

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form 990

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the 2	012 calen	dar year, or tax year beginning $10/01$, 2012, and ending	9/30	, 2013
В	Check if app		C		ntification Number
	Addres	s change	OPTIMIST INTERNATIONAL PRIOR LAKE	41-133	5 Q 1 <i>1</i>
	H	change	P O BOX 130	E Telephone nu	
	Initial r	-	PRIOR LAKE, MN 55372	1	
	Н		,	952-44	0-6500
	Termin				
	H	led return		G Gross receipts	
	Applica	ation pending	1	 i) Is this a group return for a 	
			SAME AS C ABOVE	P) Are all affiliates included? If 'No,' attach a list (see i	nstructions) Yes No
1_	Tax-exem	npt status	501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or 527	.,	,
J	Websit	e: ► N/	'A H(c	c) Group exemption number	►
K	Form of o	rganization.	Corporation Trust Association Other ► L Year of Formation.	M State of	f legal domicile
Pa	rt l 🥰 S	Summar	γ		
-	1 Bri	efly descri	be the organization's mission or most significant activities. THE ORGANI	ZATTON HAS A	CHARTTABLE
a	G <i>A</i>	MBLING	LICENSE.		······
Governance			RE AND SUPPORT YOUTH IN OUR COMMUNITY THROUGH AC	CTIVE INVOLVEN	MENT. WITH AND
Ë	FI	NANCIA	L SUPPORT FOR SCHOOLS, ESTABLISH YOUTH ORGANIZAT	TIONS, AND OTH	IER YOUTH
Ş	2 Che	eck this bo	ox If the organization discontinued its operations or disposed of more	than 25% of its net a	ssets
			oting members of the governing body (Part VI, line 1a)	3] 9
S S	4 Nui		dependent voting members of the governing body (Part VI, line 1b)	4	0
₽	5 Tot		of individuals employed in calendar year 2012 (Part V, line 2a)	. 5	0
Activities &	6 Tot		of volunteers (estimate if necessary)	6	0
Ă			ed business revenue from Part VIII, column (C), line 12	7a	
	b Net	unrelated	business taxable income from Form 990-T, line 34	7 t	<u> </u>
				Prior Year	Current Year
<u>o</u>	l .		and grants (Part VIII, line 1h)		
e C			/ice revenue (Part VIII, line 2g).	16,391.	12,315.
Revenue			ncome (Part VIII, column (A), lines 3, 4, and 7d)	14.	10.
ш			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	98,065.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .	124,933.	110,390.
	l		imilar amounts paid (Part IX, column (A), lines 1-3)	·	27,370.
	l	nefits paid			
υ.	15 Sal	laries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)		17,749.
Expenses	16a Pro	ofessional	fundraising fees (Part IX, column (A), line 11e)		
ber L	b Tot	al fundrais	sing expenses (Part IX, column (D), line 25) ►	新者在1771日在2015年	
Ξ			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	100 007	1000000000000000000000000000000000000
				122,037.	53,003.
	ł		es. Add lines 13-17 (must equal Part X, column (A), tine 25)	122,037.	98,122.
<u>₽ 8</u>		venue less	s expenses. Subtract line 18 from line 12	2,896.	12,268.
and a			12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Beginning of Current Year	End of Year
98	20 Tot		(Part X, line 16).	12,449.	24,708.
Net Assets Fund Balanc	21 Tot	al liabilitie	es (Part X, line 26)	1,082.	1,073.
<u>~</u> [22 Net	t assets or	fund balances. Subtract line 21 from line 20 () The state of the stat	11,367.	23,635.
Pa	ırt II 🤝 S	Signatur	e Block	<u>.</u>	<u> </u>
			ectare that I have examined this return, including accompanying schedules and statements, and to the arer (other than officer) is tasked on all information of which preparer has any knowledge	best of my knowledge and b	elief, it is true, correct, and
com	plete Declar	ation of prepa	arer (other than officer) is based on all information of which preparer has any knowledge		
			Xnota X. r. D	8/16/19	5
Sig	n	Signato	me of office Court War 10	Date	
He	re	ANI	TA DRENTLAW	PRESIDENT	
		Type or	print name and title		
		Print/Type p	preparer's name P/eparer's signature Date	Check If	PTIN
Pa	id	JAMES	J SPEIKER II	self-employed	P00923126
	eparer	Firm's name		30 dpiojed	1- 00020120
	e Only	Firm's addr		Firm's EIN F 41	_1571011
		, am s audi			1571811
Mar	the IDS	discuss 11	PRIOR LAKE, MN 55372	Phone no (95	Table 1
_			nis return with the preparer shown above? (see instructions)	• •	. X Yes No
ВA	a rorPa	perwork F	Reduction Act Notice, see the separate instructions. TEEA01	13L 12/18/12	Form 990 (2012)

