sor each program title IST CLUB SPONSORS YO AND YOUTH APPRECIAT LATED ORGANIZATIONS	UTH WORK PRO ION WEEK THE	JECTS II	NCLUDING A		,
29	s amount includes foreign (grants, check her	e		28a	0
30	s amount includes foreign o	-		. ▶ ┌	29a	
31 Other program services (describe in Sc		grants, check her			30a	
	s amount includes foreign (grants, check her	e	►F	31a	
32 Total program service expenses (add lin	es 28a through 31a) .			▶	32	
Part IV List of Officers, Directors, True Check if the organization used			•		struction	ns for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	tion I, en	(d) Contribution nployee benefit peferred compens	lans 8	(e) Expense account and other allowances
See Additional Data Table						

Pa	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			
	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 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 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25.		N.a.
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35a 35b		No
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
272	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			110
	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37.5		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 -, section 4912 -, section 4915 -			
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		ı	
		40b		No
	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			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	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
	List the states with which a copy of this return is filed	- (43	2) 755	0713
42a	The organization's books are in care of NENA F POWELL ONE UNION SQUARE 700 Telephone no	(42	3)/33	-0/12
		3.	7402	
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		Yes	No
	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			
	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			►Г
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	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 Form990-EZ	44b		No
C	Did the organization receive any payments for indoor tanning services during the year?			
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	44c		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		
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	45a 45b		No

