## **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)

2017

OMB No. 1545-1150

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

Inspection Internal Revenue Service September 30,2018 October A For the 2017 calendar year, or tax year beginning , 2017, and ending C Name of organization D Employer identification number B. Check if applicable. potimist International 40038 of Davenment (acm 42-1276656 Address change Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number initial return 2341 Box 563-320-7498 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return 52809-2341 OH 1344 Lowa Davenport Number ▶ Application pending Other (specify) ▶ G Accounting Method: H Check ▶ ☐ if the organization is not I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - ☐ 501(c)(3) ☐ 501(c) ( 4 ) < (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF). 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . . . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received . . . . 2 Program service revenue including government fees and contracts 2 3 3 81180 4 Investment income 4 **5a** Gross amount from sale of assets other than inventory Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a 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) . . . 110,192 Less: direct expenses from gaming and fundraising events . . . 6с 14,176 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . 7a 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 Other revenue (describe in Schedule O) . . . . . 8 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 110.904 10 Grants and similar amounts paid (list in Schedule O) 10 RECEIVED 11 11 Benefits paid to or for members . . . . . . . 12 Salaries, other compensation, and employee benefits . 12 Professional fees and other payments to independent contract 13 tors JAN **09** 2:019 13 14 Occupancy, rent, utilities, and maintenance . . . 14 15 Printing, publications, postage, and shipping. 15 16 16 Other expenses (describe in Schedule O) . . . . 17 Total expenses. Add lines 10 through 16. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . 18 18 **Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) . . . . . . . . 19 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

Cat. No. 106421

Pa	t II Balance Sheets (see the instructions	•				
	Check if the organization used Schedule	O to respond to a	iny question in this	Part II		
22	Cash, savings, and investments		-	131,676	22	B) End of year
23	Land and buildings			124010	23	111,326
24	Other assets (describe in Schedule O)				24	<del></del>
25	Total assets			131,676	25	111.326
26	Total liabilities (describe in Schedule O)			10110.4	26	11127
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree wit	th line 21)	131,676	27	111,320
Par				Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	_	Expenses
Wha	t is the organization's primary exempt purpose?					ired for section (3) and 501(c)(4)
as m	ribe the organization's program service accompline assured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe th			organ	izations; optional for s.)
28	School Youth Apprec		· <del>_</del>	- <b></b>	l	
	Awards to elementary and	, middle 80	chool to c	tisenapip		
	(Grants \$ ) If this amount	includes foreign gr	ants, check here .	▶ □	28a	1,228
29	Fishina Derbu	morado rereigir gi	arto, oriook rioro			11025
	4th of July fishing comp	etition ag	es 3 and we	<u></u>	İ	
		(				4.4.1
	(Grants \$ ) If this amount	includes foreign gr	ants, check here .	▶ □	29a	44 1
30						
					[	
		includes foreign gr	ants, check here .	· · · <b>▶</b> 📙	30a	<del></del>
31	Other program services (describe in Schedule O)	· · · · · · · · ·				
32	(Grants \$ ) If this amount Total program service expenses (add lines 28a	includes foreign gr	ants, check here .	· · · <b>~</b> 🖳	31a   32	1 / 1.0
Par						ions for Part IVA
	Check if the organization used Schedule					
	(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 employe	ott	stimated amount of ner compensation
Н	oward Johnson		(	Gelerios compariosason	+	
	President	1			ľ	
F	Beverly Reborak				+	
	Past President					
1	eb Kelly					
	Secretary					
\~	nen kueter					
	Treasures				<u> </u>	<del></del>
<u>بار</u>	Bill Director hurdrill  obert Onilla				1	
<u> </u>	hurchill >				<del> </del>	
<i>P</i>	Divector	}				
-	el Ladehoff			· · · · · · · · · · · · · · · · · · ·	-	<del></del>
<i>I</i>	Director					
	any Tschards	<u> </u>			+	
	Divector	1				
F	obert Nolan				1	
-	Diocetox		<u></u>			
5	andu Liamon				1	
	1) Incorporation					
1	\ \\A \\ \\ -					
	6)11COTOY					
50	ndy liagre Divertor					

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	, instructions for that v.) Officer if the organization used Schedule O to respond to any question in this	3 Fair	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		1
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		<b>-</b>
С	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		7
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		7
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	202		2.70
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	<u> </u>
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		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	No.		
39	Section 501(c)(7) organizations. Enter:		7.0	
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			7
	section 4911 ► ; section 4912 ► ; section 4955 ►		7	
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	. IZVORENIA.	V
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 sections 4912,			
	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			
е	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 >			
	The organization's books are in care of ▶ Ken Ruefer Telephone no. ▶ 50 Located at ▶4150 E, 60th St. #501 Davenport, IA 52807 ZIP+4 ▶ 52	3-3 ზ <i>0</i>		5394 
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)?	404	Yes	No
	If "Yes," enter the name of the foreign country:	42b	THE Y	180000
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	ANGERS (C.)	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	100		70
	completed instead of Form 990-EZ	44a	Total	
	completed instead of Form 990-EZ	44b		SCHOOL STATE
	Did the organization receive any payments for indoor tanning services during the year?	44c		
	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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
	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		