Forn	m 990 (2012) OPTIMIST INTERNATIONAL PRIOR LAKE		41-1	335814	4	Page 2
Par	Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this	Part III	<u></u>	•	•	X
1	=, e.gee					
	SEE_SCHEDULE_O					
					. 	
	Did the executive and state as a series of					
2	Did the organization undertake any significant program services during the year Form 990 or 990-EZ?	·	or	П.		
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	• • • • • • •	•	· 📙 '	Yes X	No
3		and the same state of the same			v	
3	If 'Yes,' describe these changes on Schedule O.	low it conducts, any program se	rvices? .	[]	Yes X	No
4	-	of .to these laws of				
•	Describe the organization's program service accomplishments for each Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts a others, the total expenses, and revenue, if any, for each program service	re required to report the amount o	f grants ar	measured nd allocati	ons to	nses
4 2	a (Code:) (Expenses \$ 98.122, including grant	s of \$) (F	Pevenue	ė)
	CHARITABLE GAMBLING LICENSE	, (F	veriue	٧		
	CHRITIAND GRADDING HICHOE					
				- -		
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4 b	b (Code) (Expenses \$ including grants	of \$) (F	Revenue	Ś		
	, , , , , , , , , , , , , , , , ,	,		·		
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4 0	c (Code:) (Expenses \$ including grants	of \$) (F	Revenue	Ś		
		,, , (.0101140	T		
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						- -
						
			-	-		
			-			-
						
						
				- -		
				- -		
4 r	d Other program services. (Describe in Schedule O)		-			
	(Expenses \$ including grants of \$) (Revenue \$)	
4 6	e Total program service expenses ► 98,122.	, <u>(</u>				
BAA		/12			Form 990	(2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations 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.	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
t	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
C	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
_ t	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		

Form 990 (2012) OPTIMIST INTERNATIONAL PRIOR LAKE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
١	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
!	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI .	37		х
38	Note. All Form 990 filers are required to complete Schedule O	38		Х
3A/		Form	990 (2012

Form 990 (2012) OPTIMIST INTERNATIONAL PRIOR LAKE 41-1335814 Page 5 Part V. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a O b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 1 X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q X 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country: > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . 6 b . . Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year . . . e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8

Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9 h 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 h 12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?. 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13 c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q.

14 a

Form 990 (2012) OPTIMIST INTERNATIONAL PRIOR LAKE 41-1335814 Page 6 Part 🗏 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?. 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? . . 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? **7** b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . . . 8 a Х b Each committee with authority to act on behalf of the governing body? Х 8 b Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . . . 12 c Did the organization have a written whistleblower policy? . Х 13 Did the organization have a written document retention and destruction policy? . Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х b Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

				(C))						
(A) Name and Title	(B) Average hours per week (list		x, uni er and	ess p d a du	ersoi	more in is bot	h an e)	(D) Reportable compensation from	(E) Reportable compensation from related examples are also as a second control of the control o	(F) Estimated amount of other compensation	
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
_(1)_ANITA_DRENTLAW	0										
1ST VICE PRES.	0			X	_			0.	0.	0.	
(2) SHAWN RICHEY PRESIDENT	<u>0</u>			х				0.	0.	0.	
_(3) AMY_RAETZ	0										
SECRETARY/TREAS	0		\dashv	X	\dashv			0.	0.		
_(4) JIM_GRUVER 2ND VICE PRES.	0	}		х				0.	0.	0.	
(5)								0.	0.	<u> </u>	
(6)											
(8)										•	
(9)											
(10)											
<u>(11)</u>								,			
(12)							-				
(13)									_		
(14)										***	

