

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

OMB No. 1545-1150

2018**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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2018 calendar year, or tax year beginning October 1, 2018, and ending September 30, 2019**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationOptimist International 4003B of Davenport QCM

Number and street (or P.O. box, if mail is not delivered to street address)

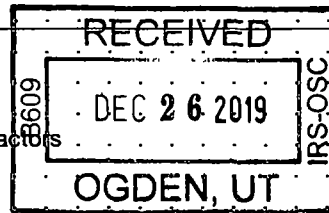
PO Box 2341

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Davenport, Iowa52809-2341**D** Employer identification number42-1276656**E** Telephone number563-320-7498**F** Group Exemption Number1344**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**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)) 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. ☒

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	<u>7,326</u>
	4	Investment income	4	<u>3,524</u>
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	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	<u>108,011</u>
c	Less: direct expenses from gaming and fundraising events	6c	<u>15,597</u>	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>92,414</u>	
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	<u>6,351</u>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>109,617</u>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	<u>102,557</u>
	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	<u>193</u>
	16	Other expenses (describe in Schedule O)	16	<u>9,960</u>
	17	Total expenses. Add lines 10 through 16	17	<u>112,710</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>< 3,093 ></u>
	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	<u>161,226</u>
	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	<u>108,233</u>



For Paperwork Reduction Act Notice, see the separate instructions.

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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	111,326	108,233
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	111,326	108,233
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	111,326	108,233

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 <u>School Youth Appreciation</u> <u>Awards to elementary and middle school for citizenship</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 128
29 <u>Fishing Derby</u> <u>4th of July Fishing Competition ages 3 and up</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 468
30 <u>Davenport North High School Junior Optimist Club</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 68
31 Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 656
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
Deb Kelly President				
Howard Johnson Past President				
Ken Ruefen Treasurer				
Bill Churchill Director				
Gary Tschantz Director				
Robert Nolan Director				
Sandy Liagre Director				
Dave Miller Director				
John Morrow VP				
Pam Essner VP				
Marlise Nelson Director				
Robert Chilla 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?		<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?		<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 ▶ ; section 4912 ▶ ; section 4955 ▶		
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		<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		<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>563-320-7498</u> Located at ▶ <u>4150 E. 60th St. #501 Davenport Iowa</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 ▶	42b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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 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
- 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."

	Yes	No
47		
48		
49a		
49b		

(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 Signature of officer *Kenneth K. Ruefer* Date *12/12/19*

Type or print name and title *Kenneth K. Ruefer*

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ 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 of Davenport

Employer identification number

42-1276656

Part 1 Line 6b and 6c

Function	Income	Expenses	Net	Description
Avenue of Flags	73,168	6,440	66,728	Display Flags on Holiday
Golf Outing	34,848	9,158	25,690	
Dining Club Books		5	<5>	
	108,016	15,603	92,413	

Part 1 Line 8

Drawings and Special Collections	543
Miscellaneous Fundraiser	5,809
Total	6,352

Part 1 Line 16

International/District Fees	6,016
Travel	2,787
Guest Meals	990
Fellowship/Hospitality	86
Advertising	20
Miscellaneous	60
	<u>9960</u>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Organization	\$	#	Organization	\$	#
Hope Presbyterian	500	200	RI Public Library	300	10
Project Renewal	1,000	200	Fly Flag High	250	—
Fillmore School	1,050	150	Optimist of Marshalltown	50	10
Hand in Hand	1,000	50	ARC of SE Iowa	500	10
Davenport Punch	1,500	400	Garden Ministry	1,000	1,000
Brick House	1,000	125	NS Optimist	500	10
Happy Joe's	1,000	1600	DAU Police Assoc	1,000	100
Grace Pantny	1,500	1,000	Optimist Charity Golf	2,000	500
Toys for Tots	1,000	50	Scholarships	3,900	3
Optimist International	1,095	300	Camp Summit H	1,500	500
Nite to Shine	1,000	50	New Kingdom Trail	1,000	50
Special Needs Treasurer	200	30	Madison School	375	25
Childrens Therapy	2,000	150	Project Renewal	1,000	200
Make A Wish	1,500	3	Hope Presbyterian	500	200
Kids Against Hunger	1,500	300	Camp Courageous	3,000	1,300
Junior Achievement	1,000	200	Belt Optimist	2,048	100
Jackson School	998	50	Adams Scouts	1,509	50
Optimist Intl CC	800	100	Barnstomer BB	896	50
Thanking the Seals	1,000	10	QC Heat	312	50
Madison School	1,000	100	BS Troop 82	2380	50
Breaking the Wisbone	700	50	BS Troop 83	1,640	50
Truman School	1,000	100	Belt Swim Club	1,536	20
One Eighty	600	30	DC Swim Club	316	20
OI Foundation	2,000	100	Demolay	1,208	30
UofI Childrens Hospital	1,000	50	Barnstomer BB	300	30

Name of the organization

Employer identification number

Optimist International 40038 of Davenport GCM

42-1276656

Organization	\$	#
Geneseo Soccer	2,240	25
GS Troop 8690	2,192	50
Immanuel Lutheran	1,112	50
Isaac Walton	2,296	100
1st Bapt. Church	600	20
OLV Youth	1,476	50
Mississippi Baptist	1,240	50
PV Dance	1,748	100
PV Dance 2	1,376	100
PV Wrestling	2,132	50
DC Robotics	304	20
DC iJag Club	932	20
PB 1st Methodist	316	20
Piranha's Swim	1,720	30
1st Baptist #2	380	20
Wildcat Youth BB	540	30
Youth Hope	13,000	500
Friendly House	13,000	510