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Form **990-EZ**

# 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)

OMB No 1545-1150

**2013****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990)**A** For the 2013 calendar year, or tax year beginning 10/01/13, and ending 09/30/14**B** Check if applicable

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

**C** Name of organization

OPTIMIST CLUB OF KNOXVILLE

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

P.O. BOX 358

Room/suite

City or town state or province country and ZIP or foreign postal code

KNOXVILLE

TN 37901

**D** Employer identification number

62-6047804

**E** Telephone number

865-558-0180

**F** Group Exemption

Number ▶

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ▶ N/A**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 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

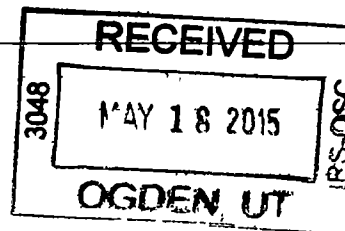
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 97,466

**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  | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8      | 9       | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|----|--------|---------|----|----|----|----|----|----|----|----|----|----|----|----|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 5,817   |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 2  | Program service revenue including government fees and contracts  |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 3  | Membership dues and assessments  |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 39,512  |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 4  | Investment income  |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 6,586   |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 5a   | Gross amount from sale of assets other than inventory  |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 523     |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 5b   | Less cost or other basis and sales expenses  |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 523     |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 6  | Gaming and fundraising events  |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 6a   | Gross income from gaming (attach Schedule G if greater than \$15,000)  |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 6b   | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 45,028  |    |    |    |    |    |    |    |    |    |    |    |    |
| 6c         | Less direct expenses from gaming and fundraising events  |  |   |   |   |    |    |    |    |    |    |    |    |    |    | 19,703 |         |    |    |    |    |    |    |    |    |    |    |    |    |
| 6d         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) |  |   |   |   |    |    |    |    |    |    |    |    |    |    | 25,325 |         |    |    |    |    |    |    |    |    |    |    |    |    |
| Expenses   | 7a   | Gross sales of inventory, less returns and allowances  |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 7b   | Less cost of goods sold  |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 7c   | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 8  | Other revenue (describe in Schedule O)   |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 9  | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 77,763  |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 10   | Grants and similar amounts paid (list in Schedule O)   |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 15,008  |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 11   | Benefits paid to or for members  |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 12   | Salaries, other compensation, and employee benefits  |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 13   | Professional fees and other payments to independent contractors  |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 3,500   |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 14   | Occupancy, rent, utilities, and maintenance  |   |   |   |    |    |    |    |    |    |    |    |    |    |        |         |    |    |    |    |    |    |    |    |    |    |    |    |
| 15         | Printing, publications, postage, and shipping  |  |   |   |   |    |    |    |    |    |    |    |    |    |    | 2,351  |         |    |    |    |    |    |    |    |    |    |    |    |    |
| 16         | Other expenses (describe in Schedule O)  |  |   |   |   |    |    |    |    |    |    |    |    |    |    | 52,484 |         |    |    |    |    |    |    |    |    |    |    |    |    |
| 17         | Total expenses. Add lines 10 through 16  |  |   |   |   |    |    |    |    |    |    |    |    |    |    | 73,343 |         |    |    |    |    |    |    |    |    |    |    |    |    |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9)  |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 4,420   |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 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)   |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 217,702 |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 7,200   |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 21   | Net assets or fund balances at end of year. Combine lines 18 through 20  |   |   |   |    |    |    |    |    |    |    |    |    |    |        | 229,322 |    |    |    |    |    |    |    |    |    |    |    |    |

AUTOMATIC EXTENSION



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

**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  | 217,702               | 22 | 229,322         |
| 23 Land and buildings  | 0                     | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       | 0                     | 24 |                 |
| 25 Total assets  | 217,702               | 25 | 229,322         |
| 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) | 217,702               | 27 | 229,322         |

**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?

SERVICE CLUB

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 MEMBER SERVICES INCLUDING MEETING EXPENSES, WEEKLY BULLETINS, SOCIAL COMMITTEE, AND TRAVEL AND ACCOUNTING FEES<br>(Grants \$ 2,500) If this amount includes foreign grants, check here <input type="checkbox"/>   | 28a | 47,558 |
| 29 YOUTH PROGRAM SERVICES INCLUDING SUPPORT OF ACADEMIC AWARDS, BOYS CLUB, GIRLS CLUB, BIKE SAFETY, JUNIOR ACHIEVEMENT, JUNIOR OPTIMIST, HENRY NAFF FUND<br>(Grants \$ 12,508) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 23,019 |
| 30<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 30a |        |
| 31 Other program services (describe in Schedule O)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 31a |        |
| 32 Total program service expenses (add lines 28a through 31a)  | 32  | 70,577 |