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Part VII Section A. Officers, Directors, Trus		Key	En	nple	oye	es,	and	d Highest Con	pensated Emp	oyees (cont)
	(B)			•	C)					
(A) Name and title	Average hours	I box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable	(E) Reportable	(F) Estimated			
, 	per week (list any	-			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation			
	hours	ndividual trustee or director	nstitutional trustee	Officer	Key employee	mple s	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organiza	octor Octor	lona	4	륳	yee co	역			and related organizations
	- tions below dotted	rust	Si Si		yee	npen				
	line)	8	tee			Highest compensated employee			j	
(15)					-					
(16)					-		-			
(17)				-						
(10)					_					
(18)										
(19)								-		
(20)								-		
(21)										
(22)					<u> </u>					
(23)					_					\
(24)								:		
(25)										·
1 b Sub-total		<u> </u>			<u> </u>		-	0.	0.	0.
c Total from continuation sheets to Part VII, Section	ı A		-				►	0.	0.	0.
d Total (add lines 1b and 1c)				• •		•	<u> </u>	0.	0.	0.
2 Total number of individuals (including but not limited to from the organization ► 0	those li	sted	abov	ve) v	vho i	recen	ved	more than \$100,00	0 of reportable comp	ensation
										Yes No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus <i>ındıvıdu</i>	tee, <i>al</i>				ee, c		ghest compensate	ed employee	3 X
4 For any individual listed on line 1a, is the sum of rithe organization and related organizations greater	eportabl than \$1	e co: 50,00	mpe 00?	nsa If 'Y	tıon ∕es′	and comp	oth olet	er compensation t e Schedule J for	from	
such individual5 Did any person listed on line 1a receive or accrue	compen	 sat <u>ı</u> o	n fr	om :	any	unre	late	 d organization or	 ındıvıdual	4 X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	te Sc	hea	lule	J fo	r suc	h p	erson	· ·	5 X
Complete this table for your five highest compensation from the organization. Report compensation.	ated inde	epen	deni	t cor	ntrac	ctors	tha	t received more th	nan \$100,000 of	
(A) Name and business addre			21011	uui j	Cai	Cridii	ig v	(B) Description of		(C) Compensation
Name and business addre				-	_			————	or services	————
								_		
Total number of independent contractors (including but	t not limi	ted to	the	se l	isted	abo	ve) v	who received more	than	
\$100,000 in compensation from the organization										

