See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

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.*

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01 October , 2012, and ending 30 September , 20 13

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

C Name of organization
Optimist International, Optimist Club of Van Wert, Ohio Club # 24391

Number and street (or P.O box, if mail is not delivered to street address) Room/suite
1008 Woodland Avenue

City or town, state or country, and ZIP + 4
Van Wert, Ohio 45891-1433

D Employer identification number
34-1328741

E Telephone number
419-238-5086

F Group Exemption Number ▶ 1334

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ 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 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 ▶ $ 26,130.58

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	759.75
	2	Program service revenue including government fees and contracts		2	00
	3	Membership dues and assessments		3	10,113.50
	4	Investment income		4	2.68
	5a	Gross amount from sale of assets other than inventory	5a 00		
	b	Less: cost or other basis and sales expenses	5b 00		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	00
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 00		
	b	Gross income from fundraising events (not including $ 500.00 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 1,158.43		
	c	Less: direct expenses from gaming and fundraising events	6c 00		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	1,158.43
	7a	Gross sales of inventory, less returns and allowances	7a 10,718.22		
	b	Less: cost of goods sold	7b 6,552.92		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	4,165.30
	8	Other revenue (describe in Schedule O)		8	3,378.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	19,577.66
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	10,550.86
	11	Benefits paid to or for members		11	8,125.69
	12	Salaries, other compensation, and employee benefits		12	00
	13	Professional fees and other payments to independent contractors		13	00
	14	Occupancy, rent, utilities, and maintenance		14	3,145.37
	15	Printing, publications, postage, and shipping		15	252.83
	16	Other expenses (describe in Schedule O)		16	3,958.68
	17	**Total expenses.** Add lines 10 through 16 ▶		17	26,033.43
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,455.77
	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	46,018.85
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	39,563.08

22

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	16,018.85	22	9,563.08
23	Land and buildings	00	23	00
24	Other assets (describe in Schedule O)	30,000.00	24	30,000.00
25	**Total assets**	46,018.85	25	39,563.08
26	**Total liabilities** (describe in Schedule O)	00	26	00
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	46,018.85	27	39,563.08

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? **Charitable and Social Welfare**

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.

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

28	**After Prom Program** See attached Schedule O (Grants $ 4,099.90) If this amount includes foreign grants, check here ▶ ☐	28a	4,099.90
29	**College Scholarship Program** See attached Schedule O (Grants $ 2,000.00) If this amount includes foreign grants, check here ▶ ☐	29a	2,000.00
30	**Oratorical Contest** See attached Schedule O (Grants $ 795.43) If this amount includes foreign grants, check here ▶ ☐	30a	795.43
31	Other program services (describe in Schedule O) (Grants $ 3,655.53) If this amount includes foreign grants, check here ▶ ☐	31a	3,655.53
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	10,550.86

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jane Maus 9703 Emerson Rd, Van Wert, Ohio 45891	President, 3.0 to 3.5 hrs / wk	00	00	155.00, Conf fee
William R Able 1008 Woodland Avenue, Van Wert, Ohio 45891	Sec/Treas, 4.5 to 5.5 hrs / wk	00	00	00
Denney Kerns 12777 Liberty-Union Rd, Van Wert, Ohio 45891	1st VP, .7 to 1.0 hrs / wk	00	00	165.00, Conf Fee
Greg Yinger 10021 Convoy Rd, Van Wert, Ohio 45891	2nd VP, .7 to 1.0 hrs / wk	00	00	00
Bruce Showalter 10105 Old Tile Factory Rd, Van Wert, Ohio 45891	Immed Past Pres, .5 hrs / wk	00	00	00
Jan Edwards 1014 Liberty-Union Rd, Van Wert, Ohio 45891	Director 1 yr, .5 hrs / wk	00	00	00
Brett Thatcher 1178 Rosalie Dr, Van Wert, Ohio 45891	Director 1 yr, .5 hrs / wk	00	00	00
Gloria Waterman 18275 Rhodes Mill Rd, Rockford, Ohio 45882	Director 1 yr, .5 hrs / wk	00	00	00
Stacey Baer 630 State St, Van Wert, Ohio 45891	Director 2 yr, .5 hrs / wk	00	00	00
Vicki Bidlack 10474 Lincoln Highway, Van Wert, Ohio 45891	Director 2 yr, .5 hrs / wk	00	00	00
Linda Sheppard 7928 US 224 W, Van Wert, Ohio 45891	Director 2 yr, .5 hrs / wk	00	00	00

Part V **Other Information** (Note the Schedule A and personal benefit contract 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 significant 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		✓
35a	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		✓
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	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		✓
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 00			
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 00			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 00			
b	Gross receipts, included on line 9, for public use of club facilities 39b 00			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 00 ; section 4912 ▶ 00 ; section 4955 ▶ 00			
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 ▶ 00			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 00			
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 ▶ Ohio			
42a	The organization's books are in care of ▶ **William R Able** Telephone no. ▶ **419-238-5086**			
	Located at ▶ **1008 Woodland Avenue, Van Wert, Ohio** ZIP + 4 ▶ **45891-1433**			
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 the U.S.?	42c		✓
	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			

			Yes	No
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
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		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? 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 title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

William R. Able — Signature of officer — 20 FEB 14 — Date

William R Able, Club Secretary / Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no

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

Supplemental Information to Form 990 or 990-EZ
for 2012
Schedule O

Optimist International, Optimist Club of Van Wert, Ohio/ Club #24391
Employer identification number 34-1328741

PART I

#8 Other Revenue

Miscellaneous Items

Meeting fines	413.75	
Fish bowl – door prizes	263.00	
Revolving account	558.00	
Silent auction at Club meeting	253.00	
Rebates from Gift card fund raiser	1,890.25	
Total Other Revenue		3,378.00

#10 Grants and Similar Amounts Paid

Activities and Projects

After-Prom Program	4,099.90	
College Scholarship Program	2,000.00	
Oratorical Contest	795.43	
Hospital Animal Program	748.00	
Essay Contest	443.73	
Optimist Youth Baseball Team	400.00	
ArtRageous	363.80	
Total Activities and Projects		8.850.86

Club Donations/Grants for Youth Organizations

5th Quarter Program-1st United Methodist Church	425.00	
DARE	300.00	
Family Health Care-Youth	125.00	
Junior Achievement	125.00	
Van Wert Youth Rabbit Committee	125.00	
Total Donation to Youth Organizations		1,100.00

Donations to Optimist International		500.00
Donations to Community		100.00
Total Grants and Donations		$10,550.86

#16 Other Expenses

Conferences and Conventions	475.00	
Payments to Affiliates	-	
Dues to Ohio District	495.00	
Dues to Optimist International	1,998.68	
New Member Fees to Optimist Int'l	60.00	
Chamber of Commerce Dues	194.00	
Advertisement – OH has Talent	75.00	
Revolving Account	558.00	
Other Account	103.00	
Total Other Expenses		3,958.68

PART II

#24 Other Assets

Some years ago the Optimist Club of Van Wert purchased the rights to a Fair Vender Program to utilize as a fundraiser. We have established a "Goodwill" value of $30,000 for that program.

PART III

#28 After-Prom Program

The After-Prom Program provides a well chaperoned time with fun activities for approximately 400 to 450 youth from three district high schools. The goal of the program is to provide a drug, alcohol and sex free environment for at least a few hours after the school proms. There are approximately 90-100 volunteer hours utilized.

#29 College Scholarship Program

The program provides a $1,000 scholarship to each of three district high schools to be awarded to a senior who excels in academics and provides at least 100 hours of community service to the community. This last year, only two school districts submitted candidates.

#30 Oratorical Contest

The program is a speech contest for male and female students from Middle School through High School with the winning boy and girl each receiving a $3,500 scholarship from Optimist International. We had seven participants, with two moving on to regional competition.

#31 Other Program Services

Activities and Projects

Hospital animal Program	748.00	
Essay Contest	443.73	
Optimist Youth Baseball Team (sponsor)	400.00	
ArtRageous Celebration	363.80	
Total Activities		1,955.53

Club Donations to Youth Organizations

5th Quarter Program	425.00	
DARE	300.00	
Family Health Care-Youth	125.00	
Junior Achievement	125.00	
Van Wert Youth rabbit Committee	125.00	
Total Donations to Youth Organizations		1,100.00
Donations to Optimist International Foundation		500.00
Donations to Community		100.00
Total Other Program Services		3,655.53

FILE COPY

SEE NOTE ON 2ND PAGE

Form **8868**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Optimist Club of Van Wert, Ohio Club # 24391	☑ **34-1328741**
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	C/O William R Able, 1008 Woodland Avenue	☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Van Wert, Ohio 45891-1433	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **William R Able**

Telephone No. ▶ **419-238-5086** FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **1334**. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **15 May**, 20 **14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☑ tax year beginning **1 October**, 20 **12**, and ending **30 September**, 20 **13**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☐
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or ☐
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ☐☐

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ _____
Telephone No. ▶ _____ FAX No. ▶ _____
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20 ____.
5 For calendar year ____, or other tax year beginning _____, 20 ____, and ending _____, 20 ____.
6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ William R. Able Title ▶ Club Secretary / Treasurer Date ▶ 14 FEB 14

NOTE: I WAS AWAITING INFORMATION TO COMPLETE OUR FORM 990-EZ AND FELT IT WOULD CAUSE ME TO BE LATE SO I FILED FOR THE EXTENSION OF TIME. HOWEVER, I RECIEVED THE INFO AND WAS ABLE TO COMPLETE THE RETURN BEFORE RECEIVING A RESPONSE ON THE FORM 8868.

William R. Able
SEC/TREAS, OPTIMIST CLUB #24391