**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 |
|-----------------------------------|--|--|---|--|
| GARY COX<br>PRESIDENT             | 0.00   | 0  | 0   | 0  |
| BILL STONE<br>PAST PRESIDENT      | 0.00   | 0  | 0   | 0  |
| ASHLEY MCCLOUD<br>PRESIDENT-ELECT | 0.00   | 0  | 0   | 0  |
| GLEN WEBER<br>VICE PRESIDENT      | 0.00   | 0  | 0   | 0  |
| SHARON POUND<br>VICE PRESIDENT    | 0.00   | 0  | 0   | 0  |
| DENO COLE<br>SERGEANT-AT-ARMS     | 0.00   | 0  | 0   | 0  |
| DAVID HARTER<br>TREASURER         | 0.00   | 0  | 0   | 0  |
| KATHRYN MCCULLOUGH<br>SECRETARY   | 0.00   | 0  | 0   | 0  |
| JIM BLACK<br>DIRECTOR             | 0.00   | 0  | 0   | 0  |
| GRANT MCDERMOTT<br>DIRECTOR       | 0.00   | 0  | 0   | 0  |
| BUDDY RIMMER<br>DIRECTOR          | 0.00   | 0  | 0   | 0  |
| WAYNE MULKEY<br>DIRECTOR          | 0.00   | 0  | 0   | 0  |

☐

□

|  |  |
|--|--|
|  |  |
|--|--|

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used 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  |     | 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            |
| 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)?  |     | X            |
| 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  |     |              |
| 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            |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions  |     |              |
| b Did the organization file Form 1120-POL for this year?  |     | X            |
| 38a 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            |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved  |     |              |
| 39 Section 501(c)(7) organizations Enter  |     |              |
| a Initiation fees and capital contributions included on line 9  |     |              |
| b Gross receipts, included on line 9, for public use of club facilities   |     |              |
| 40a 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 |     | 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   |     | X            |
| 41 List the states with which a copy of this return is filed  |     | NONE         |
| 42a The organization's books are in care of   |     | DAVE HARTER  |
|   |     | P.O. BOX 358 |
|   |     | Located at   |
|   |     | KNOXVILLE    |
|   |     | TN           |
|   |     | ZIP + 4      |
|   |     | 37901        |
| 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                              |     | 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 the U S ? If "Yes," enter the name of the foreign country   |     | 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  |     |              |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | 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   |     | X            |
| c Did the organization receive any payments for indoor tanning services during the year?  |     | 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   |     |              |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X            |
| 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)  |     | 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  |     |    |
| 48  |     |    |
| 49a |     |    |
| 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 | (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"

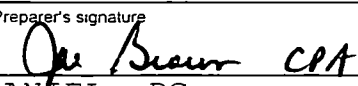
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

- 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 |  | 5-14-15 |
|           | Signature of officer  | Date    |
|           | DAVID HARTER - TREASURER  |         |
|           | Type or print name and title  |         |

|                        |                            |  |   |   |                       |
|------------------------|----------------------------|--|---|---|-----------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature   | Date  | Check <input type="checkbox"/> if self-employed | PTIN                  |
|                        | JOE L. BROWN, CPA          |  | 4/29/15   |   | 200236125             |
|                        | Firm's name ▶              | BROWN JAKE & MCDANIEL, PC  |   | Firm's EIN ▶                                    | 62-1170651            |
|                        | Firm's address ▶           |  | 2607 KINGSTON PIKE, SUITE 110<br>KNOXVILLE, TN 37919-3336 |   | Phone no 865-637-8600 |

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

**2013**

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.