110 800 1	* * * <u>* * * * * * * * * * * * * * * * </u>	Check if Schedule O				ion in this Part VIII			
語が遊						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N S	1 a	Federated campaigns .		1 a		"我们不是一种的人,我们	THE PROPERTY OF THE PROPERTY O	MARKET STATES	阿斯州基本
<u>g</u> 8	b	Membership dues .	[1 b				And the state of t	Programme of the second
R S	C	Fundraising events.	. [1 c					
5 ₹		Related organizations		1 d			高 是	使用绘图的话题	
88	е	Government grants (contributio	ns) .	1 e			4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		《李月 》
复	f	All other contributions, gifts, gr similar amounts not included a	ants, and						
			L	1f]				1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CONTRIBUTIONS, GIFTS, GRANT AND OTHER SIMILAR AMOUNTS	_	Noncash contributions included	in ins la-1	f: \$_		to the state of the state of	是一型食物	ENTER STATE	
	n	Total. Add lines 1a-1f			Business Code		A CONTRACTOR OF THE STATE OF TH	a water to the forms	TANK TO BE AREA ST
	2 a	MEMBERSHIP DUES & F	CCECCME		- Dusiness Code	12,315.	12,315.	200	131 34 33
PROGRAM SERVICE REVENUE	b	MEMDEKSUIL DOES & F	<u> </u>	:MIS		12,313.	12,313.		
	c			· – –					
띯	d						-		
₹	е						_		
ଞ୍ଚା	f	All other program service	e revenue						
_=	g	Total. Add lines 2a-2f		•	-	12,315.	香物碱剂的金香等 。	学家。其中持续特	所は、自然の理解
i	3	Investment income (incli	udıng dıvı	dends	, interest and				
	4	other similar amounts) Income from investment	of tax ox	 emnt	hand proceeds	10.	10.		, ,
	5	Royalties	UI lax-ex	empt	bona proceeds		-		
	,	rioyanies .	(ı) Re	al · ·	(II) Personal	6.750 M.T. 2012 C-454 &		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	THE PERSON NAMED IN
	6a	Gross rents			1	经验验			
	b	Less: rental expenses			 	能不是一樣的	N. P. S.		
		Rental income or (loss)			1				
	d	Net rental income or (los	ss)		▶		التالية من مطالحة من المستخدمة المستخدمة التالية المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة ا التالية	Sanda Carley Continued to State State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
İ	7 a	Gross amount from sales of	(ı) Secur	ities	(ii) Other	法理证法是基础 的	是的高级的	美洲的	PER
		assets other than inventory							建筑建筑
	b	Less: cost or other basis						建设建筑	
		and sales expenses .					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		語是透镜源
		Gain or (loss)					The state of the s	逐黨的企通	
	d	Net gain or (loss)	•		··· · · · ·		La Contraction Services		Mr. 1 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
щ	8 a	Gross income from fund	raising ev	ents/					新疆里
OTHER REVENU		(not including \$of contributions reported	I on line 1	(c)		医抗性 医多种的	一次,不是不是		
8		See Part IV, line 18		ъ.		1. 海温度的主题			
뜊	h	Less direct expenses	•	- -	` <u> </u>				
Б		Net income or (loss) from	m fundrai	L SIDO P	'Lvents ►	المستقد مستدالا	12. 全色溶液		<u> </u>
		Gross income from gam See Part IV, line 19		_			Fig. 1 Can Street Street Street		
		Less: direct expenses		. b			10 and 10		
	С	Net income or (loss) from	m gamıng	activ	ities ►				
						Carlotte St. 19 Carlotte St. Ca			
		Gross sales of inventory and allowances		а	660,185.			4 4 4 4	
		Less: cost of goods sold		b	562,120.				<u> </u>
	С	Net income or (loss) from		f inve		98,065.	ļ	98,065.	
	11	Miscellaneous Revenu	e 		Business Code				
	11 a			· – –		<u> </u>			
	٥				· · · · · · · · · · · · · · · · · · ·				
	بہ د	All other revenue		· -				 	
		Total. Add lines 11a-11c	I	٠L	-	-	1 8 5 6 P. J. J. J.	· , , .	· · · · · · · · · · · · · · · · · ·
		Total revenue. See instr			· · · · · · · · · · · · · · · · · · ·	110,390.	12,325.	98,065.	0.
					<u>-</u>		<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1	, υ.

