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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012Department of the Treasury
Internal Revenue Service

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.

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 Twin City Area Optimist Club		D Employer identification number 43-1477122
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 475		E Telephone number (636) 933-4191
	City or town, state or country, and ZIP + 4 Festus MO 63028		F Group Exemption Number
	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. **\$ 78,422.**

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 ☒

1 Contributions, gifts, grants, and similar amounts received	1	4,892.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	11,024.
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	37,370.
c Less direct expenses from gaming and fundraising events	6c	22,590.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,780.
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue	8	25,136.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,832.
10 Grants and similar amounts paid (list in Schedule O) See L-10 Stmt	10	24,121.
11 Benefits paid to or for members	11	1,645.
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	232.
16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	27,750.
17 Total expenses. Add lines 10 through 16	17	53,748.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,084.
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	22,966.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	25,050.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

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

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

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

Check if the organization used Schedule O to respond to any question in this Form:

What is the organization's primary exempt purpose? provide assistance for the youth of the community
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>Head Start Christmas parties provides clothing, toys, books, hats, mittens, toothbrushes for the children in 5 Head Start programs. Over 275 children benefit from this program</u>		
	(Grants \$ 0.) If this amount includes foreign grants, check here ☐	28 a	4,561.
29	<u>Childhood Cancer Campaign - The club is notified of a child with cancer. We provide assistance to the family during the child's treatment period.</u>		
	(Grants \$ 0.) If this amount includes foreign grants, check here ☐	29 a	1,100.
30	<u>Jefferson College Scholarships. Money is donated to the Jefferson College Foundation with instructions to give scholarships to local students. 5 children benefit from this program</u>		
	(Grants \$ 0.) If this amount includes foreign grants, check here ☐	30 a	3,000.
31	Other program services (describe in Schedule O) <u>See attached schedule</u>		
	(Grants \$ 0.) If this amount includes foreign grants, check here ☐	31 a	8,482.
32	<u>Total program service expenses (add lines 28a through 31a)</u>	32	17,143.

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

[illegible]

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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
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)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35 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		
35 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		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
37 b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39 a	
b Gross receipts, included on line 9, for public use of club facilities	39 b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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	40 b	X
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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	40 e	X
41 List the states with which a copy of this return is filed	Missouri	

	Yes	No
42 a The organization's books are in care of <u>Ellen Bridgewater</u> Telephone no <u>(636) 937-9333</u> Located at <u>#6 Waggener Industrial Ct. Crystal City MO</u> ZIP + 4 <u>63019</u>		
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: _____	42 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: _____	42 c	X

	Yes	No
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	
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
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	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
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	44 d	
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	X
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)	45 b	X

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 Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and 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	Signature of officer <u>Ellen King</u>	Date <u>2/3/14</u>			
	Type or print name and title <u>Ellen King, President</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶ <u>Non-Paid Preparer</u>				
	Firm's address ▶ _____			Firm's EIN ▶ _____	
				Phone no _____	

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

Meals	23,608.
Miscellaneous awards	269.
Miscellaneous income	962.
Total	25,136.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Storage	440.
Special Meetings/Programs	723.
Meals	25,130.
Office Expenses	671.
Marketing/Publicity	786.
Total	27,750.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment

Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Contribution	Business ☒ Person ☐ Kade's Playground 4140 Old Mill Parkway St. Peters MO 63376	None	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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

Twin City Area Optimist Club

Employer identification number

43-1477122

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

REVENUE		(a) Event #1 <u>Trivia Night</u> (event type)	(b) Event #2 <u>Koeze Nuts</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	5,128.	20,692.	5,635.	31,455.
	2 Less Charitable contributions	0.	0.		0.
	3 Gross income (line 1 minus line 2)	5,128.	20,692.	5,635.	31,455.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	500.			500.
	7 Food and beverages	737.			737.
	8 Entertainment				
	9 Other direct expenses	897.	15,479.	3,020.	19,396.
	10 Direct expense summary Add lines 4 through 9 in column (d)				20,633.
	11 Net income summary Combine line 3, column (d), and line 10				10,822.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states? _____

