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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. 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**A** For the 2012 calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013****B** Check if applicable

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

**C** Name of organization**BREAKFAST OPTIMIST CLUB OF CLINTON**

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

**P.O. BOX 92**

Room/suite

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

**CLINTON, IN 47842****D** Employer identification number**35-1748705****E** Telephone number**765-832-8105****F** Group ExemptionNumber ▶ **1334****G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **N/A****H** Check ☒ if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( **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

▶ \$ **32,308.****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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A))
3	Membership dues and assessments	3	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	5b	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	Other expenses (describe in Schedule O)		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	SEE SCHEDULE O		
6b	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	SEE SCHEDULE O		
6c	Less: direct expenses from gaming and fundraising events	6c	SEE SCHEDULE O		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	SEE SCHEDULE O		
7a	Gross sales of inventory, less returns and allowances	7a	SEE SCHEDULE O		
7b	Less: cost of goods sold	7b	SEE SCHEDULE O		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	SEE SCHEDULE O		
8	Other revenue (describe in Schedule O)	8	SEE SCHEDULE O		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	SEE SCHEDULE O		
10	Grants and similar amounts paid (list in Schedule O)	10	SEE SCHEDULE O		
11	Benefits paid to or for members	11	SEE SCHEDULE O		
12	Salaries, other compensation, and employee benefits	12	SEE SCHEDULE O		
13	Professional fees and other payments to independent contractors	13	SEE SCHEDULE O		
14	Occupancy, rent, utilities, and maintenance	14	SEE SCHEDULE O		
15	Printing, publications, postage, and shipping	15	SEE SCHEDULE O		
16	Other expenses (describe in Schedule O)	16	SEE SCHEDULE O		
17	<b>Total expenses.</b> Add lines 10 through 16	17	SEE SCHEDULE O		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	SEE SCHEDULE O		
19	Net assets or fund balances at beginning of year (from line 27, column (A))	19	SEE SCHEDULE O		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	SEE SCHEDULE O		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	SEE SCHEDULE O		

**LHA** For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2012)

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**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	19,361.	22	16,656.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	19,361.	25	16,656.
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)	19,361.	27	16,656.

**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? DEVELOPMENT OF YOUTH

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 <u>RENOVATE, REMODEL, AND REOPEN PUBLIC RESTROOMS AT SPORTLAND PARK IN CLINTON, INDIANA AND CONSTRUCT STORAGE BUILDING FOR CITY OF CLINTON AT SPORTLAND PARK.</u>		28a	7,500.
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
29 <u>SEE SCHEDULE O</u>		29a	3,036.
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)		31a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	10,536.

**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
LAURY BURRIS				
TREASURER	3.00	0.	0.	0.
YALE YAGER				
DIRECTOR	1.00	0.	0.	0.
RITA NORTHCUTT				
DIRECTOR	1.00	0.	0.	0.
FRED FARRINGTON				
DIRECTOR	1.00	0.	0.	0.
JACK FENOGLIO				
DIRECTOR	1.00	0.	0.	0.
RHONDA MAJORS				
SECRETARY	3.00	0.	0.	0.
TERRI HILL				
DIRECTOR	1.00	0.	0.	0.
DOUG HESS				
DIRECTOR	1.00	0.	0.	0.
MICHAEL IACOLI				
DIRECTOR	1.00	0.	0.	0.
LOUIS BONOMO				
PRESIDENT	5.00	0.	0.	0.
TERESA NEISES				
VICE PRES.	1.00	0.	0.	0.

**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 Sch. O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> 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		X
<b>34</b> 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)		X
<b>35a</b> 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)?		X
<b>35b</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	N/A	
<b>35c</b> 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		X
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
<b>37b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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	X
<b>38b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
<b>39</b> Section 501(c)(7) organizations Enter	39a	N/A
<b>a</b> Initiation fees and capital contributions included on line 9	39b	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A	
<b>b</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	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
<b>e</b> 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	X
<b>41</b> List the states with which a copy of this return is filed	IN	
<b>42a</b> The organization's books are in care of	LOUIS BONOMO	
Located at	13443 S. GENEVA HILLS, CLINTON, IN	
Telephone no	765-832-8105	
ZIP + 4	47842	
<b>b</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	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country	42c	X
<b>43</b> 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	N/A
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
<b>b</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	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	44c	X
<b>d</b> 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	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
<b>45b</b> 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	

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

	Yes	No
46		X

**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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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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
N/A				

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 **LOUIS BONOMO, PRESIDENT** Date **3/28/14**

**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

Department of the Treasury  
Internal Revenue Service

**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

2012

## Open To Public Inspection

Name of the organization

BREAKFAST OPTIMIST CLUB OF CLINTON

Employer identification number  
35-1748705

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** 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.