Part IX Statement of Functional Expenses

0001	Check if Schedule O contains a			umplete column (A).	
		(A)	(B)	(C)	(D)
Do r 7b, d	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	27,370.	27,370.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			理点的 经股份证	THE THE PERSON NAMED IN TH
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages.	16,380.	16,380.		
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	10,000.	20,000.		
9	Other employee benefits				
10	Payroll taxes	1,369.	1,369.		
	Fees for services (non-employees):				
	Management				
	Legal				
	: Accounting.	3,600.	3,600.		
	Lobbying		TO A SAND PRIMARY TO SAND ST		
	Professional fundraising services. See Part IV, line 17		国际特别的 产品		
	Investment management fees			·	
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	Office expenses	1,568.	1,568.		
14	Information technology	1,300.	1,300.		
15	Royalties				
16	Occupancy				
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	551.	551.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,726.	1,726.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	LEASES SITE'S	21,017.	21,017.	** ** ** ** ** ** ** ** ** ** ** ** **	
	TAXES STATE OF MN.	13,000.	13,000.	-	
	INTERNATIONAL DUES	3,402.	3,402.		
	CPA AUDIT	2,850.	2,850.		
	All other expenses	5,289.	5,289.		
	Total functional expenses. Add lines 1 through 24e	98,122.	98,122.	0.	0.
	, , , , , , , , , , , , , , , , , , ,	50,122.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	12,449.	1	22,275.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		三型 5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
A S	7	Notes and loans receivable, net		7	778.
ASSETS	8	Inventories for sale or use		8	1,655.
T S	9	Prepaid expenses and deferred charges		9	1,000.
	10 a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10 c	The first white it is the time to be a single of the last of the side of the last of the l
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11.		12	
	13	Investments – program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,449.	16	24,708.
	17	Accounts payable and accrued expenses	1,082.	17	1,071.
	18	Grants payable		18	
ļ	19	Deferred revenue		19	
F	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ABILITIES	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
Ī	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	2.
	26	Total liabilities. Add lines 17 through 25	1,082.	26	1,073.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.		為四	
A S	27	Unrestricted net assets		27	<u> </u>
ASSETS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R F		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	الم المستنب المستخدمة المستحدد المستخدمة
	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	 -
Ë	32	Retained earnings, endowment, accumulated income, or other funds .	11,367.	32	23,635.
BALAZCES	33	Total net assets or fund balances	11,367.	33	23,635.
E S	34	Total liabilities and net assets/fund balances	12,449.	34	24,708.
BA	Δ		12,447.		Form 990 (2012)

Form 990 (2012) OPTIMIST INTERNATIONAL PRIOR LAKE	41-133	35814	Pa	age 12
Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				. □
1 Total revenue (must equal Part VIII, column (A), line 12)	1		110,	390.
2 Total expenses (must equal Part IX, column (A), line 25)	. 2			122.
3 Revenue less expenses. Subtract line 2 from line 1	3			268.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4			367.
5 Net unrealized gains (losses) on investments.	5			<u> </u>
6 Donated services and use of facilities	6			
7 Investment expenses	. 7	 		
8 Prior period adjustments	. 8			
9 Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			-	
column (B))	. 10		<u>23, (</u>	<u>635.</u>
Pৣর্লিংXIII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			3 30	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain				1
ın Schedule O.		10	到神经	
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both:	viewed or	ıa 🎇		
Separate basis Consolidated basis Both consolidated and separate basis		,,,,,	200	CZ31312-1
b Were the organization's financial statements audited by an independent accountant?		2	2 ь	l x
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate	CTO.	A HANG	5300730
basis, consolidated basis, or both:			到解析	
Separate basis Consolidated basis Both consolidated and separate basis			经监查	12.5
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?.	audıt,	2	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		17.00 17.00	不	透過
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ıgle	. 3	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	. 3	3 b	
BAA		Fo	rm 990 ((2012)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

OPT	TIMIST INTERNATIONAL PRIOR LAK	Œ	41-1335814				
Par	Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if						
the organization answered 'Yes' to Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year) .						
4	Aggregate value at end of year						
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	onor advised funds Yes No				
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?.	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be used only purpose conferring Yes No				
Par	ি ি Conservation Easements. Comp	lete if the organization answered 'Yes	to Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by	the organization (check all that apply)					
	Preservation of land for public use (e.g., r	ecreation or education) Preservation of	of an historically important land area				
	Protection of natural habitat	Preservation o	of a certified historic structure				
	Preservation of open space	_					
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribution in the form					
			Held at the End of the Tax Year				
	Total number of conservation easements.	· · · · · · · · · · · · · · · · · · ·	2a				
	Total acreage restricted by conservation easer		2 b				
C	: Number of conservation easements on a certif	fied historic structure included in (a).	2 c				
	Number of conservation easements included in structure listed in the National Register		2 d				
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or terminated by the	he organization during the				
4	Number of states where property subject to conse	rvation easement is located >	_				
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, hai	ndling of violations,				
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation easements	during the year				
7	Amount of expenses incurred in monitoring, insper ►\$	cting, and enforcing conservation easements durin	g the year				
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i) Yes No				
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote is conservation easements.	conservation easements in its revenue and expent to the organization's financial statements that d	se statement, and balance sheet, and lescribes the organization's accounting for				
Par	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets. 8.				
1:	If the organization elected, as permitted under	SEAS 116 (ASC 958), not to report in its rough	nue statement and halance sheet works of				
	art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, or research in fu	urtherance of public service, provide,				
t	of the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furthe	statement and balance sheet works of art, rance of public service, provide the				
	(i) Revenues included in Form 990, Part VIII,	line 1	▶\$				
	(ii) Assets included in Form 990, Part X		▶\$				
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other similar assets for finan 116 (ASC 958) relating to these items	cial gain, provide the following				
a	Revenues included in Form 990, Part VIII, line		► \$				
ŀ	Assets included in Form 990, Part X		►¢				

