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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2011****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

**A** For the 2011 calendar year, or tax year beginning **October 1**, 2011, and ending **September 20**, 2012

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**OPTIMIST INTERNATIONAL 40038 OC OF DAVENPORT - QUAD CITIES-M**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**PO BOX 2058**

City or town, state or country, and ZIP + 4  
**DAVENPORT IA 52809-2058**

**D** Employer identification number  
**42-1276656**

**E** Telephone number

**F** Group Exemption Number ► **1334**

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

**I** Website: ► **qcmorningoptimistclub.com**

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( 4 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check ► ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . \$ **111238**

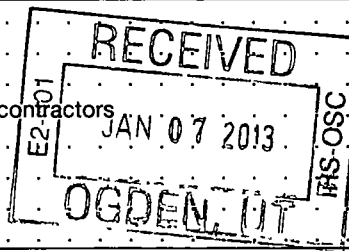
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	8719
	4	Investment income . . . . .	4	96
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less: cost or other basis and sales expenses . . . . .	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	b	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) . . . . .	6b	99063
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	26560	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	72503	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe in Schedule O) . . . . .	8	3360	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	84678	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	71610
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	715
	16	Other expenses (describe in Schedule O) . . . . .	16	15913
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	88238
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(3560)
	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	95927
	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	92367

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Cat No 106421

Form **990-EZ** (2011)SCANNED JAN 16 2013  
Revenue

P 7

**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
<b>22</b> Cash, savings, and investments . . . . .	<b>93569</b>	<b>22 92367</b>
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> <b>Total assets</b> . . . . .		<b>25</b>
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>93569</b>	<b>27 92367</b>

**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? \_\_\_\_\_

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)

<b>28</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b>

**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 address	(b) Title and 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
LEE NELSON 519 W. 61st ST., DAVENPORT, IA 52806	PRESIDENT	0	0	0
MARY STRASSBURGER 3318 WEST DENISON AVE. DAVENPORT, IA 52804	PRESIDENT ELECT	0	0	0
CHARLES MESSMER SR. 3556 SHADY RIDGE CT., DAVENPORT, IA 52806	SECRETARY TREASURER	0	0	0
ROSS FERCHEN 4009 PRAIRIE LN., BETTENDORF, IA 52722	PAST PRESIDENT	0	0	0
DAVID JORTH 2625 SCOTT ST., DAVENPORT, IA 52803	1ST VICE PRESIDENT	0	0	0
DEAN BACON 2510 26TH ST., ROCK ISLAND, IL 61201	2ND VICE PRESIDENT	0	0	0
CHARLES STANGER 1028 W. 14TH ST., DAVENPORT, IA 52804	DIRECTOR	0	0	0
SCOTT BENGFORT 2830 E. 43RD ST., DAVENPORT, IA 52807	DIRECTOR	0	0	0
MARIANNE ENGELMANN 1316 W. 60TH ST., DAVENPORT, IA 52806	DIRECTOR	0	0	0
DONALD HOEHN 4730 SPRING ST., DAVENPORT, IA 52807	DIRECTOR	0	0	0
JULIE SMITH PO BOX 243, DEWITT, IA 52742	DIRECTOR	0	0	0
CHARLES WACKENHUTH 5273 RED FOX RD., BETTENDORF, IA 52722	DIRECTOR	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
<b>33</b> 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 . . . . .	<b>33</b>	✓
<b>34</b> 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) . . . . .	<b>34</b>	✓
<b>35a</b> 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>35a</b>	✓
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	✓
<b>c</b> 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 . . . . .	<b>35c</b>	✓
<b>36</b> 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 . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> 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>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		
<b>b</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 . . . . .	<b>40b</b>	✓
<b>c</b> 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 . . . . . ▶ n/a		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ n/a		
<b>e</b> 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. . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42a</b> The organization's books are in care of ▶ <b>SECRETARY/TREASURER</b> Telephone no. ▶ <b>563-340-0830</b> Located at ▶ <b>PO BOX 2058 DAVENPORT, IA</b> ZIP + 4 ▶ <b>52809-2058</b>		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<b>42b</b>	✓
<b>c</b> 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: ▶	<b>42c</b>	✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	✓
<b>b</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 . . . . .	<b>44b</b>	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	✓
<b>45b</b> 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) . . . . .	<b>45b</b>	✓

**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
<b>46</b>		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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
<b>47</b>		<input checked="" type="checkbox"/>

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

	Yes	No
<b>48</b>		<input checked="" type="checkbox"/>

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
<b>49a</b>		<input checked="" type="checkbox"/>

