efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492038005130 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 10-01-2018 and ending 09-30-2019 B Check if applicable D Employer identification number C Name of organization NORTHWEST OPTIMIST CLUB OF OKLAHOMA ☐ Address change CITY INC 73-6103165 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 1765 ☐ Final return/terminated (405) 808-4030 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return BETHANY, OK 73008 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** G Accounting Method ☑ Cash ☐ Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►NORTHWESTOPTIMISTOKC COM **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) 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  $\checkmark$ 1 350 2 92,974 2 Program service revenue including government fees and contracts . . . . . 3 Membership dues and assessments . . . . . . 3 3,173 4 15.810 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the 24,324 sum of such gross income and contributions exceeds \$15,000) 🖼 🕟 Less direct expenses from gaming and fundraising events 6с 16,816 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d 7,508 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 982 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 120,797 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 15,326 12 Salaries, other compensation, and employee benefits . 12 13 3,653 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . 17,366 15 Printing, publications, postage, and shipping 15 3,649 16 Other expenses (describe in Schedule O) 16 83,315 17 17 Total expenses. Add lines 10 through 16 123,309 -2,512 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 60,866 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 58,354 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

	- (-0-0)					rage a
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		westion in this Part II			
	Circle if the organization used selectate	o to respond to any q		Beginning of year	· ·	
<b>22</b> Cash, sa	vings, and investments			54,450	22	28,474
	d buildings			,	23	<u>'</u>
<b>24</b> Other as	sets (describe in Schedule O)			6,905	24	35,444
25 Total as	ssets			61,355	25	63,918
26 Total lia	abilities (describe in Schedule O)				26	5,564
	ets or fund balances (line 27 of column	<u> </u>	•	60,866	27	58,354
Part <b>Ⅲ</b>	Statement of Program Service A Check if the organization used Schedule	•	•	•	(	<b>Expenses</b> Required for section 501(c)
What is the	organization's primary exempt purpose?	e o to respond to any c	question in this Part III		<b>-</b> (3	3) and 501(c)(4)
	PORTING ACTIVITIES FOR THE YOUTH					rganizations, optional for thers )
neasured by	e organization's program service accompli y expenses. In a clear and concise manne nd other relevant information for each pro	er, describe the service				
<b>28</b> See Addition	nal Data Table					
Grants \$ )	If this amoun	t ıncludes foreıgn gran	its, check here	. ▶ 🗆	28	a
29					29	a
Grants \$ )	If this amoun	t includes foreign gran	its, check here	. ▶ ⊔		
30					30	a
Grants \$ )	If this amoun	t ıncludes foreign gran	its, check here	. ▶ □		
<b>31</b> Other pr	ogram services (describe in Schedule O)					
Grants \$ )	If this amoun	t ıncludes foreign gran	its, check here	. ▶ 🗆	31	a
	<b>ogram service expenses</b> (add lines 28a					
Part IV	<b>List of Officers, Directors, Trustees,</b> Check if the organization used Schedule					
		1	1	1		1
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health beni		(e) Estimated amount yee of other compensation
		devoted to position	(Forms W-2/1099-	benefit plans,	and	
			MISC) (if not paid, enter -0-)	deferred compen	satio	on
MICHAEL TH	IOMPSON	15 00	0			
PRESIDENT						
OE BLACKV	VELL	15 00	0			
/ICE PRESI		15.00				
KELLI HOLE	BROOK	15 00	0			
REASURER						
RICK PRITCH	HETT	15 00	0			
SECRETARY						
AVIER LOPE	EZ .	5 00	0			
BOARD MEM	BER					
ONALD TH	OMPSON	5 00	0			
BOARD MEM	RED					
MATT CLARK		5 00	0			
			_			
BOARD MEM	BEK					
				1		Form <b>990-F7</b> (2018
						Larma IIIII - E-7 / 7/10

Par	<b>t V</b> Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.			
	instructions for fact v / check if the organization used Schedule O to respond to any question in this fact v	· · ·	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	No No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
ь	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	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	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 $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
 42a	List the states with which a copy of this return is filed > OK			
	organization's books are in care of TAXPAYER Telephone no	(405)	808-403	0
	Located at ▶ PO BOX 1765 BETHANY, OK ZIP + 4 ▶	73008		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			Yes	No
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)?	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	<b>42</b> c		No
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here	•	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
445	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44a		No
	Instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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			No
	Form 990-EZ (see instructions)	45b		INO