Schedule D (Form 990) 2012 OPTI							41-13	335814		Page 2
Part III Organizations Mainta	ining Colle	ections	of Art, Hist	torica	l Treasures,	or Oth	er Similar A	ssets (d	ontini	ued)
3 Using the organization's acquisition items (check all that apply):	ı, accession, a	nd other	records, check	any of	the following that	are a siç	Inificant use of	ts collection	on	
a Public exhibition			d 🗌 Loar	or ex	change programs	s				
b Scholarly research			e Othe		3 1 3					
c Preservation for future gene	rations			-	<u>-</u> .					
4 Provide a description of the organia Part XIII.	zatıon's collect	ions and	explain how the	ey furth	er the organizatio	n's exem	pt purpose in			
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or	receive	donations of a	art, his	torical treasures,	or othe	r sımilar assets	Yes	. [No
Part IV Escrow and Custodial Arr	rangements.	Complete	e if the organi	zation	answered 'Yes'	to Form	990, Part IV,			
		•	·							
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n, or oun	er intermediai	ry tor c	ontributions or o	otner ass	ets not include	ed Nes	; [No
b If 'Yes,' explain the arrangement	t in Part XIII a	ind comp	lete the follow	ving ta	ble:	r				_
c Beginning balance							l c	Amour	ıt	
d Additions during the year.				• •	•		i d			
e Distributions during the year		• •			• • •	 				
	•		•	•	•		le			
f Ending balance				•		٠	f			
2 a Did the organization include an a			•		• •			Yes	· L	No
b If 'Yes,' explain the arrangement	i in Part XIII	Check he	ere if the expla	antion	has been provide	ed in Pa	rt XIII .	•	. [
Part V Endowment Funds. C	complete if	the ora	anization a	nswe	red 'Yes' to F	orm 99	0 Part IV	line 10		
	(a) Curren		(b) Prior ye		(c) Two years		d) Three years		Four yea	rs
1 a Beginning of year balance			(.,,,,			`	,,	+ .,	7	
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs					-					
f Administrative expenses .			-							
g End of year balance .			-							
2 Provide the estimated percentag	e of the curre	nt year e	nd balance (li	ne 1g.	column (a)) held	d as:				
a Board designated or quasi-endowm		•	8	0,	(,) ,					
b Permanent endowment ►	%									
c Temporarily restricted endowmer			왕							
The percentages in lines 2a, 2b,		d equal 1	_							
3a Are there endowment funds not in to organization by:	the possession	of the org	ganızatıon that	are hel	d and administere	ed for the	1	1	Yes	No
(i) unrelated organizations								3a(i)	1 63	140
(ii) related organizations			•		••					
b If 'Yes' to 3a(ıı), are the related				الممطعة		•		3a(ii)		
	-		•			•	•	3b		
4 Describe in Part XIII the intended										
Part VI Land, Buildings, and	Equipment					1		1 7 15		
Description of property			or other basis vestment)		Cost or other casis (other)	l d	Accumulated epreciation	1 ' '	Book va	alue
1 a Land	'			<u> </u>		\\		:		
b Buildings					<u>-</u>					
c Leasehold improvements.										
d Equipment	•					İ				
e Other		-		1	W					
Total. Add lines 1a through 1e. (Colun	nn (d) must e	qual Forn	n 990, Part X,	colum	n (B), line 10(c)	,	· · · · ·			0.
BAA	 		 : <u>-</u> :		, ,		Sche	edule D (F	orm 990	
								1.		,

