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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
InspectionDepartment 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.

A For the 2013 calendar year, or tax year beginning		1 October	, 2013, and ending	20 September	, 20 14
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Optimist Club of Bossier City Number and street (or P O box, if mail is not delivered to street address) PO Box 5411 City or town, state or province, country, and ZIP or foreign postal code Bossier City, LA 71171-5411		72-6031435 Room/suite 318-797-3953 E Telephone number	
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ►					
J Tax-exempt status (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:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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				► \$ 237576	
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 <input checked="" type="checkbox"/>					
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0	
	2	Program service revenue including government fees and contracts	2	0	
	3	Membership dues and assessments	3	1225	
	4	Investment income	4	323	
	5a	Gross amount from sale of assets other than inventory	5a	0	
	b	Less: cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	235786	
	b	Gross income from fundraising events (not including \$ 242 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c	Less: direct expenses from gaming and fundraising events	6c	180032		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	55754		
7a	Gross sales of inventory, less returns and allowances	7a	0		
b	Less: cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O) NOV 5 2014 OSC	8	242		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. UT	9	57544		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	62238	
	11	Benefits paid to or for members	11	6074	
	12	Salaries, other compensation, and employee benefits	12	1200	
	13	Professional fees and other payments to independent contractors	13	0	
	14	Occupancy, rent, utilities, and maintenance	14	0	
	15	Printing, publications, postage, and shipping	15	297	
	16	Other expenses (describe in Schedule O)	16	7593	
17	Total expenses. Add lines 10 through 16	17	77382		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(19858)	
	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	108860	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	88302	

For Paperwork Reduction Act Notice, see the separate instructions.

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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	108860	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	Total assets	108860	25
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	108860	27
			88302

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? Serving the youth of our community

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	<u>Academic grants to classroom teachers to enhance education</u>			
	(Grants \$ 27000) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	27652	
29	<u>Sponsor to five (5) Youth Optimist Clubs in schools</u>			
	(Grants \$ 3052) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	3052	
30	<u>Youth scholarships (2)</u>			
	(Grants \$ 3000) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	3000	
31	<u>Other program services (describe in Schedule O)</u>			
	(Grants \$ 27569) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	28534	
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32 62238

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
Gloria Yantis-President	20	0	0	0
Kathy Plante-Vice President	5	0	0	0
Marilyn Rech-Vice President	5	0	0	0
Philipp Blaufuss-Secretary-Treasurer	40	1200	0	0
Joan Strickland-Past President	2	0	0	0
Claudine Bond-Director	1	0	0	0
Cecil Strickland-Director	1	0	0	0
Janis Castine-Director	1	0	0	0
John Preston-Director	1	0	0	0
Dale Robertson-Director	1	0	0	0
Albert Yantis-Director	1	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

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

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)

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)?

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file **Form 1120-POL** for this year?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

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 **39a** **39b**

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

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

41 List the states with which a copy of this return is filed ► **none**

42a The organization's books are in care of ► **Philip R. Blaufuss** Telephone no ► **317-797-3953**
Located at ► **521 McIntosh Dr., Shreveport, LA** ZIP + 4 ► **71115-3060**

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: ► _____
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: ► _____

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**

44a 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? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

	Yes	No
33	✓	
34	✓	
35a	✓	
35b		
35c		
36	✓	
37a		
37b	✓	
38a	✓	
38b		
39a		
39b		
40a		
40b	✓	
40c		
40d		
40e	✓	
42a		
42b	✓	
42c	✓	
43		
44a	✓	
44b	✓	
44c	✓	
44d	✓	
45a	✓	
45b	✓	

SCHEQUE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Employer identification number

Optimist Club of Bossier City

72-6031143

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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
1		Yes	No		
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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts				
2 Less: Contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				►
11 Net income summary. Subtract line 10 from line 3, column (d)				►

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue	313679	240952	8964	724645
Direct Expenses				
2 Cash prizes	240952	296106	700	537058
3 Noncash prizes	0	0	0	0
4 Rent/facility costs	42600			42600
5 Other direct expenses	97069			97069
6 Volunteer labor	<input checked="" type="checkbox"/> Yes 90 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 60 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► 676727
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				► 47918

9 Enter the state(s) in which the organization conducts gaming activities: Louisiana

a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility	13a	0 %
b An outside facility	13b	100 %

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

Name ► Philipp R. Blaufuss

Address ► 521 McIntosh Dr., Shreveport, LA 71115-3060

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 ► \$ 6718 and the amount of gaming revenue retained by the third party ► \$ 16795

c If "Yes," enter name and address of the third party.

Name ► Shreveport Bossier Bingo Supply

Address ► 1080 Pearl Drive, Bossier City, LA 71111

16 Gaming manager information:

Name ► Philipp R. Blaufuss

Gaming manager compensation ► \$ 1200

Description of services provided ► Accounting and filing with State and Federal

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 provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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

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Open to Public
Inspection

Name of the organization

Optimist Club of Bossier City

Employer identification number

72-6031435

Part I, line 8 (Other revenue)

Clipper Income (donations to Louisiana Optimist Leukemia Foundation) - \$242

line 10, (Grants and similar amounts)

Academic grants to teachers - \$27652

Youth scholarship - \$3000

Oratorical Contests - \$1,602

Respect For Law program - \$337

Teacher Appreciation Day - \$205

Youth Clubs - \$3052

Rising Stars Program - \$1191

Donation to Altrusa Club - \$1000

Donation to Bossier KIDS - \$1800

Donation to One Great River - \$3000

Donation to Louisiana Optimist Leukemia Foundation - \$5,500

Donation to Optimist International Foundation - \$500

Donation to youth to attend youth camp - \$1,950

Donation to Elm Grove Middle School - \$4000

Donation to NorthWest Louisiana Food Bank - \$1200

Donations to needy Individuals - \$750

Donation to Nestry organization - \$500

Donation to Plant A Seed In Our Youth foundation - \$5000

Line 16 (Other expenses)

Guest/Speaker meals at meetings - \$608

Chamber of Commerce dues - \$210

Theft of cash and supplies - \$6740

Bank charges - \$15