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# Department of the Treasury Internal Revenue Service For the 2013 calendar year, or tax year beginning

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545 1150

2013

Open to Public Inspection

Ā	For th	the 2013 calendar year, or tax year beginning $10/01$ , 2013, and ending $9/30$	, 2014					
₽			ployer identification number					
님	Name c	change OPTIMIST INTERNATIONAL 05301 JASPER IN 5	1-0173804					
님	Initial re	E Tel	ephone number					
片	Termina	LTASPER IN 47547-0435						
H			oup Exemption					
H		i i i i i i i i i i i i i i i i i i i	imber					
G		· · · · · · · · · · · · · · · · · · ·	if the organization is not					
Ī		ite: N/A required to	attach Schedule B (Form					
J	J Tax-exempt status (check only one) —							
K		of organization X Corporation Trust Association Other						
L	Add li assets	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$ 56,596.					
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructi	ons for Part I)					
		Check if the organization used Schedule O to respond to any question in this Part I	X					
	1	Contributions, gifts, grants, and similar amounts received	1					
	_	Program service revenue including government fees and contracts	2					
	3	Membership dues and assessments	3 4,810.					
	4	Investment income	4 17.					
	5 a	Gross amount from sale of assets other than inventory 5a						
	ь	Less. cost or other basis and sales expenses 5b						
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c					
R		Gaming and fundraising events  Gross income from gaming (attach Schedule G if greater than \$15,000)  6 a						
Ë		· · · · · · · · · · · · · · · · · · ·						
Ě	6	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum						
REVENUE		of such gross income and contributions exceeds \$15,000)  [6b]  [51,769]						
_	С	Less direct expenses from gaming and fundraising events 6c 24,189.						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 27,580.					
	72	Gross sales of inventory, less returns and allowances 7 a	21,300.					
	1	Less: cost of goods sold  7b	•					
	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
	8	Other revenue (describe in Schedule O)	8					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 32,407.					
	+-		10 25,000.					
	10	Grants and similar amounts paid (list in Schedule O)  Benefits paid to or for members	11 8,085.					
Ε	i i	Salaries, other compensation, and employee benefits	12					
ž	1	Salaries, other compensation, and omproyed serioms	13 245.					
X P E N S E S	13	Professional fees and other payments to independent contractors CD DEC 2 2 2014 Occupancy, rent, utilities, and maintenance	14					
Š	14	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	15 254.					
\$	15	Other expenses (describe in Schedule O)	16 234. 16 133.					
	16	Total expenses. Add lines 10 through 16	17 33, 717.					
_	17	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1, 310.					
Α	18		-1,510.					
A NS E E T	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 23,399.					
Ŧ E T S	20	Other changes in net assets or fund balances (explain in Schedule O)	20					
3	21	Net assets or fund balances at end of year Combine lines 18 through 20	21 22,089.					
RA		r Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990-EZ</b> (2013)					

