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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning October 1 , 2013, and ending September 30 , 20 14	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 province, country, and ZIP or foreign postal code DAVENPORT IA 52809-2341
D Employer identification number 42-1276656	
E Telephone number	
F Group Exemption Number ▶ 1344	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ qcmorningoptimistclub.com	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 123737	

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	11528
	4 Investment income	4	502
	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	110071
c Less: direct expenses from gaming and fundraising events	6c	21196	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	88875	
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	1636	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	102541	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	84070
	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	330
	16 Other expenses (describe in Schedule O)	16	13648
	17 Total expenses. Add lines 10 through 16 ▶	17	98048
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4493
	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	112279
	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	116272

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	112279	22 116272
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	112279	27 116272

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.)

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

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
DAVID JORTH - PRESIDENT	6	0	0	0
MARY STRASSBURGER - PAST PRESIDENT	1	0	0	0
JOHN ROBERT - PRESIDENT ELECT	3	0	0	0
JULIE SMITH - VICE PRESIDENT	.5	0	0	0
CHARLES STANGER - VICE PRESIDENT	6	0	0	0
CHARLES MESSMER - SECRETARY/TREASURER	16	0	0	0
GENE DONNA - DIRECTOR	1	0	0	0
NOREEN BEST - DIRECTOR	2	0	0	0
DIANE STANGER - DIRECTOR	1	0	0	0
JAMES KOBERG - DIRECTOR	1	0	0	0
BEVERLY REBARCAK - DIRECTOR	1	0	0	0
DONALD HOEHN - 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
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	✓
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	✓
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	✓
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	35b	✓
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	✓
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	✓
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	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Telephone no. ►		
Located at ► ZIP + 4 ►		
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: ►	42b	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

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
46		<input checked="" 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 ☐

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
47		<input checked="" type="checkbox"/>

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

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
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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	(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
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 business address of each independent contractor	(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

Sign Here	Signature of officer <i>Charles L. Messmer Sr.</i>	Date <i>12/5/2014</i>
	CHARLES L. MESSMER SR. SECRETARY/TREASURER	DECEMBER 5, 2014

Paid Preparer Use Only	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.

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

OMB No 1545-0047

2014**Open to Public
Inspection**

Name of the organization

OPTIMIST INTERNATIONAL 40038 QC OF DAVENPORT - QUAD CITIES - M

Employer identification number

42-1276656

Part 1 Line 8 Other Revenue: Drawings/Fines/Special Collections \$809; Fellowship & Hospitality \$563; Registrations \$264; Total \$1636

Part 1 Line 16 Other Expense: International and District dues \$7643; Office Supplies: \$685; Travel \$3426; Guest/Member Meal Service \$1061

Fellowship & Hospitality \$256; Advertising/Promotion \$434; Bank Charges \$143. Total Line 16: \$13648.

Part 1 Line 6b and 6c:

FUNCTION	INCOME	EXPENSE	NET	DESCRIPTION
Ave of Flags Subscriptions	66920	4572	62348	Install/Remove US Flags on 5 Holidays See Schedule O
Childhood Cancer Campaign	62	-0-	62	Used for research and treatment costs for children See Sched O
Golf Tournament	40674	14874	25800	Benefits Metro Youth, Youth Hope & Friendly House Sched O
Book Sales	2415	1750	665	Provide Funding for Club Donations See Sched O
TOTALS Line 6	110071	21196	88875	

PART 1 LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

ORGANIZATION	\$ GIVEN	# BENEFITED	ORGANIZATION	\$ GIVEN	# BENEFITED
FRIENDLY HOUSE	8600	510	METRO YOUTH	8600	65
YOUTH HOPE	8600	500	QUAD CITY EAGLES YOUTH	1540	265
BETT. BOY SCOUT TROOP 82	1736	15	BET. BOY SCOUT TROOP 89	1736	65
BETT. BOYS SWIM TEAM	1924	25	EVANGRLICAL CHURCH YOUTH	1064	30
GIRL SCOUT TROOP 8254	1384	6	GENESEO G-SOX YOUTH BASEBALL	1660	13
IZAAK WALTON LEAGUE	2820	100	JFK SCHOOL	1624	525
CENTRAL HIGH KEY CLUB	1640	100	PEOPLES MISSIONARY BAPTIST YOUTH	1316	50
PV HIGH SCHOOL DANCE	1412	17	PV HIGH WRESTLING CLUB	1700	225
QUAD CITIES OUTLAWS	1612	10	PIRANHAS SWIM CLUB	1723	180
NORTH HIGH CHEER CLUB	308	20	YMCA CAMP ABE LINCOLN	1500	8
CAMP COURAGEOUS	1000	1300	HAPPY JO'S KIDS CHRISTMAS PARTY	500	500

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Employer identification number

OPTIMIST INTERNATIONAL 40038 OF DAVENPORT - QUAD CITIES - MORNING

421276656

PART 1 LINE 10 CONTINUED

JUNIOR ACHIEVEMENT	1000	35	KIDS AGAINST HUNGER	500	2100
NEW KINGDOM TRAIL RIDERS	500	20	LOURDES YOUTH MINISTRY	1396	100
OPTIMIST INTL. FOUNDATION	1000	100	OUR LADY OF VICTORY YOUTH	1300	34
OPTIMIST CHARITY GOLF	500	10	THORNWOOD EVENING OPTIMIST	388	50
QUAD CITIES UNITED	2000	120	PV HIGH AFTER PROM PARTY	600	500
THE FIRST TEE	500	750	CAMP SHALOM	1500	1500
WORLD CHARGERS FFL	250	5	GRACE BIBLE PANTRY	500	250
UNITED NEIGHBORS	1000	120	GARDEN MINISTRY	500	250
CHILDREN'S THERAPY CENTER	1440	335	PROJECT RENEWAL	1000	25
LYDIA HOUSE	1000	100	BOYS AND GIRLS CLUB	500	200
MADISON SCHOOL	300	30	MONROE SCHOOL	335	35
YOUTH APPRECIATION PROGRAMS	413	1600	OPTIMIST FISHING DERBY	413	70
CHILDHOOD CANCER PROGRAMS	2752	200	OPTIMIST SCHOLARSHIPS	4000	4
OPTIMIST ORATORICAL/ESSAY	987	8	CAMP SUMMIT	1500	350
SHAMROCK 4H CLUB	468	7	QUAD CITY EAGLES	1540	265
TOTAL PART 1 LINE 10	\$84,070		# BENEFITED	13,612	