Total number of other employees paid over \$100,000 Total number of ot	Total number of other employees paid over \$10,000 Total number of other employees paid over \$100,000 Total number of oth								Yes	No
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 Total for the organization engage in toobying activities or have a section 501(h) election in effect during the tax year? 17 Yes No. 47 Did the organization engage in toobying activities or have a section 501(h) election in effect during the tax year? 48 Is the organization as school described in section 170(b)(1)(A)(i)(i) if Yes, 'complete Schedule 2 49 Did the organization make any transfers to an exempt non-charitable related organization? 40 Did the organization make any transfers to an exempt non-charitable related organization? 40 Did the organization make any transfers to an exempt non-charitable related organization? 40 Did the organization make any transfers to an exempt non-charitable related organization? 40 Did the organization make any transfers to an exempt non-charitable entities of the organization of the tax of the organization organization organization organization organi	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 V! Ves No Did the organization engage in lobbying activities or have a section 501(b) election in effect during the tax year? 11 'Yes, 'complete Schedule C, Part I 12 is the organization a school described in section 170(b)(1)(A)(a)(a) if 'Yes,' complete Schedule E 13 is the organization a school described in section 170(b)(1)(A)(a)(a)(a) if 'Yes,' complete Schedule E 14 described 15 is the organization and school organization as action 527 organization? 15 is the organization and the organization as action 527 organization? 15 is the organization inside any transfers to an exempt non-charitable related organization? 16 is 11 'Yes,' was the related organization as action 527 organization? 17 is 11 in uniformation that the organization is a feet by the organization of the organization in the organization of the organization in the organization of th					behalf of or I	n opposition to	46		No
Check if the organization used Schedule O to respond to any question in this Pert VI Yes No	Check if the organization used Schedule O to respond to any question in this Part VI Ves No Did the organization ergage in liabilitying activities or have a section 501(h) election in effect during the tax year? If "es," complete Schedule C, Part II Is the organization a school described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? 49 In "Yes," was the related organization a section 527 organization? Complete this table for the arganization is five highest compensated employees (other than officers, directors, trustees and key employees) who each relevate off the arganization of compensation from the organization. If there is none, enter "None" (a) This and average devoted to position of compensation from the organization of the enter "None" (b) Table in the stable for the arganization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (c) Expension of the enterprise of the arganization of the 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 of compensation from the organization complete Schedule A organization of prepare (other than officer) is based on all information of which prepare has a writing of the preparation complete Schedule A organization of prepare (other than officer) is based on all information of which prepare has a writing of the preparation of other than officer). The prepare tax prepare has a writing of the preparation of other organization of prepare (other than officer) is based on all information of which prepare has a writing of the preparation of other organization. Subject to the preparation complete Schedule A organization of prepare (other than officer) is	Part VI	All section 501(c)(3) organ			-			_	stions
Did the organization engage in lobbying activities or have a section \$01(h) election in effect during the lax year? If "ves," complete Schedule C, Part II Is it in organization make any transfers to an exempt non-charitable related organization? Did the organization make any transfers to an exempt non-charitable related organization? Did the organization make any transfers to an exempt non-charitable related organization? Did the organization make any transfers to an exempt non-charitable related organization? Did the organization in the scale for the organization is 5 ve highest compensated employees (other than officers, directors) and key employees byth each received more than \$100,000 of compensation from the organization if there is none, enter "two". (a) Name and address of each employee purposes the part of the part of the organization is 5 ve highest compensated independent contractors who each received more than \$100,000 of compensation. (b) Trutial number of other employees paid over \$100,000 of compensation of the organization of the organization is 5 ve highest compensated independent contractors who each received more than \$100,000 of compensation. (c) Compensation from the organization is 5 ve highest compensated independent contractors who each received more than \$100,000 of compensation. (d) Name and address of each independent contractor paid more than \$100,000 (b) Type of service. (d) Name and address of each independent contractor paid more than \$100,000 (b) Type of service. (d) Name and address of each independent contractor paid more than \$100,000 (b) Type of service. (e) Compensation from the organization is 5 ve highest compensated independent contractors each receiving over \$100,000 (b) Type of service. (e) Compensation from the organization is 5 ve highest compensated independent contractors each receiving over \$100,000 (b) Type of service. (e) Compensation from the organization completed Schedule A? NOTE All Section \$501(x)3 organizations and \$4947(a)(1) nenexempt cherit	Dut the organization engage in loobying activities or have a section 501(h) election in effect during the lax year? If "Yes," complete Schedule C, Part II Is the organization a school described in section 170(s)(1)(A)(ii)? If "Yes," complete Schedule E Dut the organization and the properties of t			Schedule O to respond	to any question in this	Part VI .		<u></u>		<u> </u>
If "yes," complete Schedule C, Part II 47 48 is the organization a school described in section 170 (b)(1)(A)(n)? If "Yes," complete Schedule E 49 49 49 40 40 40 40 41 41 42 43 44 44 45 46 46 47 48 48 49 49 49 49 40 40 40 40 40 40 40 40	is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E ab Did the organization make any transfers to an exempt non-chantable related organization? 490 10 ("Yes," was the related organization a section 527 organization? 10 Complete this table for the organization as section 527 organization? 10 Name and address of each amployee paid over \$100,000 of compensation from the organization if there is none, enter "None" 10 Name and address of each amployee paid over \$100,000 11 Total number of other employees paid over \$100,000 12 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 13 Name and address of each independent contractors five highest compensation from the organization from the organization is five highest compensated independent contractors who each received more than \$100,000 14 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 15 Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 16 Organization from the organization is five highest compensated independent contractors who each received more than \$100,000 16 Organization complete schedule A ** NOTE: All Section \$01(c)(3) organizations and 4847(a)(1) nanexempt charitable trusts must attach a complete Schedule A ** NOTE: All Section \$01(c)(3) organizations and 4847(a)(1) nanexempt charitable trusts must attach a complete Schedule A ** NOTE: All Section \$01(c)(3) organizations and 4847(a)(1) nanexempt charitable trusts must attach a complete Schedule A ** NOTE: All Section \$01(c)(3) organizations and statements, and to the best of must attach a complete Schedule A ** NOTE: All Section \$01(c)(3) organizations and statements, and to the best of must attach a complete Schedule A ** NOTE: All Section \$01(c)(3) organizations and 4847(a)(1) nanexempt charitable trusts must atta								Yes	No
49a 49b	Do the organization ask office with the result of a section 17 (a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				ction 501(h) election i	n effect durin	g the tax year?	47		<u> </u>
b If Yes, was the released organization is set on seeing number and the release organization? Complete this table for the organization is set on the seeing number of the release organization organiza	b In If Yes, "was the related organization of section 25 organization? 1	48 Is the	e organization a school described	d in section 170(b)(1)(A)(II)? If "Yes," complete	Schedule E		48		
So Complete this table for the organization of which and storage hours per week devoted to position Total number of other employees paid over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$10	Complete that table for the organization of setup in the property of complementation of the organization organization of the organization of the organization of the organization orga	49a Did th	ne organization make any transfe	ers to an exempt non-cha	ırıtable related organıza	atıon?		49a		i
A Name and address of each enceived more than \$100,000 of compensation from the organization fifther is none, enter None (e) Expense (c) Compensation (d) Contributions to employee (e) Expense (e	any Name and address of each employee paid over \$100,000 of compensation from the organization. If there is note, enter "Note" (e) Compensation (d) Combributions to employee benefit plans 8 (deered compensation) (e) Compensation (e) Compensation (f) Complete the stable for the organization of the residue of the properties of the organization of the properties of the properties of the organization of the properties of the organization of the properties of the organization of the properties of the prop	b If "Ye	es," was the related organization	a section 527 organizati	ion?			49b		ı
(a) Name and address of each employee paid more than \$100,000 (b) Title and average devoted to position (c) Compensation (d) Contributions to employee benefit plans in account and other allowances (e) Expense (e) Exp	(c) Compensation (d) Contributions to employee paid more than \$100,000 (e) Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is 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 (b) Type of service (c) Compensation (c) Compensation from the organization is 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 (b) Type of service (c) Compensation (c) Compensation (d) Compensation (e) Compensation (e) Compensation (f) Compensation (e) Compensation (e) Compensation (f) Compensation (e) Compensation (f) Compensation (h) Type of service (g) Compensation (h) Type of service (g) Compensation (h) Type of service (g) Compensation (h) Type of service (h) Type of service (h) Type of service (g) Compensation (h) Type of service (h) Type of s	50 Comp	plete this table for the organization	on's five highest compen	sated employees (othe	er than officer	s, directors, trus	stees a	nd key	
must extract the state of the response of the	Total number of other employees paid over \$100,000 Complete this table for the organization is 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 Total number of other independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (c) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensati	emplo	oyees) who each received more t		nsation from the organ					
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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	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									
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Signature of officer NENA F POWELL TREASURER Type or print name and title Preparer's signature Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP + 4 Date Date Check if self-employed Preparer's taxpayer identification number (See instructions) EIN	Signature of officer NENA F POWELL TREASURER Type or print name and title Preparer's signature Prim's name (or yours if self-employed), address, and ZIP + 4 Date Date Check if self-employed Preparer's taxpayer identification number (See instructions) EIN Phone no	nowledge a								
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Paid Preparer's Self-employed Complete	self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no				ate	heck if	Preparer's tayes	er ident	ification :	umber
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	y the IRS discuss this return with the preparer shown above? See instructions		and coop and the first				Phone no 🕨			

