

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service (77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **Oct 1**, 2007, and ending **Sep 30**, 2008

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **OPTIMIST INTERNATIONAL 02 ATLANTIC CENTRAL DISTRICT**
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite: **2401 ANDREW CT**
 City, town or country: **SINKING SPRING** State: **PA** ZIP code + 4: **19608**

D Employer Identification Number: **23-6414408**
E Telephone number: **(610) 670-3125**
F Accounting method: Cash Accrual Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates? ... Yes No
H (b) If 'Yes,' enter number of affiliates: _____
H (c) Are all affiliates included? ... Yes No (If 'No,' attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ... **1334**
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: **N/A**

J Organization type (check only one) ... 501(c) 4 (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **50,238.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b		
	c Indirect public support (not included on line 1a)	1c	1,980.	
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 1,980. noncash \$)	1e		1,980.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		25,252.
	4 Interest on savings and temporary cash investments	4		44.
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe)	7			
	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		8d
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	22,962.	
	b Less: direct expenses other than fundraising expenses	9b	15,061.	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	See L-9 Stmt...	7,901.	
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		35,177.	
EXPENSES	13 Program services (from line 44, column (B))	13		2,244.
	14 Management and general (from line 44, column (C))	14		17,771.
	15 Fundraising (from line 44, column (D))	15		0.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		20,015.
ASSETS	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		15,162.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,844.
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		21,006.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct*.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> ...	22a			
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> ...	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See L-25a Stmt	25a 2,500.	0.	2,500.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 1,100.	0.	1,100.	0.
32 Legal fees	32 685.	0.	685.	0.
33 Supplies	33 661.	0.	661.	0.
34 Telephone	34 524.	0.	524.	0.
35 Postage and shipping	35 996.	0.	996.	0.
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 1,442.	0.	1,442.	0.
39 Travel	39 4,053.	0.	4,053.	0.
40 Conferences, conventions, and meetings	40 733.	0.	733.	0.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (Itemize):				
a AWARDS & GIFTS	43a 404.	404.	0.	0.
b BADGES & PINS	43b 1,840.	1,840.	0.	0.
c BANK FEES	43c 549.	0.	549.	0.
d MERGER EXPENSES	43d 3,918.	0.	3,918.	0.
e DISTRICT TRAINING	43e 610.	0.	610.	0.
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 20,015.	2,244.	17,771.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated

to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SOCIAL WELFARE ORGANIZATION
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a CONDUCTING POSITIVE SERVICE PROJECTS FOR THE SELF-DEVELOPMENT AND IMPROVEMENT OF YOUTH AND THE COMMUNITY THROUGH CONVENTIONS, ORATORICAL PROJECTS, YOUTH SPORTS ACTIVITIES, AND ESSAY CONTESTS FOR CHARITABLE, EDUCATIONAL, OR RECREATIONAL PURPOSES

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶

2,244.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 2,244.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
45	Cash — non-interest-bearing		45	
46	Savings and temporary cash investments	5,844.	46	21,006.
47 a	Accounts receivable			
	b Less: allowance for doubtful accounts			
48 a	Pledges receivable			
	b Less: allowance for doubtful accounts			
49	Grants receivable		49	
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
51 a	Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts			
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54 a	Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 b	
55 a	Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)			
56	Investments — other (attach schedule)		56	
57 a	Land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)			
58	Other assets, including program-related investments (describe		58	
59	Total assets (must equal line 74). Add lines 45 through 58	5,844.	59	21,006.
60	Accounts payable and accrued expenses	0.	60	0.
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 a	Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
65	Other liabilities (describe		65	
66	Total liabilities. Add lines 60 through 65	0.	66	0.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	5,844.	67	21,006.
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	5,844.	73	21,006.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	5,844.	74	21,006.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

		N/A
a	Total revenue, gains, and other support per audited financial statements	a
b	Amounts included on line a but not on Part I, line 12:	
	1 Net unrealized gains on investments	b1
	2 Donated services and use of facilities	b2
	3 Recoveries of prior year grants	b3
	4 Other (specify):	b4
	Add lines b1 through b4	b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 12, but not on line a:	
	1 Investment expenses not included on Part I, line 6b	d1
	2 Other (specify):	d2
	Add lines d1 and d2	d
e	Total revenue (Part I, line 12). Add lines c and d	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

		N/A
a	Total expenses and losses per audited financial statements	a
b	Amounts included on line a but not on Part I, line 17:	
	1 Donated services and use of facilities	b1
	2 Prior year adjustments reported on Part I, line 20	b2
	3 Losses reported on Part I, line 20	b3
	4 Other (specify):	b4
	Add lines b1 through b4	b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 17, but not on line a:	
	1 Investment expenses not included on Part I, line 6b	d1
	2 Other (specify):	d2
	Add lines d1 and d2	d
e	Total expenses (Part I, line 17). Add lines c and d	e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
LESTER J. MCMACKIN, JR 4428 BIRCHWOOD RD YORK PA 17402	GOVERNOR 2.00	0.	0.	0.
HENRY SCHECK, JR 621 HOLLOW BROOK RD HAVERTON PA 19083	SECRETARY 2.00	0.	0.	0.
GUY TEMPLIN 2401 ANDREW CT SINKING SPRING PA 19608	TREASURER 2.00	0.	0.	500.
MAXINE SELBY COLLIER 536 MELISSA DRIVE AMBLER PA 19002	GOVERNOR ELECT 1.00	0.	0.	1,000.
MARION DOURTE 1439 ESHELMAN MILL RD WILLOW STREET PA 17584	IMMEDIATE PAST GOVE 1.00	0.	0.	1,000.
GARY ROSENBERG 63 VILLANOVA DRIVE FREEHOLD NJ 07728	PAST GOVERNOR 1.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

