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A For the 2013 calendar year, or tax year beginning 10-01-2013, and ending 09-30-2014		
B Check if applicable	C Name of organization OPTIMIST CLUB KETTERING DOR WOOD OHIO DBA THE DOR-WOOD OPTIMIST CLUB	
<input type="checkbox"/> Address change	D Employer identification number 31-6064624	
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) P O BOX 292266	E Telephone number (937) 293-4040
<input type="checkbox"/> Initial return	Room/suite	
<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code KETTERING, OH 45429	F Group Exemption Number ▶
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I Website:</b> ▶ <u>N/A</u>		
<b>J Tax-exempt status</b> (check only one) <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 124,935

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)	
	Check if the organization used Schedule O to respond to any question in this Part I <span style="float: right;"><input checked="checked" type="checkbox"/></span>	

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	8,989
	<b>4</b>	Investment income . . . . .	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</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) . . . . .	<b>6b</b>	96,845
	<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	42,328
	<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	54,517
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	19,101	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	82,607	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	45,846
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	475
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	1,565
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	28,589
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	76,475
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	6,132
	<b>19</b>	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) . . . . .	<b>19</b>	55,410
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	61,542

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	55,410	22	61,542
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	55,410	25	61,542
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)	55,410	27	61,542

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?  
TO PROVIDE EDUCATIONAL, CULTURAL, LITERARY, RECREATIONAL AND SOCIAL BENEFITS TO MINORS THROUGH ACTIVITIES AND PROGRAMS

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.

28 TO PROVIDE EDUCATIONAL, CULTURAL, LITERARY, RECREATIONAL AND SOCIAL BENEFITS TO MINORS THROUGH PROGRAMS AND ACTIVITIES WHICH FOSTER THE DEVELOPMENT OF CHARACTER, SPORTSMANSHIP, AND EDUCATION  
(Grants \$ 0) If this amount includes foreign grants, check here

28a69,434

29  
(Grants \$ ) If this amount includes foreign grants, check here

29a

30  
(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

3269,434

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
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <b>38b</b>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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	No
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 . . . <input type="checkbox"/> 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> OH		
42a	The organization's books are in care of <input type="checkbox"/> THE ORGANIZATION Telephone no <input type="checkbox"/> (937) 293-4040 Located at <input type="checkbox"/> 5113 CROFTSHIRE DRIVE KETTERING, OH ZIP + 4 <input type="checkbox"/> 45440		
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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> ? Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . <input type="checkbox"/> <b>43</b>		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i> . . . . .	44b	No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
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? . . . . .		
49b	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	(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 . . . . .	▶	
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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 business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000. . . . .	▶	
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52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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		2015-01-12 Date			
	BOB MONTAVON TREASURER Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name DAVID P DIRKSEN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00189814	
	Firm's name ▶ FLAGEL HUBER FLAGEL			Firm's EIN ▶ 31-0796034		
	Firm's address ▶ 3400 SOUTH DIXIE DRIVE DAYTON, OH 45439			Phone no (937) 299-3400		
May the IRS discuss this return with the preparer shown above? See instructions . . . . .						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Additional Data

Software ID:  
Software Version:  
EIN: 31-6064624  
Name: OPTIMIST CLUB KETTERING DOR WOOD OHIO  
DBA THE DOR-WOOD OPTIMIST CLUB

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
FRANK SPOLRICH IMMEDIATE PAST PRESIDENT	2 00	0	0	0
ROB HOFFMAN PRESIDENT	2 00	0	0	0
BRYAN MCCORMICK SECRETARY	2 00	0	0	0
BOB MONTAVON TREASURER	5 00	0	0	0
TONY KLEPACZ VICE PRESIDENT	2 00	0	0	0
RON ARMSTRONG DIRECTOR	2 00	0	0	0
JERRY BECK VICE PRESIDENT	2 00	0	0	0
RICH FOLEY DIRECTOR	2 00	0	0	0
LOWELL VORPE DIRECTOR	2 00	0	0	0
JIM SHANESY DIRECTOR	2 00	0	0	0
NEAL CHARKE DIRECTOR	2 00	0	0	0
FRED DRESSEL DIRECTOR	2 00	0	0	0

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization OPTIMIST CLUB KETTERING DOR WOOD OHIO DBA THE DOR-WOOD OPTIMIST CLUB	Employer identification number  31-6064624
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**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
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 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 col (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	(b) Event #2	(c) Other events	(d) Total events	
			<u>CHRISTMAS TREE SALES</u>	<u>AVENUE OF FLAGS</u>	<u>1</u>	(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	42,437	30,860	23,548	96,845	
2	Less Contributions	. .					
3	Gross income (line 1 minus line 2)	. . .	42,437	30,860	23,548	96,845	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	.				
	8	Entertainment	. . .				
	9	Other direct expenses	.	25,057	9,854	7,417	42,328
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(42,328)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					54,517

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 col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><input type="checkbox"/> <b>Yes</b> _____ % <input type="checkbox"/> <b>No</b></div>	<div><input type="checkbox"/> <b>Yes</b> _____ % <input type="checkbox"/> <b>No</b></div>	<div><input type="checkbox"/> <b>Yes</b> _____ % <input type="checkbox"/> <b>No</b></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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



<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility	<table><tr><td><b>13a</b></td><td>%</td></tr></table>	<b>13a</b>	%
<b>13a</b>	%		
<b>b</b> An outside facility	<table><tr><td><b>13b</b></td><td>%</td></tr></table>	<b>13b</b>	%
<b>13b</b>	%		

**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 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  .....


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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** 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).

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization OPTIMIST CLUB KETTERING DOR WOOD OHIO DBA THE DOR-WOOD OPTIMIST CLUB	Employer identification number  31-6064624
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME OPTIMIST INTERNATIONAL FOUNDATION AFFILIATE ADDRESS 4494 MINDELL BLVD ST LOUIS, MO 63108 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 6,177
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CITY OF KETTERING CITIES OF SERVICE GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 6,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION KETTERING CLEAN CARE GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION OPTIMIST JUNIOR GOLF TOURNAMENT GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION OI YOUTH CLUBS SUPPORT GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 4,850
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SEASON STARTER TROPHY GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DORWOOD SCHOLARSHIP FUND GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 6,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MISCELLANEOUS REQUESTS GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 5,450
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION OHIO DISTRICT JUNIOR OPTIMISTS OCTAGON INTERNATIONAL GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SAFETY VILLAGE GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,314
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION ORATORICAL CONTESTS GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 155
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MIAMI VALLEY COUNCIL, BSA GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION KETTERING FAIRMONT HIGH SCHOOL GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 4,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SOUTH YMCA GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 39,669
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADMINISTRATIVE EXPENSES AMOUNT 515 DESCRIPTION OFFICERS EDUCATIONAL SEMINARS AMOUNT 1,850 DESCRIPTION MEMBERSHIPS AND DUES AMOUNT 1,623 DESCRIPTION PRESIDENTS CLUB AMOUNT 100 DESCRIPTION MEALS AMOUNT 23,788 DESCRIPTION FLOWER FUND AMOUNT 337 DESCRIPTION FELLOWSHIP & HOSPITALITY AMOUNT 176 DESCRIPTION FILING FEES AMOUNT 200 TOTAL TO FORM 990-EZ, LINE 16 28,589

**TY 2013 Transfers Personal Benefits  
Contracts Declaration**

**Name:** OPTIMIST CLUB KETTERING DOR WOOD OHIO  
DBA THE DOR-WOOD OPTIMIST CLUB

**EIN:** 31-6064624

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.