Form 990-EZ (2011)

Page **4**

Additional Data

Software ID: Software Version:

EIN: 62-6042828

Name: OPTIMIST INTERNATIONAL

11050 SCENIC CHATTANOOGA OPTIMIST CLUB

Form 990-EZ, Special Condition Description:

Special Condition Description

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
CAROLYN TUCKER PO BOX 1404 CHATTANOOGA,TN 37401	PRESIDENT 5 00	0	0	0
EMILY JOB PO BOX 1404 CHATTANOOGA,TN 37401	PRESIDENT-ELECT 5 00	0	0	0
NENA POWELL PO BOX 1404 CHATTANOOGA,TN 37401	SECRETARY/TREASURER 5 00	0	0	0
EARL BURTON PO BOX 1404 CHATTANOOGA,TN 37401	DIRECTOR 1 00	0	0	0
LIZ CULLER PO BOX 1404 CHATTANOOGA,TN 37401	DIRECTOR 1 00	0	0	0
TRAVIS STATEN PO BOX 1404 CHATTANOOGA,TN 37401	DIRECTOR 1 00	0	0	0
THEO LAUGHNER PO BOX 1404 CHATTANOOGA,TN 37401	DIRECTOR 1 00	0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492325000082

Inspection

OMB No 1545-0047

Open to Public

SCHEDULE G (Form 990 or 990-EZ)

> 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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Internal Revenue Service

Department of the Treasury

Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization **OPTIMIST INTERNATIONAL** 11050 SCENIC CHATTANOOGA OPTIMIST CLUB

Employer identification number 62-6042828

ΙĊ	Fundraising Ac	civities. Complete	e ii tile organiza	tion answered res	to rollii 990, Part IV	, iiile 17.
1 b c d	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitation Did the organization have or key employees listed in	nization raised funds olicitations s a written or oral agre	through any of the e f g ement with any inc	following activities Ch Solicitation of no Solicitation of go Special fundraisi	eck all that apply n-government grants vernment grants ng events ers, directors, trustees	Γ Yes Γ No
b	If "Yes," list the ten highes to be compensated at leas					
	i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Гоt а 3	List all states in which the licensing	organization is regis	tered or licensed t	to solicit funds or has b	een notified it is exempt	from registration or