- 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings .. ▶ 5
- b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) 75 b X
- c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ▶ 75 c X
If 'Yes,' attach a statement that includes the information described in the instructions.
- d Does the organization have a written conflict of interest policy? 75 d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

Yes No

- 76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change 76 X
- 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 X
If 'Yes,' attach a conformed copy of the changes.
- 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 a X
b If 'Yes,' has it filed a tax return on Form 990-T for this year? 78 b
- 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 79 X
- 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? 80 a X
b If 'Yes,' enter the name of the organization ▶ _____ and check whether it is exempt or nonexempt.
- 81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81 a
b Did the organization file Form 1120-POL for this year? 81 b X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	X	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
89 b	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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed		
90 b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		0
91 a	The books are in care of <u>GUY TEMPLIN</u> Telephone number <u>(610) 670-3125</u> Located at <u>2401 ANDREW CT.</u> <u>SINKING SPRING</u> <u>PA</u> ZIP + 4 <u>19608</u>		
91 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.			

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c** Yes No
 If 'Yes,' enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies ...					
94 Membership dues and assessments ..					25,252.
95 Interest on savings & temporary cash invmnts ..					44.
96 Dividends & interest from securities ..					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					7,901.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b C.C.D.H.H. _____					
c OTHER _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					33,197.
105 Total (add line 104, columns (B), (D), and (E))					33,197.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	PROVIDING SOCIAL & RECREATIONAL ACTIVITIES FOR YOUTH
95	INTEREST EARNED FROM THE CONDUCTION OF ORGANIZATIONAL OPERATIONS
101	PROVIDING SOCIAL WELFARE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: Mary G. Templin Date: 3/4/09

Type of print name and title: Guy A. Templin Treasurer

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Check if self-employed:

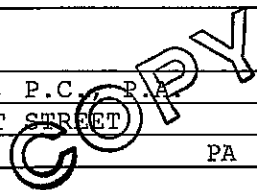
Preparer's SSN or PTIN (See General Instruction X): P00155734

Firm's name (or yours if self-employed), address, and ZIP + 4: TICE ASSOCIATES, P.C. P.A.
1709 WEST MARKET STREET
YORK PA 17404

EIN: 23-2412224

Phone no.: (717) 843-9572

BAA



Name as Shown on Return

OPTIMIST INTERNATIONAL 02 ATLANTIC CENTRAL DISTRICT

Employer Identification No.

23-6414408

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LESTER J. MCMACKIN, JR	<input type="checkbox"/>	0.			
HENRY SCHECK, JR	<input type="checkbox"/>	0.			
GUY TEMPLIN	<input type="checkbox"/>	0.			
MAXINE SELBY COLLIER	<input type="checkbox"/>	0.			
See Compensation					
Total Compensation Received		0.			

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LESTER J. MCMACKIN, JR	<input type="checkbox"/>	0.			
HENRY SCHECK, JR	<input type="checkbox"/>	0.			
GUY TEMPLIN	<input type="checkbox"/>	0.			
MAXINE SELBY COLLIER	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		0.			

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LESTER J. MCMACKIN, JR	<input type="checkbox"/>	0.	0.	0.	0.
HENRY SCHECK, JR	<input type="checkbox"/>	0.	0.	0.	0.
GUY TEMPLIN	<input type="checkbox"/>	500.	0.	500.	0.
MAXINE SELBY COLLIER	<input type="checkbox"/>	1,000.	0.	1,000.	0.
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		2,500.	0.	2,500.	0.
Total to Part II, Line 25a... ▶		2,500.	0.	2,500.	0.

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
CAMP QUALITY	1,310.	0.	1,310.	4,067.	-2,757.
DISTRICT CONVENTION	4,765.	0.	4,765.	6,164.	-1,399.
DISTRICT MEETING AND CONF	4,480.	0.	4,480.	4,493.	-13.
ESSAY CONTEST	645.	0.	645.	161.	484.
MERGER FUNDS	10,272.	0.	10,272.	0.	10,272.
MISC	10.	0.	10.	0.	10.
OPTIMIST INTERNATIONAL CR	545.	0.	545.	0.	545.
ORATORICAL CONTESTS	935.	0.	935.	176.	759.
Total	22,962.	0.	22,962.	15,061.	7,901.

Form 990, Part II, Line 25a

Compensation**Compensation**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MARION DOURTE	<input type="checkbox"/>	0.			
GARY ROSENBERG	<input type="checkbox"/>	0.			
Total		0.			

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MARION DOURTE	<input type="checkbox"/>	0.			
GARY ROSENBERG	<input type="checkbox"/>	0.			
Total		0.			

Form 990, Part II, Line 25a

Expense Account and Other Allowances**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MARION DOURTE	<input type="checkbox"/>	1,000.	0.	1,000.	0.
GARY ROSENBERG	<input type="checkbox"/>	0.	0.	0.	0.

Form 990, Part II, Line 25a

Continued

Expense Account and Other Allowances**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total		<u>1,000.</u>	<u>0.</u>	<u>1,000.</u>	<u>0.</u>