Page	4
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								Yes	No	
46		he organization engage, directly or in				r in opposi	tion 🔯			
		ndidates for public office? If "Yes," of		, Part I	· · · ·	• • •	· 40	<u> </u>		
Part		Section 501(c)(3) organizations								
		All section 501(c)(3) organization	s must answer que	stions 47–49b an	d 52, and co	mplete th	e tables	for lin	es	
		50 and 51.							_	
		Check if the organization used Sci	nedule O to respond	to any question in	this Part VI	<u> </u>	<del></del>	<del></del>	<del>, 니</del>	
								Yes	No	
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								
48							. 48	3		
49a		the organization make any transfers to an exempt non-charitable related organization?								
b		es," was the related organization a se					. 49	- <u>,</u>	/	
50		plete this table for the organization's								
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter '	'None.'	n 	
		ļ	(b) Average	(c) Reportable		benefits,	(a) Estima	itad ama	unt of	
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS)	bonefit plane and deferred of			Estimated amount of other compensation		
			devoted to position	(1 01115 VV-22 1035-141101)	compe	nsation				
				1						
									-	
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				1	}	1				
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				<u> </u>						
f		number of other employees paid over		. •						
51		plete this table for the organization'			nt contractors	who each	receive	d more	than	
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."						
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	ervice	(c)	Compens	ation		
				1						
				4						
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						<del></del>				
				-						
	T . 4 - 1			6100 000						
		number of other independent contra			· <b>-</b>					
52		the organization complete Schedu	ie ay <b>note:</b> all se	ection 501(c)(3) org	ganizations n	nust attacr				
		eleted Schedule A				1	.▶∐ Ye		No_	
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					iowieage ai	na bellet,	, IT IS	
	1	1 the second			<del></del>					
Sign	Signature of officer  Value of A K Rive Co Trace									
Here				surer	12	11/19	2			
		Type or print name and title	w IVEO	ULL EL		۱۷۰۰	1-1-1-	<u> </u>		
			Preparer's signature	т	Date	T	PTIN			
Paid		Print/Type preparer's name				Check Li self-emplo	if {			
Prep		Signic pages	Firm's EIN ▶							
Use (	Unly	Firm's name ► Firm's address ►		<del> </del>		one no.				
May th	e IRS	discuss this return with the preparer	shown above? See i	instructions		, , .	Ye	s 🗌	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.

OMB No. 1545-0047

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Internal Revenue Service	- 400	www.as.gov/romisso for the la		Inspection
Name of the organization OptiMist Luty	mational 40038	& of Davenport	QCM	Employer identification number A2-1276656
Part 1	Line 66 a	•		
Function	Income	Expenses	Ne	t Description
Avenue of Flac	S 71,661	3851	67,8	10 Display Flagson Ho
Golf Cution	37,590	10,865	26,7	25 Benefit's Youth Hope
Dining Brok	940			40
	110,192	- 14,716	31,8	210
Part 1	Line 8			
Drawings	and Special	Collections	643	
Fellowshir	> Hospitalit	<u>:</u> 4	78	-
Miscellane	acs Fundra	iser	4,077	
•••••••••••••••••••••••••••••••	To	tals.	4,798	>
Part 1	Line 16			
Internat	ional/Distr	id Dues	6,76	1
Travel			1,99	7
Guest	Meals		1,460	4
Fellows	hip and Hoss	pitalita	43	2
Adverti	sî ng	<u> </u>	25	8
Miscel	laneous		201	
		Totals	11,11	8
		•••••		

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization		<b>8.</b> (5		Δ.	Employee in	fentification numb	Page 2
optimist Internation	onal 4003B	OC of D	avenport	CXM	42.	dentification numb ーレ27 ムム	56
Organization	\$	井	Oro	punizati	DN	\$	#
	1,000	1,000	Davenp	64 RII	ce A50	200	100
Quad City United	4,000	1,000	QC Gol	f Outi	ng 1	1,110	400
Davenport PUNCH	1,500	400	Comp A	1be Li	neoln	1,500	1,000
New Hope Church	500	200 '	Bellenda	rt Noo	NOOT.	1,920	100
Project Renewal	1.000	200	Adam	3 Sco	outs	1,168	50
QC Youth Conference	1,500	400	BS T	100 D	82	2,180	500
Down Range Excursions	1,000	50	BS T	000 8	39	1,543	105
Happy Joe's	500	2,000	Bellend	ort Ba	<u>s Swim</u>	1,504	20
Your Name Here Specialtic	s 763	25	DCS		v	1,560	20
Risen Christ Luntheron	1 500	50	Scott	County	Demolar	1 296	30
Junior Achievement	1,000	200	Templar	- Dem	oles	1,564	30
Make A Wish Foundation	1,000	2	Geneser		$\sim$ $\sim$ $\sim$	2,132	25
Kids Against Hunger	1,000	200	GS T	200 G	3690	2,028	500
Childrens Therapy	1,500	100	Imman	ial Lui	heran	1,012	50
Ow Lady of River	500	5D	Izaale	- Wal	ton	2,420	100
Optimist International	3,150	300	Lourde	= Yout	٨	768	50
Scholarships	3,500	4	151 B	ptist	-	726	50
Trivity Logo Team	250	10		you		1,512	50
Ovatorical	250	1	Mississ	ippi B	plist	1,232	50
Youth Appreciation	145	20	PV D	ance B	coster	2,972	100
Winter Soldiers	250	10	PV W	restlin	<u> </u>	1,916	50
McKinley School	500	25	DCF	Poboti	cs	1,504	25
Rock Island Schools	s 1,500	100	SLAI	phona	LS_	224	25
Monroe School	500	25	_	nhas ?	_	1,56A	30
Gorden Ministry	750	1,000	> Dav	Even C	ptimist	96	lO
Davenport Parks	25,000	2,000	> Upa	ith H	ope	13000	500
Camp Summitt	1,500	100		endly	7 /	2 13000	510
•				U		(Form 990 or 990	-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)				Page Page	<b>2</b>
Name of the organization Optimist International	40038	QC of Doverport	- DCM	Employer identification number 42-1276656	
	#	#			
Organization Girl Scouts	1,000	100			
Caup Courageous	3,000	1,300			
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