								Yes	No
	e organization engage, directly or indirectly				opposition to		$\Box$		
	ates for public office? If "Yes," complete	<u> </u>		•			46		No
art VI	Section 501(c)(3) organization All section 501(c)(3) organizations	-	ons 47- 49b and 52	2, and	complete the	e table	s for lı	nes 50	and
	51. Check if the organization used Schedule	· ·			•				
	eneck if the organization used senedal	e o to respond to any q	acston in this rate vi				· · · · ·	Yes	No
	e organization engage in lobbying activit t," complete Schedule C, Part II	ties or have a section 50	O1(h) election in effect	during	the tax year?		47		
Is the	organization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes." complete Sche	edule E	<u> </u>		48		
a Did th	e organization make any transfers to an	exempt non-charitable	related organization?				49a		
	;," was the related organization a section	·					49Ь		
Compl	ete this table for the organization's five	highest compensated ei	mployees (other than o	officers	s, directors, tru	ıstees a	nd key	employ	ees)
who e	ach received more than \$100,000 of con Name and title of each employee	npensation from the org		one, e	nter "None "		<u> </u>	tımated	
(a)	Name and title of each employee	(b) Average hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contr	<ul> <li>Health beneficial be</li></ul>	ployee ind			
<b>f</b> Tota	number of other employees paid over \$	£100,000		<u> </u>		<b>-</b>			
. Compl	I number of other employees paid over \$ ete this table for the organization's five ensation from the organization If there i	highest compensated in			each received r	►	an \$100	0,000 of	
Compl	ete this table for the organization's five	highest compensated in s none, enter "None "			each received r			0,000 of	
Compl	ete this table for the organization's five ensation from the organization If there i	highest compensated in s none, enter "None "							
Compl	ete this table for the organization's five ensation from the organization If there i	highest compensated in s none, enter "None "							
Compl	ete this table for the organization's five ensation from the organization If there i	highest compensated in s none, enter "None "							
Compl	ete this table for the organization's five ensation from the organization If there i	highest compensated in s none, enter "None "							_
Compl	ete this table for the organization's five ensation from the organization If there i	highest compensated in s none, enter "None "							
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Compl	ete this table for the organization's five ensation from the organization If there i	highest compensated in s none, enter "None "							_
Compl	ete this table for the organization's five ensation from the organization If there i	highest compensated in s none, enter "None "							
Compl	ete this table for the organization's five ensation from the organization. If there i (a) Name and business address of e	highest compensated in s none, enter "None " each independent contra	actor						
Compl	ete this table for the organization's five ensation from the organization If there i	highest compensated in s none, enter "None " each independent contra	actor						
Compl compe d Tota	ete this table for the organization's five ensation from the organization. If there i (a) Name and business address of e	highest compensated in s none, enter "None " each independent control of the seach independent control of the seach receiving over seach receiving over seach receiving over seach seach seach seach seach seach seach receiving over seach receiving over seach receiving over seach seach receiving over seach seach receiving over seach seach receiving over seach s	\$100,000	(b) T	ype of service	(c)	Compe		
Complicompe  d Tota Did com  der penalt	the organization is five ensation from the organization. If there is a strong from the organization. If there is a strong from the organization. If there is a strong from the organization dependent contracted the organization complete Schedule A? I pleted Schedule A	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) To	ype of service	(c)	Compe	s \( \bar{\text{N}} \)	
Complicompe  d Tota  Did com ler penalt	the this table for the organization's five ensation from the organization. If there is a large of the transfer of the organization and business address of the organization complete Schedule A? It is the organization complete Schedule A organization of perjury, I declare that I have exampled belief, it is true, correct, and complete wieldge	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) To	ch a	(c)	Compe	s \( \bar{\text{N}} \)	
d Tota Did com ler penalt wiedge a any know	the organization is five ensation from the organization. If there is a Name and business address of the organization is five ensation from the organization. If there is a number of other independent contractors the organization complete Schedule A? In the organization complete schedule A	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) To	ype of service	(c)	Compe	s \( \bar{\text{N}} \)	
d Tota Did com ler penalt wiedge a any know	the this table for the organization's five ensation from the organization. If there is a large of the transfer of the organization and business address of the organization complete Schedule A? It is the organization complete Schedule A organization of perjury, I declare that I have exampled belief, it is true, correct, and complete wieldge	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) To	ch a	(c)	Compe	s \( \bar{\text{N}} \)	
Comple compe	ete this table for the organization's five ensation from the organization. If there is the contract of the organization and business address of organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) To	ch a	(c)	Ye to the of which	s \( \bar{\text{N}} \)	
d Tota Did compeler penalt wiedge a any know	Inumber of other independent contractors the organization of other independent contractors the organization complete Schedule A? Inpleted Schedule A	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over seach receiving	\$100,000	st attac	ch a sand statemented on all information.	nts, and mation of PTIN P00432	Ye to the of which	s \( \bar{\text{N}} \)	
d Tota Did com	Inumber of other independent contractors the organization complete Schedule A? In pleted Schedule A	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over some seach receiving over seach receiving over some seach receiving over seach receiving o	\$100,000	st attac	ch a	PTIN P00432	Ye to the of which	s \( \bar{\text{N}} \)	
d Tota Did com der penalt wledge a any know	Inumber of other independent contractor the organization complete Schedule A? Inpleted Schedule A	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over some seach receiving over seach receiving over some seach receiving over some seach receiving over seach receiving	\$100,000	st attac	ch a  ch a  contained on all information all i	PTIN P00432	Ye to the of which	s \( \bar{\text{N}} \)	