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

	Form <b>990-EZ</b> (2013) OPTIMIST INTERNATIONAL 05301 JASPER IN 51-0173804 Page							
Par	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	/ear	(B) End of year		
22	Caşh, savıngs, and investments			23,39		/003.		
23	Land and buildings				23			
24	Other assets (describe in Schedule O)				24	<del></del>		
25	Total assets			23,39				
26	Total liabilities (describe in Schedule O)		L 01)		0. 26			
	Net assets or fund balances (line 27 of c			23,39	9. 27	22,089. Expenses		
Par	t III Statement of Program Service Ac Check if the organization used Sci	complishments (see the linst nedule O to respond to any o	nuctions for Part III)	in 0	(Red	guired for section 501		
What	is the organization's primary exempt purpose? SEE		account in the Func		ᅴ(c)(3	3) and 501(c)(4)		
Desc	cribe the organization's program service ac sured by expenses. In a clear and concise	complishments for each of i	ts three largest pro	gram services, as		nizations and section 7(a)(1) trusts, optional		
mea	sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service ach program title	ces provided, the nu	umber of persons		others)		
28	PROMOTE YOUTH ACTIVITIES-		SEE ATTACHED	)				
	SCHEDULE-CLUB COVERS THE	CITY OF JASPER & S	SURROUNDING C	COMMUNITIES.	- 1			
		220_0_100			- 1			
	(Grants \$ ) If the	is amount includes foreign gi	rants, check here		28 a	25,632 <u>.</u>		
29	SUPPORT INTERNATIONAL & D	ISTRICT OPTIMIST C	RGANIZATIONS	<u> </u>				
					႕			
	(Grants \$ ) If the	is amount includes foreign gi	rants, check here		29 a	8,085.		
30								
	70	is amount includes foreign gi	rants shock hare	<b></b> -	-			
31	(Grants \$ ) If the Other program services (describe in Sch		rants, check here		30 8	· · · · · · · · · · · · · · · · · · ·		
31		is amount includes foreign gi	rants, check here	▶ [	ק   31 a	L		
32	Total program service expenses (add lin	<b>3 2</b>			▶ 32	33,717.		
	t IV List of Officers, Directors,		lovees (list each one	even if not compensated	- see the			
1 41	Check if the organization used Sci					Ĺ		
		(b) Average hours per	(c) Reportable compensa	(d) Health ben	efits,	(e) Estimated amount of		
	(a) Name and Title	week devoted to position	(Forms W-2/1099-MIS (If not paid, enter -0-	) hopefit plane and	deferred	other compensation		
וווא	RT HEISE			- Compensation				
	ESIDENT	0		0.	0.	0.		
	DREY FISCHER			-				
	CTREAS.	0		0.	0.	0.		
			<b> </b>					
			İ					
			<del> </del>					
	<del></del>		1					
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			-					
			<del> </del>			<del> </del>		
BA		TEEA0812L	11/27/13			Form <b>990-EZ</b> (2013)		

the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule O	33		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	34		
a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)  35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		_X
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
<b>b</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 b		
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	35 c		Х
36 Did the organization undergo a liquidation, dissolution, termination, or significant	330		
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0.			
b Did the organization file Form 1120-POL for this year?	37 b		_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?	38 a	1	Х
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
		1	
a Initiation fees and capital contributions included on line 9  39 Section 501(c)(/) organizations Enter  a Initiation fees and capital contributions included on line 9	ı		
b Gross receipts, included on line 9, for public use of club facilities  39b  N/A			!
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A			
section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A	.		
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 ь		Х
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 by the organization by the organization 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 -		Х
41 List the states with which a copy of this return is filed \ IN	40 e		
42 a The organization's books are in care of AUDREY FISCHER  Located at 340 S COUNTRY CROSSING JASPER IN  Telephone no. 812-63			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
If 'Yes,' enter the name of the foreign country:▶		l	
	. 1		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		ļ	
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
•			
If 'Yes,' enter the name of the foreign country ▶			
· · · · · · · · · · · · · · · · · · ·	_		
· · · · · · · · · · · · · · · · · · ·	_		
If 'Yes,' enter the name of the foreign country ▶	ļ	<b>-</b> П	N/A
· · · · · · · · · · · · · · · · · · ·	ı		N/A N/A
If 'Yes,' enter the name of the foreign country   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			
If 'Yes,' enter the name of the foreign country ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	44.2		N/A No
If 'Yes,' enter the name of the foreign country ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  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		N/A
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  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  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		N/A No X
<ul> <li>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</li> <li>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</li> <li>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</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> </ul>			N/A No X
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  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  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  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 b		N/A No X
<ul> <li>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</li> <li>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</li> <li>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</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> </ul>	44 b 44 c		N/A No X
<ul> <li>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</li> <li>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</li> <li>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</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?</li> <li>If 'No,' provide an explanation in Schedule O</li> </ul>	44 b 44 c 44 d		N/A No X X X

