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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
22 Cash, savings, and investments	131,676	22 111,326
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	131,676	25 111,326
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	131,676	27 111,326

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; optional for others.)
28 School Youth Appreciation Awards to elementary and middle school for citizenship		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1,228
29 Fishing Derby 4th of July fishing competition ages 3 and up		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	441
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	1,669

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
Howard Johnson President				
Beverly Reborak Past President				
Deb Kelly Secretary				
Ken Ruefer Treasurer				
Bill Director Churchill				
Robert Chilla Director				
Del Ladehoff Director				
Gary Tschardt Director				
Robert Nolan Director				
Sandy Liagre Director				
Dave Miller Director				
Sandy Liagre Director				

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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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	<input checked="" type="checkbox"/>
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		
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of <u>Ken Ruefer</u> Telephone no. <u>563-391-5394</u> Located at <u>4150 E. 60th St. #501</u> <u>Davenport, IA 52807</u> ZIP + 4 <u>52807</u>		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
c 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	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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)	45b	<input checked="" type="checkbox"/>

- 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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

- 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

f Total number of other employees paid over \$100,000 ▶


- 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 ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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		Date
	Kenneth K. Ruffer Type or print name and title	Treasurer 12/1/18

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

Optimist International 40038 QC of Davenport QCM

Employer identification number

42-1276656

Part 1 Line 6b and 6c

Function	Income	Expenses	Net	Description
Avenue of Flags	71,661	3,851	67,810	Display flags on Holidays
Golf Outing	37,590	10,865	26,725	Benefits Youth Hope/FH
Dining Book	940		940	
	110,192	14,716	31,820	

Part 1 Line 8

Drawings and Special Collections	643
Fellowship Hospitality	78
Miscellaneous Fundraiser	4,077
Totals	4,798

Part 1 Line 16

International/District Dues	6,767
Travel	1,997
Guest Meals	1,464
Fellowship and Hospitality	432
Advertising	258
Miscellaneous	200
Totals	11,118

Name of the organization

Employer identification number

Optimist International 40038 QC of Davenport QCM 42-1276656

Organization	\$	#	Organization	\$	#
Grace Pantry	1,000	1,000	Davenport Police Assn	500	100
Quad City United	4,000	1,000	QC Golf Outing	1,110	400
Davenport PUNCH	1,500	400	Camp Abe Lincoln	1,500	1,000
New Hope Church	500	200	Bettendorf Non Opt.	1,920	100
Project Renewal	1,000	200	Adams Scouts	1,168	50
QC Youth Conference	1,500	400	BS Troop 82	2,180	500
Down Range Excursions	1,000	50	BS Troop 89	1,543	105
Happy Joe's	500	2,000	Bettendorf Boys Swim	1,504	20
Your Name Here Specialties	763	25	DC Swim Team	1,560	20
Risen Christ Lutheran	500	50	Scott County Demolay	296	30
Junior Achievement	1,000	200	Templar Demolay	1,564	30
Make A Wish Foundation	1,000	2	Geneseo Girls Soccer	2,132	25
Kids Against Hunger	1,000	200	GS Troop 8610	2,028	500
Childrens Therapy	1,500	100	Immanuel Lutheran	1,012	50
Our Lady of River	500	50	Izaak Walton	2,420	100
Optimist International	3,150	300	Lowndes Youth	768	50
Scholarships	3,500	4	1st Baptist	726	50
Trinity Leap Team	250	10	OLV Youth	1,512	50
Oratorical	250	1	Mississippi Baptist	1,232	50
Youth Appreciation	145	20	PV Dance Booster	2,972	100
Winter Soldiers	250	10	PV Wrestling	1,916	50
McKinley School	500	25	DC Robotics	1,504	25
Rock Island Schools	1,500	100	St. Alphonsus	224	25
Monroe School	500	25	Piranhas Swim	1,564	30
Garden Ministry	750	1,000	Dav Even Optimist	96	10
Davenport Parks	25,000	2,000	Youth Hope	13,000	500
Camp Summitt	1,500	100	Friendly House	13,000	510

Name of the organization

Optimist International 4003B QC of Davenport QCM

Employer identification number

42-1276656

Organization	\$	#
Girl Scouts	1,000	100
Camp Courageous	3,000	1,300