Pai	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 FRIENDRAISER LUNCHEON (event type)	(b) Event #2 YOUTH APPRECIATION LUNCH (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 2	Gross receipts Less Charitable contributions	7,560		2,333	12,083
<u>~</u>	3	Gross income (line 1 minus line 2)	7,560	2,190	2,333	12,083
	4	Cash prizes	800	65		865
ဟ	5	Non-cash prizes				
ause.	6	Rent/facility costs		1,270		1,270
Expenses	7	Food and beverages	137	,		137
Direct	8	Entertainment				
à	9	Other direct expenses .	70	234	2,269	2,573
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(4,845)
	11	Net income summary Combine Ii	nes 3 and 10 ın column (d)	•	7,238
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
_	1 (Gross revenue				
မှာ	2 (Cash prizes				
sesuedt	ε ε	Non-cash prizes				
Direct Exper	4 F	Rent/facility costs				
<u></u>	5 (Other direct expenses				
	6 \	Volunteer labor	Г Yes Г No	┌ Yes ┌ No	│ Yes	
	7 [Direct expense summary Add line	s 2 through 5 ın column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> ▶ </u>	
9 a b	Is th	er the state(s) in which the organization licensed to operate	gaming activities in each	n of these states?		· Fyes Fno
	 Were	e any of the organization's gaming es," Explain	licenses revoked, susper	ided or terminated during	the tax year?	· · Fyes FNo

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent					
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization OPTIMIST INTERNATIONAL 11050 SCENIC CHATTANOOGA OPTIMIST CLUB **Employer identification number**

62-6042828

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION PAT BOONE GOLF SPONSOR GRANTEE NAME BETHEL BIBLE VILLAGE GRANTEE ADDRESS 3001 HAMILL RD HIXSON, TN 37343 DATE OF GIFT 06/27/12 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SPONSOR CHORISTER GRANTEE NAME CHATTANOOGA GIRLS CHOIR GRANTEE ADDRESS PO BOX 6036 CHATTANOOGA, TN 37401 DATE OF GIFT 10/03/11 AMOUNT GIVEN 495
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION AUTUMN CHILDREN'S FESTIVAL SPONSOR GRANTEE NAME RONALD MCDONALD HOUSE GRANTEE ADDRESS 200 CENTRAL AVENUE CHATTANOOGA, TN 37403 DATE OF GIFT 08/06/12 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION ADOPT A FACE PROGRAM GRANTEE NAME FACES GRANTEE ADDRESS PO BOX 11082 CHATTANOOGA, TN 37401 DATE OF GIFT 03/09/12 AMOUNT GIVEN 600
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION OI GOLF TOURNAMENT SPONSOR GRANTEE NAME TN DISTRICT OF OPTIMIST INT'L GRANTEE ADDRESS 502 WHISPERING WAY KINSPORT, TN 37663 DATE OF GIFT 03/09/12 AMOUNT GIVEN 150
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CALVIN DONALDSON CLOTHING (UNIFORMS) GRANTEE NAME CALVIN DONALDSON GRANTEE ADDRESS 3074 HICKORY VALLEY ROAD CHATTANOOGA, TN 37421 DATE OF GIFT 11/04/11 AMOUNT GIVEN 494
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2012 SPRING BREAK CAMP SCHOLARSHIPS GRANTEE NAME GIRLS, INC. GRANTEE ADDRESS 709 S. GREENWOOD AVENUE CHATTANOOGA, TN 37404 DATE OF GIFT 03/26/12 AMOUNT GIVEN 787
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION Y-CAP SPONSORSHIP GRANTEE NAME YMCA GRANTEE ADDRESS 301 WEST SIXTH STREET CHATTANOOGA, TN 37402 DATE OF GIFT 04/30/12 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CALVIN DONALDSON SCHOOL SUPPLIES GRANTEE NAME CALVIN DONALDSON GRANTEE ADDRESS 3074 HICKORY VALLEY ROAD CHATTANOOGA, TN 37421 DATE OF GIFT 11/18/11 AMOUNT GIVEN 79
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GENERAL SUPPORT GRANTEE NAME OPTIMIST INTERNATIONAL FOUNDATION GRANTEE ADDRESS 4494 LINDELL BOULEVARD ST LOUIS, MO 63108 DATE OF GIFT 01/26/12 AMOUNT GIVEN 100 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 4,705
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONVENTION & DISTRICT MEETINGS AMOUNT 2,394 DESCRIPTION OPTIMIST INTERNATIONAL DUES AND FEES AMOUNT 1,850 DESCRIPTION OFFICE EXPENSE AMOUNT 116 DESCRIPTION CLUB MEETING EXPENSE AMOUNT 4,511 DESCRIPTION YOUTH RELATED ACTIVITIES AMOUNT 1,454 TOTAL TO FORM 990-EZ, LINE 16 10,325
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 100 END OF YEAR AMOUNT 0 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 225 END OF YEAR AMOUNT 0
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 324

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: OPTIMIST INTERNATIONAL

11050 SCENIC CHATTANOOGA OPTIMIST CLUB

EIN: 62-6042828

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.