Schedule D (Form 990) 2012 OPTIMIST INTERNATIONAL PRIOR LAKE

BAA

Schedule D (Form 990) 2012 OPTIMIST INTERNAT		
Part VII Investments - Other Securities. Sec		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		ond or year market value
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(B)		
(C) (D)		
(D)		
(E)		
(F) (G)	-	
(G) (H)	-	
(I)	-	
		THE RECT CLASS OF THE PERSON O
Part VIII Investments — Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or
	(-)	end-of-year market value
(1)		
(2)	<u> </u>	
(3)		
(4) (5)	<u> </u>	
(6)	 	
(7)		
(8)		
(9)		
(10)		
	•	产品的自己的原则,但是否产用。但不是继续的医疗的
PartilX Other Assets. See Form 990, Part X,	line 15. N/A	The state of the s
	escription	(b) Book value
(1)	 	
(2)		
(3)		
(5)		
(6)	<u></u> .	
(7)		
(8)		
(9)		
(10)		
(10) Total. (Column (b) must equal Form 990, Part X, column	(B), line 15)	. •
Total. (Column (b) must equal Form 990, Part X, column		
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability		
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes	X, line 25.	
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ROUNDING	X, line 25.	
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ROUNDING (3)	X, line 25.	
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ROUNDING (3) (4)	X, line 25.	
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ROUNDING (3) (4) (5)	X, line 25.	
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ROUNDING (3) (4) (5) (6)	X, line 25.	
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ROUNDING (3) (4) (5) (6) (7)	X, line 25.	
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ROUNDING (3) (4) (5) (6) (7) (8)	X, line 25.	
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ROUNDING (3) (4) (5) (6) (7)	X, line 25.	

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012 OPTIMIST INTERNATIONAL PRIOR LAKE	41-1335814 F	age 4
Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return N/A	
1 Total revenue, gains, and other support per audited financial statements.	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1975.	
a Net unrealized gains on investments		
b Donated services and use of facilities		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	VALUE OF	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	<u> </u>	
1 Total expenses and losses per audited financial statements	1 1	
·	3545	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2.52.5	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part-XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.	·
		.
BAA	Schedule D (Form 990)	2012

SCHEDULE I

Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Employer identification number 41-1335814 OPTIMIST INTERNATIONAL PRIOR LAKE Department of the Treasury Internal Revenue Service Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?.....

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

ջ ⊠ ∏Yes

Part II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990. Part IV. line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

or government	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<pre>! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !</pre>						
					-	

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. OPTIMIST INTERNATIONAL PRIOR LAKE

Schedule I (Form 990) (2012)

Part III

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 27,370. (c) Amount of cash grant (b) Number of recipients additional information. (a) Type of grant or assistance Part IV က 4 Ŋ 9 ~

Schedule I (Form 990) (2012)

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number					
OPTIMIST INTERNATIONAL PRIOR LAKE	41-1335814					
FORM 990 - EXPLANATION OF AMENDED RETURN						
MINNESOTA REVENUE ADJUSTMENT OF UBIT						
CORRECTING NOL DEDUCITONS AND BALANCE OF TAXABLE INCOME						
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION						
THE ORGANIZATION HAS A CHARITABLE GAMBLING LICENSE.						
TO NURTURE AND SUPPORT YOUTH IN OUR COMMUNITY THROUGH ACTIVE IN	VOLVEMENT WITH AND					
FINANCIAL SUPPORT FOR SCHOOLS, ESTABLISH YOUTH ORGANIZATIONS, A	ND OTHER YOUTH					
PROGRAMS TO BRING OUT THE BEST IN KIDS.						
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS						
NO REVIEW WAS OR WILL BE CONDUCTED.						
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE					
NO DOCUMENTS AVAILABLE TO THE PUBLIC.						
	- 					