(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			
<b>Total</b>						

**Total**

- 3** List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NONE (event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( )
	11 Net income summary. Combine line 3, column (d), and line 10				

**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 (add col. (a) through col. (c))
1 Gross revenue			8,220.	8,220.
Direct Expenses	2 Cash prizes		2,500.	2,500.
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			2,084.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				( 4,584 )
8 Net gaming income summary. Combine line 1, column d, and line 7				3,636.

9 Enter the state(s) in which the organization operates gaming activities: IN

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:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ LOUIS BONOMOAddress ▶ 13443 S. GENEVA HILLS RD - CLINTON, IN 47842

- 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 of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 16 Gaming manager information:

Name ▶ RAY GILFOY

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ MEMBER OF ORGANIZATION THAT PLANS EVENT, INCLUDING SCHEDULING OF MEMBERS TO WORK, OBTAINING PRIZES AND COUNTING, RECORDING AND DEPOSITING RECEIPTS.☐ 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 3,636.

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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Name of the organization

BREAKFAST OPTIMIST CLUB OF CLINTON

Employer identification number  
35-1748705

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

MEALS

4,440.

SOCCER/BOWLING LEAGUE INCOME

7,497.

TOTAL TO FORM 990-EZ, LINE 8

11,937.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: VALLEY CHILD DEVELOPMENT CENTER

GRANTEE ADDRESS: CLINTON, IN 47842

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

250.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: VERMILLION COUNTY COMM. FOUNDATION

GRANTEE ADDRESS: CLINTON, IN 47842

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

600.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: BOY SCOUTS

GRANTEE ADDRESS: TERRE HAUTE, IN 47807

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

300.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
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ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: MISCELLANEOUS CHARITIES

GRANTEE ADDRESS: CLINTON, IN 47842

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 352.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: UNION HOSPITAL CLINTON FOUNDATION

GRANTEE ADDRESS: CLINTON, IN 47842

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: SOUTH VERMILLION SCHOOL CORP.

GRANTEE ADDRESS: CLINTON, IN 47842

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 575.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: CITY OF CLINTON

GRANTEE ADDRESS: CLINTON, IN 47842

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 150.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: VERMILLION COUNTY 4-H

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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BREAKFAST OPTIMIST CLUB OF CLINTON

Employer identification number  
35-1748705

GRANTEE ADDRESS: NEWPORT, IN 47966

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: CLINTON LITTLE LEAGUE

GRANTEE ADDRESS: CLINTON, IN 47842

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: AMERICAN RED CROSS

GRANTEE ADDRESS: TERRE HAUTE, IN 47807

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: PARKE-VERMILLION HUMANE SOCIETY

GRANTEE ADDRESS: CLINTON, IN 47842

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: CLINTON LIONS CLUB

GRANTEE ADDRESS: CLINTON, IN 47842

PROPERTY DESCRIPTION: CASH

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

BREAKFAST OPTIMIST CLUB OF CLINTON

Employer identification number  
35-1748705

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: SOUTH VERMILLION BACK-PACK PROGRAM

GRANTEE ADDRESS: CLINTON, IN 47842

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 2,200.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: SHERIFF'S DEPARTMENT

GRANTEE ADDRESS: NEWPORT, IN 47966

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 7,127.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

INTERNATIONAL AND DISTRICT DUES 3,728.

MEALS 6,250.

PROJECT EXPENSES 10,536.

TOTAL TO FORM 990-EZ, LINE 16 20,514.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

VARIOUS PROJECTS FOR THE DEVELOPMENT OF YOUTH INCLUDING

SPONSOR LITTLE LEAGUE TEAM, SPONSOR BASKETBALL, SOCCER AND

BASEBALL CAMPS AND SPONSOR VARIOUS YOUTH FITNESS

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

BREAKFAST OPTIMIST CLUB OF CLINTON

Employer identification number  
35-1748705

**ACTIVITIES.**

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.