**b** If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
<b>49b</b>		<input checked="" type="checkbox"/>

**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 address of each employee paid more than \$100,000	(b) Title and 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
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . **NONE**

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **NONE**

**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.

<b>Sign Here</b>		<b>1-3-13</b>
	Signature of officer	Date
	<b>Charles L. Messmer Sr. Secretary/Treasurer</b>	<b>1-3-13</b>
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

**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.

OMB No 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

OPTIMIST INTERNATIONAL 40038 OC OF DAVENPORT-QUAD CITIES-MORNING

Employer identification number

42-1276656

**Part I Line 6b and 6c**

Function	Income	Expense	Net
Avenue of Flags	58703	10087	48616
Golf Tournament	36729	9948	26781
Childhood Cancer Campaign	249	2856	-2607
Dining Out Books	830	2070	- 1240
Miscellaneous	2552	1599	953
Totals	99063	26560	72503

Avenue of Flags: Install &amp; remove US flags on holidays at subscribers' residence; funds used in Club donations Sched "O"

Golf Tournament benefits Friendly House, Metro Youth and Christion Freindliness Schedule "O"

Childhood Cancer Campaign provides funds to defray transportation and lodging costs to treatment centers for children with cancer.

Dining Out Book: Sales to public provides funding for Club Donations Schedule "O"

Misc. includes memorial funds, Jr achievement, fund transfers, overpayments etc.

**Part I line 8 Other revenue**

Member Christmas Party	1237	
Member Meal Service	798	
Member Shirt Sales	864	Misc. Revenue 461
Total	3360	

**Part I Line 16 Other expenses**

International & District Dues	7699
International Convention	991
Member Christmas Party	1305
Member Guest Meal Service	1259
Shirt Cost	612
Meeting Costs	1309

Continued on page 2

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

Employer identification number

OPTIMIST INTERNATIONAL 40038 OC OF DAVENPORT - QUAD CITIES - M

42-1276656

## Part I line 16 continued

Supplies	923		
Club Webb site	372	Hospitality	461
Misc.	715	Community Service	267
Total other expenses	15913		

## Part I Line 10 Grants and similar amounts paid

ORGANIZATION	DOLLARS DONATED	# PEOPLE BENEFITED
Friendly House 1221 Myrtle St., Davenport, IA 5280	8800	20000
Metro Youth 6630 9th St. Rock Island, IL 61201	8800	80
Christian Friendliness 3928 12th Ave., Moline, IL 61265	8800	20000
Shamrock 4H Club	581	13
Assumption High School Music Boosters	1900	80
Bettendorf High School Fine Arts	1886	300
Bettendorf Boy Scout Troop 82	1932	15
Bettendorf Boy Scout Troop 89	1845	82
Bettendorf Boys Swim Team	2003	80
Evangelical Free Church Youth Club	883	52
Girl Scout Troop 254	1878	10
Girl Scout Troop 5058	1057	16
Geneseo G-Sox Youth Baseball	2050	29
Izaak Walton League	3007	100
JFK School	1948	400
Davenport Central High School Key Club	1562	20
People Missionary Baptist Youth	325	35
Pleasant Valley High School Wrestling Club	1351	70
Quad Cities Outlaws	1877	28
PVP Boosters	1510	58

**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.

OMB No 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

OPTIMIST INTERNATIONAL 40038 OC OF DAVENPORT - QUAD CITIES - M

Employer identification number

1276656

(cont'd.) ORGANIZATION	DOLLARS DONATED	# PEOPLE SERVED
Scholarships	3000	3
Quad City Arts Teddy Bear Tea	1060	400
Hand In Hand	300	100
Camp Courageous	1000	1300
Childhood Cancer	2800	52
HOBY	325	1
Kids Against Hunger	500	500
Happy Jo's Handicaped Kids Party	500	500
New Kingdom Trail Riders	500	20
North Scott High School Trapshooting	500	20
Quad City United	800	40
River Music Experience	330	10
Safer Foundation	300	20
St Joseph Worker House	500	25
Sunshine Performing Arts	100	24
The First Tee	450	10
YMCA Camp Abe Lincoln	1000	5
Childrens Dyslexic Center	500	20
Youth Appreciation Program	250	125
QC Optimist Charity Golf	500	10
Many Hands For Haiti	500	5
Childrens Therapy Center	500	115
Optimist International Foundation	800	23
Junior Achievement	600	20
<b>TOTAL PART 1 LINE 10</b>	<b>71610</b>	<b>4493</b>