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

OMB No. 1545-1150

**2012****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 2012 calendar year, or tax year beginning **OCTOBER 1**, 2012, and ending **SEPTEMBER 30**, 20 **13**

**B** Check if applicable:

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

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

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**PO BOX 2341**

City or town, state or country, and ZIP + 4  
**DAVENPORT IA 52809-2341**

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

**E** Telephone number

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

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

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: **QCMOC@Q.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. \$

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															1											
	2	Program service revenue including government fees and contracts															2											
	3	Membership dues and assessments															3	10579										
	4	Investment income															4	117										
	5a	Gross amount from sale of assets other than inventory															5a											
	b	Less: cost or other basis and sales expenses															5b											
	c	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	105508										
Expenses	c	Less: direct expenses from gaming and fundraising events															6c	17670										
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)															6d	87838										
	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	1993										
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															9	100527										
	10	Grants and similar amounts paid (list in Schedule O)															10	67029										
	11	Benefits paid to or for members															11											
	12	Salaries, other compensation, and employee benefits															12											
Net Assets	13	Professional fees and other payments to independent contractors															13											
	14	Occupancy, rent, utilities, and maintenance															14											
	15	Printing, publications, postage, and shipping															15	282										
	16	Other expenses (describe in Schedule O)															16	13304										
	17	Total expenses. Add lines 10 through 16															17	80615										
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															18	19912										
	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	92367										
	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	112279										

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

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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
<b>22</b> Cash, savings, and investments . . . . .	92367 <b>22</b>	112279
<b>23</b> Land and buildings . . . . .	<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	<b>24</b>	
<b>25</b> Total assets . . . . .	<b>25</b>	
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	<b>26</b>	
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	92367 <b>27</b>	112279

**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> Total program service expenses (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 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
MARY STRASSBURGER, PRESIDENT	2	0	0	0
CHARLES MESSMER SR, SECRETARY / TREASURER	15	0	0	0
LEE NELSON, PAST PRESIDENT	1/2	0	0	0
DAVID JORTH, PRESIDENT ELECT	4	0	0	0
JOHN ROBERT, 1ST VICE PRESIDENT	1	0	0	0
JULIE SMITH, 2ND VICE PRESIDENT	1	0	0	0
CHARLES STANGER, DIRECTOR	1	0	0	0
WALLACE FAIRFIELD, DIRECTOR	1	0	0	0
JAMES KOBERG, DIRECTOR	1	0	0	0
GENE DONNA, DIRECTOR	2	0	0	0
NOREEN BEST, DIRECTOR	2	0	0	0
SCOTT BENGFORT, 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 ☐

	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>		
<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>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <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 . . . . . ►		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ►		
<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 ► <u>C.L. Messmer Sr. Secretary/Treasurer</u> Telephone no. ► <u>563-340-0830</u> Located at ► <u>3556 Shady Ridge Ct., Davenport, IA</u> ZIP + 4 ► <u>52806</u>		
<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)? . . . . .	<b>42b</b>	✓
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>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	<b>42c</b>	✓
If "Yes," enter the name of the foreign country: ►		
<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>	✓

	Yes	No
<b>46</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
<b>47</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

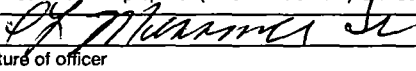
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**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>		
	Signature of officer	Date
	<b>CHARLES L. MESSMER SR. SECRETARY/TREASURER</b>	<b>January 17, 2014</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

**2012**

**Open to Public  
Inspection**

Name of the organization

**OPTIMIST INTERNATIONAL 40038 OC OF DAVENPORT - QUAD CITIES - M**

Employer identification number

**42-1276656**

**Part 1 Line 6b and 6c**

Function	Income	Expense	Net
Avenue of Flags	62778	5477	57301
Golf Tournament	38672	10318	28354
Dining Out Books	3745	1875	1870
Childhood Cancer Campaign	233	0	233
<b>TOTALS</b>	<b>105428</b>	<b>17670</b>	<b>87758</b>

Avenue of Flags: Install & remove US flags on holidays at subscriber's residence; funds used in Club Donations Sched "O"

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

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

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

**Part 1 Line 8 Other Revenue**

Member meals	114
Fellowship & Hospitality	744
Drawings/Fines/Special Collections	1135
<b>Total Other Revenue</b>	<b>1993</b>

**Part 1 Line 16 Other Expense**

International & District Dues	7522	Member/Guest Meal Service	800
Office Supplies	917	Fellowship & Hospitality	838
Travel	2728	Misc.	499
<b>Total Other Expense</b>	<b>13304</b>		

Name of the organization	Employer identification number
<b>OPTIMIST INTERNATIONAL 40038 OF DAVENPORT-QUAD CITIES-MORNING</b>	<b>421276656</b>

**Part 1 Line 10 Grants and similar amounts paid**

<b>ORGANIZATION</b>	<b>DOLLARS DONATED</b>	<b>#PEOPLE BENEFITED</b>
Friendly House Davenport, IA	9450	20000
Metro Youth Rock Island IL	9450	120
Youth Hope Moline IL	9450	2000
Oakbrook Youth Club	444	18
Assumption High School Music Boosters	1440	80
Bettendorf Boy Scout Troop 82	1436	28
Bettendorf Boy Scout Troop 89	1456	89
Bettendorf Boys Swim Team	2728	80
Evangelical Free Church Youth	868	52
Girl Scout Troop 8254	1476	26
Geneseo G-Sox Youth Baseball	1284	29
Izaak Walton League	2216	100
JFK School	1412	400
Davenport Central High School Key Club	1180	20
Peoples Missionary Baptist Youth	638	35
PVP Boosters	1072	58
Pleasant Valley High School Wrestling Club	1260	70
Quad Cities Outlaws	1400	28
Piranhas Swim Club	1480	240
North High Cheer Squad	916	20
YMCA Camp Abe Lincoln	1000	5
Camp Courageous	1000	1300
Happy Jo's Handicap Kids Christmas Party	500	500
Junior Achievement	1000	35
Kids Against Hunger	500	500
New Kingdom Trail Riders	500	20

**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

**2012**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**OPTIMIST INTERNATIONAL 40038 OF DAVENPORT-QUAD CITIES-MORNING**

**421276656**

**Part 1 Line 10 Continued**

<b>Optimist International Foundation</b>	<b>500</b>	<b>10</b>
<b>Optimist Charity Golf</b>	<b>250</b>	<b>5</b>
<b>Quad Cities United</b>	<b>2000</b>	<b>120</b>
<b>The First Tee</b>	<b>500</b>	<b>10</b>
<b>ARC of Southeast Iowa</b>	<b>450</b>	<b>20</b>
<b>Quad City Arts</b>	<b>500</b>	<b>200</b>
<b>Bettendorf Parks and Recreation</b>	<b>500</b>	<b>50</b>
<b>Children's Therapy Center</b>	<b>1000</b>	<b>230</b>
<b>Project Renewal</b>	<b>500</b>	<b>25</b>
<b>Rock Island Boxing Club</b>	<b>300</b>	<b>10</b>
<b>Dyslexia Reading Solutions For Children</b>	<b>500</b>	<b>20</b>
<b>Youth Soccer Camp</b>	<b>500</b>	<b>10</b>
<b>QCMOC Youth Appreciation Program</b>	<b>1886</b>	<b>120</b>
<b>QCMOC Fishing Derby</b>	<b>87</b>	<b>62</b>
<b>Gilda's Club</b>	<b>2000</b>	<b>15</b>
<b>TOTAL Part 1 Line 10</b>	<b>67029</b>	<b>8760</b>