1						Yes	No
46 Did the	ne organization engage, directly or indire dates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	gn activities on behalf o	f or in opposition to	46	-	x
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization	only	uestions 47-49b and	d 52, and complete	the table	:5	
	for lines 50 and 51.		1				
	Check if the organization used Schedul	e O to respond to any	question in this Part VI			Yes	No
	e organization engage in lobbying activities	or have a section 501(h)	election in effect during t	he tax year? If 'Yes,'		162	NO
•	lete Schedule C, Part II	170/b\/1\/A\/.\1	If IVa - I as malake Caba	dula F	47		
	e organization a school as described in se ne organization make any transfers to an			dule E	48 49 a		
	s,' was the related organization a section	•	related organization		49 b		
<b>50</b> Comp	lete this table for the organization's five high	nest compensated emplo			ey		
emplo	byees) who each received more than \$100,0	00 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) Estimate other com		
<del>-</del> .		_					
						-	
f Total	number of other employees paid over \$	00,000 -			<u> </u>		
51 Comp	plete this table for the organization's five high ensation from the organization. If there i	nest compensated indepens	endent contractors who ea	sch received more than \$	5100,000 of		
<u>`</u>	(a) Name and business address of each independent c		<b>(b)</b> Type (	of service	(c) Comp	ensatio	n
		<del> </del>					
·\	<del></del>		<u> </u>				
					}		
<u>-</u>							
<b>d</b> Total	number of other independent contractor	s each receiving over \$	5100,000	•			
52 Did ti chari	ne organization complete Schedule A? <b>N</b> table trusts must attach a completed Sch	ote. All section 501(c)(edule A	3) organizations and 49		► \ \ Yes	; [	No
52 Did ti chari	he organization complete Schedule A? N	ote. All section 501(c)(edule A	3) organizations and 49				No
52 Did to chari	ne organization complete Schedule A? <b>N</b> table trusts must attach a completed Sch	ote. All section 501(c)(edule A	3) organizations and 49	e best of my knowledge and be edge		. [	No_
52 Did ti chari	ne organization complete Schedule A? <b>N</b> table trusts must attach a completed Sch	ote. All section 501(c)(edule A	3) organizations and 49			. [	No_
52 Did to chari	table trusts must attach a completed Schedule A? Notable trusts must attach a completed Schedule A; I declare that I have examined this return and complete, Declaration of preparer (other than office Signature of officer Audrey M. Fischer  Type or print reme and title	ote. All section 501(c)(edule A including accompanying schere) is based on all information of the section of th	3) organizations and 49- dules and statements, and to the of which preparer has any knowl	e best of my knowledge and be edge Date 12/13/14	elief, it is	. [	No
52 Did tl chari Under penaltie true, correct, a Sign Here	he organization complete Schedule A? Natable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete, Declaration of preparer (other than office)  Signature of officer  Audrey M. Fischer  Type or print rame and title  Print/Type preparer's name	ote. All section 501(c)(edule A including accompanying scheir) is based on all information of the section of th	3) organizations and 49 dules and statements, and to the of which preparer has any knowledge of the control of	be best of my knowledge and be edge  Date    2   13   14     Check   15   F	PTIN		No_
52 Did to chari Under penaltiture, correct, a Sign Here	he organization complete Schedule A? Nable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete, Declaration of preparer (other than office)  Signature of officer  Audrey M. Fischer  Type or print rame and title  Print/Type preparer's name  ALLEN R. SENG CPA	ote. All section 501(c)(edule A including accompanying scheme) is based on all information of the section of th	3) organizations and 49 dules and statements, and to the of which preparer has any knowledge of the control of	be best of my knowledge and be edge  Date    2   13   14     Check   15   F	elief, it is		No
52 Did tl chari Under penaltie true, correct, a Sign Here	table trusts must attach a completed Schedule A? Notable trusts must attach a completed Schedule A; I declare that I have examined this return and complete, Declaration of preparer (other than office Signature of officer Audrey M. Fischer Type or print frame and title  Print/Type preparer's name  ALLEN R. SENG CPA	ote. All section 501(c)(edule A including accompanying scheme) is based on all information of the section of th	3) organizations and 49 dules and statements, and to the of which preparer has any knowledge of the control of	be best of my knowledge and be edge  Date    2   13   14     Check   15   F	PTIN	9	No
52 Did to chari Under penaltie Irue, correct, a Sign Here Paid Preparer	he organization complete Schedule A? Nable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete, Declaration of preparer (other than office)    March   March   March	ote. All section 501(c)(edule A including accompanying scherr) is based on all information of the section of th	3) organizations and 49 dules and statements, and to the of which preparer has any knowledge of the control of	Date    Check   If self-employed   Firm's EIN   Firm's EIN	PTIN	9	
52 Did to chari Under penaltie true, correct, a Sign Here Paid Preparer Use Only	ne organization complete Schedule A? Notable trusts must attach a completed Schedule A? Notable trusts must attach a completed Schedule Schedule A: Notable trusts must attach a complete Schedule A: Notable A:	ote. All section 501(c)(edule A Including accompanying sche Including accompanying sch	dules and statements, and to the first which preparer has any knowledge of the conditions and the first between the conditions and the conditions and the conditions are the conditions and the conditions are the conditions and the conditions are the conditions are the conditions are the conditions are the conditions and the conditions are the conditions	Date    Check   If self-employed   Firm's EIN   Firm's EIN	PTIN P0122023	9 2637 4569	