Page 4

Form 990-EZ (2018)

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 73-6103165

Name: NORTHWEST OPTIMIST CLUB OF OKLAHOMA CITY INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization services, as measured by number of persons benefi	` (c	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
	TIES FOR THE YOUTH THE PARK WAS MAINTAINED & CONCESSIONS OPEN AT ALL 0 YOUTH BENEFITED FROM THE PROGRAM	28a	123,309	
(Grants \$ )	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$			

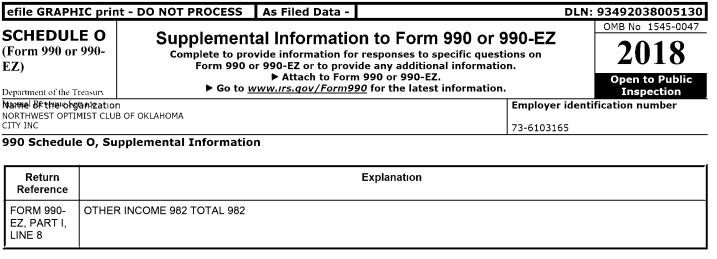
DLN: 93492038005130 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization NORTHWEST OPTIMIST CLUB OF OKLAHOMA CITY INC 73-6103165 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No

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

Total

che	dule G (Form 990 or 990-EZ) 2018					F	age <b>3</b>
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	Пис	
.2	Is the organization a grantor, beneficial formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and re	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ►						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirent the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018



Return Explanation

990 Schedule O, Supplemental Information

11010101100	
FORM 990-	EXPENSES ADVERTISING 1,746 INTEREST 32 INSURANCE 3,475 PROGRAM SERVICES 66,813 TRAVEL/AUTO
EZ, PART I,	267 LICENSE & PERMITS 78 NORTHWEST COMMUNITY SERV 10,854 RENT 50 DEPR CLAIMED ELSE -1,132
LINE 16	NON-INVESTMENT DEPRECIATION 1.132 TOTAL 83.315

Return Explanation

990 Schedule O, Supplemental Information

FORM 990- ACCOUNTS RECEIVABLE 0 19,622 BUILDING 5,753 15,803 LESS ACCUMULATED DEPRECIATION 1,058 1,3
EZ, PART II,
LINE 24 905 35,444

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-EZ, PART II, LINE 26

Return Explanation Reference

FORM 990-INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS. DURING THE FYE 09-30-19 THE ORGANIZATION. EZ. PART V DID NOT RECEIVE ANY FUNDS DIRECTLY OR INDIRECTLY TO PAY PREMIUMS ON A PERSONAL BENEFIT CO

990 Schedule O, Supplemental Information

NTRACT