

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. 1545-0047

**2020**

**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](http://www.irs.gov/Form990EZ) for instructions and the latest information *2012*

**A** For the 2020 calendar year, or tax year beginning *2020*, and ending *2020*

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <i>?</i> <b>QUAD-CITY PLUS 60 FRIENDSHIP CLUB</b>		<b>D</b> Employer identification number <i>?</i> 42-1045205
	Number and street (or P.O. box if mail is not delivered to street address) <i>?</i>		<b>E</b> Telephone number
	Room/suite		(563) 383-2200
	500 E 3RD ST		<b>F</b> Group Exemption Number ▶ <i>?</i>
	City or town, state or province, country, and ZIP or foreign postal code		
DAVENPORT IA 52801-1730 <i>07</i>			

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ [www.qcplus60.com](http://www.qcplus60.com)

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( *7* ) ◀ (insert no.)  4947(a)(1) or  527

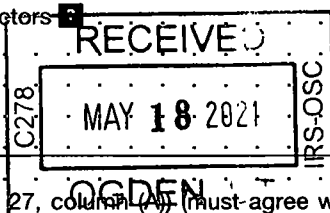
**K** Form of organization:  Corporation  Trust  Association  Other **IOWA NONPROFIT CORPORATION**

**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 . . . . . ▶ \$ **41,862**

#### 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	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	4,100
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	11,593
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	14,329
	<b>4</b>	Investment income . . . . .	<b>4</b>	11,840
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events:		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</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) . . . . .	<b>6b</b>		
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>41,862</b>	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	17,470
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits <i>?</i> . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors <i>?</i> . . . . .	<b>13</b>	4,268
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	681
	<b>16</b>	Other expenses (describe in Schedule O) <i>?</i> . . . . .	<b>16</b>	37,585
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>60,004</b>	
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	<b>-18,142</b>
	<b>19</b>	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) . . . . .	<b>19</b>	<b>183,801</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>27,356</b>
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>193,015</b>



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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	203,871	208,790
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe in Schedule O)		
<b>25 Total assets</b>	203,871	208,790
<b>26 Total liabilities</b> (describe in Schedule O)	20,070	15,775
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	183,801	193,015

**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)

<b>28</b> _____ _____ _____		
<b>29</b> _____ _____ _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>30</b> _____ _____ _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</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 Total program service expenses</b> (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
Sharon K. Brooks President and Board Member	5	0	0	0
Teresa Garrison Vice President and Board Member	8	0	0	0
Angela Dearing Secretary and Board Member	3	0	0	0
Susanne C. Stark Treasurer and Board Member	9	0	0	0
Jane Artman-Andrews Board Member	3	0	0	0
Anne Coffman Board Member	2	0	0	0
David Geller Board Member	2	0	0	0
John T. Kustes Board Member	10	0	0	0
Kim Nelson Board Member	3	0	0	0
Cyndi Koenes Board Member	1	0	0	0
Joyce Madsen Board Member	1	0	0	0
Roberto Saucedo Board Member	2	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

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

Table with columns Yes, No and row 33 with a checkmark in the No column.

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

Table with columns Yes, No and row 34 with a checkmark in the No column.

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)?

Table with columns Yes, No and row 35a with a checkmark in the Yes column.

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

Table with columns Yes, No and row 35b with a checkmark in the Yes column.

35c 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

Table with columns Yes, No and row 35c with a checkmark in the No column.

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

Table with columns Yes, No and row 36 with a checkmark in the No column.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0

Table with columns Yes, No and row 37a.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with a checkmark in the No column.

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?

Table with columns Yes, No and row 38a with a checkmark in the No column.

b If "Yes," complete Schedule L, Part II, and enter the total amount involved

38b

Table with columns Yes, No and row 38b.

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a

Table with columns Yes, No and row 39a.

b Gross receipts, included on line 9, for public use of club facilities

39b

Table with columns Yes, No and row 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

Table with columns Yes, No and row 40b with a checkmark in the No column.

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

Table with columns Yes, No and row 40c.

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

Table with columns Yes, No and row 40d.

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

Table with columns Yes, No and row 40e with a checkmark in the No column.

41 List the states with which a copy of this return is filed

42a The organization's books are in care of QUAD-CITY TIMES, ATTN. STEVE POULOS Telephone no. (563) 383-2366 Located at 500 E 3RD ST, DAVENPORT, IA ZIP + 4 52801-1730

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

Table with columns Yes, No and row 42b with a checkmark in the No column.

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

Table with columns Yes, No and row 42c with a checkmark in the No column.

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with a checkmark in the No column.

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

Table with columns Yes, No and row 44b with a checkmark in the No column.

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c with a checkmark in the No column.

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

Table with columns Yes, No and row 44d.

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes, No and row 45a with a checkmark in the No column.

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

Table with columns Yes, No and row 45b with a checkmark in the No column.

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		✓

**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		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		
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b If "Yes," was the related organization a section 527 organization? . . . . .

49b		
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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

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  *Susanne Stark* Signature of officer Date 5/5/21

SUSANNE C. STARK, TREASURER Type or print name and title

**Paid Preparer Use Only**

Pnnt/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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**QUAD-CITY PLUS 60 FRIENDSHIP CLUB**

Employer identification number

**42-1045205**

Our social club is led by volunteer board members, who organize local lifestyle enrichment, educational and social events, as well as coordinate 1-day trips and multi-day travel tours for its members age 55 and over. During 2020, gross receipts from non-member sources was comprised of the following amounts within the referenced lines of this Form 990-EZ:

Part I, Line 1 - Sponsor support for Club events: \$4,100.

Part I, Line 2 - Registration fees from non-members attending Club events as guests: \$3,066.

Part I, Line 4 - \$16 account interest plus \$11,824 investment income totaling: \$11,840. The Board approved a resolution in December 2020 to segregate the investment income and use it exclusively for funding Club community outreach grants in future years to support senior programs offered by local 501(c)(3) non-profit organizations and local government (county and city) units.

Member income was unusually low in 2020 due to COVID-19 health safety protocols resulting in the cancellation or postponement of most indoor local events and travel programs, and was the reason non-member income as a percentage of total gross revenue was unusually high.

Part I, Line 10 totaling \$17,470 was distributed to eight applicant organizations in support of recumbant cross trainer equipment, home access wheelchair ramps for seniors, food pantry for elderly, Silver Sneakers exercise program, senior citizen riverfront path tours, updated technology for senior services, and a series of cooking classes with recipes focused on improved nutrition and heart-health for attending seniors. No grant exceeded \$5,000.

Part I, Line 16 totaling \$37,585 is comprised of \$14,329 in member dues used to support weekly event announcements, club information, and membership records at the Quad-City Times; \$13,676 direct expenses incurred for Club events; \$1,897 for Club website development and maintenance; \$1,800 for paid premiums on D&O, Fidelity, and General Liability insurance policies; \$1,724 for a Federal tax payment, \$1,221 for Plus 60 logo shirts; and \$2,938 of miscellaneous general indirect expenses

Part I, Line 20 in the amount of \$27,356 represents the unrealized gain in market value of the Club's investment fund account during 2020.

Part II, Line 26 End of Year Total Liabilities balance of \$15,775 represents the unearned portion of paid member dues for months after 2020.

Name of the organization

**QUAD-CITY PLUS 60 FRIENDSHIP CLUB**

Employer identification number

**42-1045205**

Area with horizontal dashed lines for supplemental information.