51-0173804

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Form 990-EZ (2013) OPTIMIST INTERNATIONAL 05301 JASPER IN

#### **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.

OMB No 1545 0047

2013

Open to Public Inspection

ame of the organization Employer identification number						
OPTIMIST INTERNATIONAL 05301 JASPER IN 51-0173804						
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 fund	ds through any	of the foll	owing activities Check	all that	apply	
a Mail solicitations		е	Solicitation of non-	governm	nent grants	
<b>b</b> Internet and email solicitations		f	Solicitation of gove	rnment	grants	
뭐			Special fundraising		<b>3</b>	
		g	Special full draining	cvents		
d In-person solicitations						
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  [] Yes  No  b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be						
compensated at least \$5,000 by the organization	ation					
(i) Name and address of individual or entity (fundraiser)		fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r	nount paid to etained by) aiser listed in olumn <b>(i)</b>	(vi) Amount paid to (or retained by) organization
	Yes	No				
1				:		
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total	. ·· -· - <b>-!</b> -	<b>•</b>				
3 List all states in which the organization is regist	ered or licensed	to solicit c	ontributions or has been	notified	it is exempt from	registration
or licensing						
			- <b></b> -			
					<b>_</b>	
	. <b></b>					
		·				
			<b></b>			
				<b></b>		
						<del></del>
	<b></b>					

	Schedule G (Form 990 or 990-EZ) 2013 OPTIMIST INTERNATIONAL 05301 JASPER IN 51-0173804 Page 2								
Par	Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported								
	more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
	•.	-	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events			
			FOODSTAND, ETC	(0) = 10.11.11	NONE	(add column (a) through column (c))			
R			(event type)	(event type)	(total number)	trirough column (c)			
REVEZUE		_							
N U	1	Gross receipts	51,769.			51,769.			
E	2	Less: Charitable contributions							
	_	Construction (to a 1 magnetic and 2)	F1 760			F1 760			
	3	Gross income (line 1 minus line 2)	51,769.			51,769.			
	4	Cash prizes							
_	5	Noncash prizes							
D I R E C T	6	Rent/facility costs		·					
Č	7	Food and beverages							
E X P	8	Entertainment							
EXPENSES	9	Other direct expenses	24,189.			24,189.			
Š	10	Direct expense summary. Add lines 4 thi	rough 9 in column (d)		•	24,189.			
	11	Net income summary Subtract line 10 fr			<b>•</b>	27,580.			
Par	Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or					oorted more than			
	\$15,000 on Form 990-EZ, line 6a.								
В			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming			
REVENUE				bingo/progressive bingo		(add column (a) through column (c))			
Ě				-					
Ĕ	1	Gross revenue							
-	<del>  '</del>	Gioss revenue	-	<del></del>					
		Cash prizes							
D X									
D P E N S E	3	Noncash prizes							
T E S	4	Rent/facility costs							
	5	Other direct expenses							
			Yes%	Yes %	Yes%				
	6	Volunteer labor	No	No	No				
	١,	Direct expense summary Add lines 2 th							
	′								
	8	Net gaming income summary Subtract	line 7 from line 1, colun	nn (d)	•	1			
_									
9		ter the state(s) in which the organization of				Yes No			
1.16 No. Learning						☐ 163 ☐ NO			
	ו וו ע					· <b></b>			
10	a We	re any of the organization's gaming licens	es revoked, suspended	or terminated during th	e tax year?	Yes No			
	<b>b</b> If 'Yes,' explain								
	- <del>-</del>				<b></b>				
BAA	BAA TEEA3702L 06/26/13 Schedule <b>G</b> (Form 990 or 990-EZ) 2013								

17   Does the organization operate gaming activities with nonmembers?   12   Is the organization operator, beneficially administer charitable gaming?   13   Indicate the percentage of gaming activity operated in a The organization's facility   13   Indicate the percentage of gaming activity operated in a The organization's facility   13   Indicate the percentage of gaming activity operated in a The organization's facility   14   Enter the name and address of the person who prepares the organization's gaming/special events books and records   13a   S   13b   S   14   Enter the name and address of the person who prepares the organization's gaming/special events books and records   Name +   Address +   Add	Sche	edule <b>G</b> (Form 990 or 990-EZ) 2013 OPTIMIST INTERNATIONAL 05301 JASPER IN 51-0173804 Page
administer chantable gaming?    Yes   No		
a The organization's facility b An outside facility 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?  If yes, enter the amount of gaming revenue received by the organization *  of gaming revenue retained by the third garty *  of gaming revenue retained by the third garty.  Name *  Address *  16 Gaming manager information.  Name *  Gaming manager compensation *  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 chantable distributions from the gaming proceeds to retain the state gaming license?    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
a The organization's facility b An outside facility 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?  If yes, enter the amount of gaming revenue received by the organization *  of gaming revenue retained by the third garty *  of gaming revenue retained by the third garty.  Name *  Address *  16 Gaming manager information.  Name *  Gaming manager compensation *  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 chantable distributions from the gaming proceeds to retain the state gaming license?    Yes   No	13	Indicate the percentage of gaming activity operated in
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records    Name		
Name   Address    Satisfies the organization have a contact with a third party from whom the organization receives gaming revenue?   Yes   No bit 'Yes,' enter the amount of gaming revenue received by the organization   \$	E	An outside facility
Address   15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?   Yes   No bit 'Yes,' enter the amount of gaming revenue received by the organization   \$	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?   Yes   No bit 'Yes,' enter the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue retained by the third party   \$ cit 'Yes,' enter name and address of the third party:   Name   Address   Addr		Name •
bif Yes, enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ cit Yes, enter name and address of the third party:  Name *  Address *  16 Gaming manager information.  Name *  Gaming manager compensation * \$		Address •
Address *  16 Gaming manager information.  Name *  Gaming manager compensation * \$	t	of gaming revenue retained by the third party > \$ and the amount
Name   Gaming manager compensation   S		Name •
Gaming manager compensation    Description of services provided    Director/officer		Address •
Description of services provided ►  Director/officer	16	Gaming manager information.
Description of services provided  Director/officer		Name •
Director/officer		Gaming manager compensation ► \$
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  ▶ 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. 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 provide any additional information (see instructions).		Description of services provided
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor
state gaming license?	17	Mandatory distributions
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. 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 provide any additional information (see instructions).	i	
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 provide any additional information (see instructions).		otato gammig monto
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 provide any additional information (see instructions).	ı	
RAA TEFA37031 06/26/13 Schedule G (Form 990 or 990-F7) 2013	Pa	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 provide any additional
RAA TEFA37031 06/26/13 Schedule G (Form 990 or 990-F7) 2013		
RAA TEFA3703L 06/26/13 Schedule <b>G</b> (Form 990 or 990.F7) 2013		
RAA TEFA37031 06/26/13 Schedule G (Form 990 or 990-F7) 2013		
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	BA A	TEE 437031 06/26/13 Schedule <b>G</b> (Form 990 or 990.E7) 2013

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

Name of the organization

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 2013

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

OPTIMIST INTERNATIONAL 05301 JASPER IN	51-0173804
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PUF	RPOSE
PROMOTE YOUTH ACTIVITIES AND COMMUNITY SERVICE, SUPPO	ORT INTERNATIONAL AND DISTRICT
OPTIMIST ORGANIZATIONS.	

PAGE 2 2013 SCHEDULE O - SUPPLEMENTAL INFORMATION **CLIENT 0173804 OPTIMIST INTERNATIONAL 05301 JASPER IN** 51-0173804 02.24PM 12/05/14 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES OFFICE EXPENSES TOTAL \$