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

Open to Public  
Inspection

Name of the organization

OPTIMIST CLUB OF KNOXVILLE

Employer identification number

62-6047804

**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.

|   | (a) Event #1<br><u>CHEESE SALES</u><br>(event type) | (b) Event #2<br><u>AUCTION</u><br>(event type) | (c) Other events<br><u>NONE</u><br>(total number) | (d) Total events<br>(add col (a) through<br>col (c)) |
|---|---|--|---|--|
| <b>Revenue</b>  |   |  |   |  |
| 1 Gross receipts  | 21,583  | 18,315   | -   | 39,898   |
| 2 Less Contributions  |   |  |   |  |
| 3 Gross income (line 1 minus<br>line 2)                       | 21,583  | 18,315   |   | 39,898   |
| <b>Direct Expenses</b>  |   |  |   |  |
| 4 Cash prizes   |   |  |   |  |
| 5 Noncash prizes  |   |  |   |  |
| 6 Rent/facility costs   |   |  |   |  |
| 7 Food and beverages  |   |  |   |  |
| 8 Entertainment   |   |  |   |  |
| 9 Other direct expenses                                       | 13,750  | 4,980  |   | 18,730   |
| 10 Direct expense summary Add lines 4 through 9 in column (d) |   |  |   | 18,730   |
| 11 Net income summary Subtract line 10 from line 3 column (d) |   |  |   | 21,168   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo              | (c) Other gaming  | (d) Total gaming (add<br>col (a) through col (c)) |
|---|---|---|---|---|
| <b>Revenue</b>  |   |   |   |   |
| 1 Gross revenue   |   |   |   |   |
| <b>Direct Expenses</b>  |   |   |   |   |
| 2 Cash prizes   |   |   |   |   |
| 3 Noncash prizes  |   |   |   |   |
| 4 Rent/facility costs   |   |   |   |   |
| 5 Other direct expenses   |   |   |   |   |
| 6 Volunteer labor   | <input type="checkbox"/> Yes %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes %<br><input type="checkbox"/> No |   |
| 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

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

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 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 complete this part to provide any additional information (see instructions)

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

**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.

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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).

Name of the organization

OPTIMIST CLUB OF KNOXVILLE

Employer identification number

62-6047804

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS

| NAME AND ADDRESS    | CLASS OF ACTIVITY | DATE OF GIFT       |
|---------------------|-------------------|--------------------|
|                     | DESC. OF PROPERTY |                    |
|                     | CASH CONTRIB.     | NONCASH CONTRIB.   |
|                     | BOOK VALUE        | BV EXPL. FMV EXPL. |
| SCHOLARSHIPS        | DONATION          |                    |
| 4494 LINDELL BLVD   |                   |                    |
| ST. LOUIS, MO 63108 | \$ 7,000          | \$ 0               |
|                     | \$ 0              |                    |

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

| DESCRIPTION              | AMOUNT    |
|--------------------------|-----------|
| EXPENSES                 |           |
| SUPPLIES                 | \$ 2,122  |
| TRAVEL                   | \$ 8,538  |
| OPTIMIST INTL FOUNDATION | \$ 9,577  |
| FOOD COST                | \$ 20,184 |
| MISCELLANEOUS            | \$ 1,552  |
| BOYS AND GIRLS CLUB      | \$ 3,429  |
| YOUTH APPRECIATION       | \$ 1,640  |
| ESSAY CONTESTS           | \$ 2,541  |
| RESPECT FOR LAW          | \$ 478    |
| PHIL FULMER GOLF TOURNEY | \$ 250    |
| OTHER PROJECTS           | \$ 2,173  |
| TOTAL                    | \$ 52,484 |

Name of the organization

OPTIMIST CLUB OF KNOXVILLE

Employer identification number

62-6047804

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION

AMOUNT

NET UNREALIZED GAIN ON INVESTMENTS

\$ 7,200

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

|   |   |   |
|---|---|---|
| Type or print   | Name of exempt organization or other filer, see instructions                            | Employer identification number (EIN) or |
|   | OPTIMIST CLUB OF KNOXVILLE  | 62-6047804                              |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions                   | Social security number (SSN)            |
|   | P.O. BOX 358  |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions |   |
|   | KNOXVILLE TN 37901  |   |

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

DAVE HARTER  
P.O. BOX 358

- The books are in the care of ► KNOXVILLE

TN 37901

Telephone No. ►

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/15/15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year \_\_\_\_\_ or

► ☒ tax year beginning **10/01/13**, and ending **09/30/14**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
- ☐ Change in accounting period

|    |  |    |    |   |
|----|--|----|----|---|
| 3a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                    | 3a | \$ | 0 |
| b  | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0 |
| c  | Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | 3c | \$ | 0 |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)