☐ Yes ☐ No

b If 'No,' explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

☐ Yes ☐ No

b If 'Yes,' explain _____

- | | | | |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | ☐ Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | ☐ Yes | ☐ No |

- 13** Indicate the percentage of gaming activity operated in

a The organization's facility

13a	8
-----	---

b An outside facility

13b	8
-----	---

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address ▶

- 15a** Does the organization have a contact 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

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

- ## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

2012

Open to Public
Inspection

Name of the organization

Twin City Area Optimist Club

Employer identification number

43-1477122

Pt III, Line 31 Provided support to various local and national organizations

Numerous individuals benefited from the donations

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>Optimist International Foundation</u> <u>4494 Lindell Boulevard</u> <u>St. Louis MO 63108</u>	<u>Foundation of Parent Organization</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>Mastodon Art/Science Fair</u> <u>1000 Viking Dr.</u> <u>Hillsboro MO 63050</u>	<u>None</u>	<u>150.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>YMCA General Fund</u> <u>YMCA Drive</u> <u>Festus MO 63028</u>	<u>None</u>	<u>100.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment Scholarships

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>Jefferson College Foundation</u> <u>1000 Viking Drive</u> <u>Hillsboro MO 63050</u>	<u>None</u>	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>Head Start</u> <u>10325 State Rd</u> <u>Hillsboro MO 63050</u>	<u>None</u>	<u>4,561.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property toys, sweatshirts, books, socks, hats & mittensDate of Gift 12/01/12

Book Value	How Book Value Determined
<u>4,561.</u>	<u>Current Purchase price</u>
FMV	How FMV Determined
<u>4,561.</u>	<u>Current purchase price</u>

Purpose of Payment Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>Crystal City High School</u> <u>1100 Mississippi</u> <u>Crystal City MO 63019</u>	<u>None</u>	<u>25.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment

Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>Festus High School</u> <u>501 Westwind Drive</u> <u>Festus</u> <u>MO</u> <u>63028</u>	<u>None</u>	<u>25.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>St. Pius X High School</u> <u>1030 Saint Pius Dr.</u> <u>Crystal City</u> <u>MO</u> <u>63019</u>	<u>None</u>	<u>25.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>Hillsboro High School</u> <u>123 Leon Hall Parkway</u> <u>Hillsboro</u> <u>MO</u>	<u>None</u>	<u>25.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>Herculaneum High School</u> <u>#1 Black Cat Drive</u> <u>Herculaneum MO 63048</u>	<u>None</u>	<u>25.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>Jefferson R-7 High School</u> <u>7 Blue Jay Way</u> <u>Festus MO 63028</u>	<u>None</u>	<u>75.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contribution</u>	Business ☒ Person ☐ <u>Comtrea Safe Place Shelter</u> <u>106 N. Mill St.</u> <u>Festus MO 63028</u>	<u>None</u>	<u>518.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Contribution	Business ☒ Person ☐ <u>Developmental Services of Jefferson County</u> <u>P.O. Box 97</u> <u>Mapaville</u> <u>MO</u> <u>63065</u>	None	125.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Contribution	Business ☒ Person ☐ <u>Junior Optimist Society</u> <u>418 Deer Crossing Dr.</u> <u>Festus</u> <u>MO</u> <u>63028</u>	Affiliate- Youth Club	150.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Dues

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Dues	Business ☒ Person ☐ <u>Optimist International</u> <u>4494 Lindell Boulevard</u> <u>St. Louis</u> <u>MO</u> <u>63108</u>	Affiliate	4,871.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment

Dues

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Dues</u>	Business ☒ Person ☐ <u>Optimist East Missouri District</u> <u>1415 Douglas Drive</u> <u>Jackson</u> <u>MO</u> <u>63755</u>	<u>Affiliate</u>	<u>3,207.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Contributions</u>	Business ☒ Person ☐ <u>Various</u> <u>P.O. Box 475</u> <u>Festus</u> <u>MO</u> <u>63028</u>	<u>None</u>	<u>6,239.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined