

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



OMB No 1545-0047

DLN: 93493037012347

Department of the Treasury

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

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Δ F	or the 2015 ca	elendar vear, or tax vear beginnin	g 04-01-2015 , and ending 03-31-20	16			
	eck if applicable	C Name of organization	y or or real or and or or real		D Empl	oyer ide	entification number
_	ldress change	GREATER MUSCATINE CHAMBER OF COMMERCE AND INDUSTRY			42-0	62033	3
	ame change Itial retum	Doing business as					
	terminated (Number and street (or P O box if m 102 WALNUT STREET	all is not delivered to street address) Room/si	uite		none num	
<u> </u>	ended return plication pending	City or town, state or province, cour	try, and ZIP or foreign postal code		(563) 263-8	5695
1 '1	prication politaring	MUSCATINE, IA 52761			G Gross	receipts	\$ 559,931
		F Name and address of princip JAMES HAYES	al officer	H(a)	Is this a grou	p returr	ı for
		102 WALNUT STREET			subordinates? No	•	☐ Yes 🗸
 т Та	x-exempt status	MUSCATINE, IA 52761			Are all subord included?	linates	□Yes □ No
		301(c)(3) 301(c)(6)	(insert no) 4947(a)(1) or 527			h a list	(see instructions)
	ebsite: P w	WW MUSCATINE COM/GMCCI			Group exemp		
K For	n of organizatioi	Corporation Trust Associa	tion Other ►	L Year	of formation 1	944 M	State of legal domicile IA
Pa	rt I Sun	ımary					
Governance	MISSION LIFE, AN VALUE P FOCUS O PROVID EXISTIN	N IS TO BE A CATALYST FOR AND ENHANCING OUR MEMBER'S ROPOSITION THAT SUSTAINS ON STRATEGIC INITIATIVES RER OF ECONOMIC DEVELOPME	DMMERCE AND INDUSTRY (GMCCI) DVANCING OUR REGION'S ECONO SUCCESS GMCCI'S ORGANIZATIO AND GROWS GMCCI MEMBERSHIP EGARDING ECONOMIC AND COMM NT EFFORTS FOR THE GREATER MU UITMENT OF NEW BUSINESSES GM	MY, IMPR DNAL STF TO ACC UNITY D JSCATIN	OVING THE RUCTURE WI OMPLISH O EVELOPMEN E REGION T	REGIO LL PRO UR MIS T GMO HROU	N'S QUALITY OF OVIDE A MEMBER SSION GMCCI WILL CCI WILL BE THE KEY GH THE SUPPORT OF
Activities &	2 Checkt	his box ▶ ┌ if the organization di	scontinued its operations or disposed	of more t	han 25% of It	s net a	ssets
tivit	3 Number	of voting members of the governi	ng body (Part VI, line 1a)			з	32
Ac	4 Number	of independent voting members o	fthe governing body (Part VI, line 1b)		4	32
		, ,	alendar year 2015 (Part V , line 2a)			5	8
		•	ecessary)			6	85
			rt VIII, column (C), line 12 m Form 990-T, line 34			7a 7b	46,616
			·		Prior Year		Current Year
O.		- · · · · · · · · · · · · · · · · · · ·	ne 1h)		475	,694	455,172
Ravenue			ne 2g)			,214	96,552
Rÿ			lines 5, 6d, 8c, 9c, 10c, and 11e)	' 		,695	1,239
	12 Total	, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, column (A), lir	ne		,517	559,931
	12) 13 Grant	es and similar amounts haid (Part	IX, column (A), lines 1-3)			,	,
			X, column (A), line 4)				(
ιń		ies, other compensation, employe		262	,967	328,867	
Expenses	5-10 16a Profe	•	column (A), line 11e)	_			
xbe		undraising expenses (Part IX, column (D					
ш	17 Othe	expenses (Part IX, column (A),	ines 11a-11d, 11f-24e)		214	,198	215,385
			st equal Part IX, column (A), line 25)			,165	544,252
× 0:	19 Reve	nue less expenses. Subtract line	18 from line 12			,352	15,679
Net Assets or Fund Balances				Beginn	ing of Current		End of Year
Ass d Ba						,918 ,602	892,813
F.E			line 21 from line 20	•		,316	831,995
		nature Block					
my k	nowledge and rer has any k	belief, it is true, correct, and com nowledge	mined this return, including accompaints of preparer (other to be compared to the compared to				
Sign	**** Sign	*** nature of officer			2017-02-02 Date		
Here	GRE	G JENKINS PRESIDENT & CEO e or pnnt name and title					
		Print/Type preparer's name BARRY L ANDERSON		Date 2017-02-06	Check ıf	PTIN P0011	5583
Paid)	Firm's name ANDERSON LOWER WH		, 52 00	self-employed		
	parer ⊦	Firm's address ► 1805 STATE ST STE 201		ne no (563) 359-4757			

BETTENDORF, IA 52722

. ✓Yes No

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

30

31

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Νo

Nο

		,					
t IV	Ch	ecklist	of Red	quired	Schedules	(continued)

	· · · · · · · · · · · · · · · · · · ·		
Par	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than $$5,000$ of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $$100,\!000$$ as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		

С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b	

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

	Part V	Statements	Regarding	Other	IRS Filinas	and Tax	Compli	ian
--	--------	------------	-----------	-------	-------------	---------	--------	-----

Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule O contains a response of hote to any line in this rait v	· · · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions?	gıfts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods as services provided to the payor?	nd 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	ed to 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?	9 as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tirduring the year?	ne 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions additional information the organization must report on Schedule O	for 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments 2 If "No," provide an explanation in Schedule 0	14b		

orm 990 (2015) Pa
art VI	Governance, Management, and Disclosure
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

Se	ction A. Governing Body and Management			•
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record •GREG JENKINS 102 WALNUT STREET MUSCATINE, IA 52761 (563) 263-8895	5		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cor	tinued)
---	---------

	(A) Name and Title A verage hours per week (list any hours			tion (han d in is	one b both ector	oox, an d /tru	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Institutional Trustee Individual trustee or director		Officei	key employee	Highest compensated employee		. 5 /1044-M12C)	2/1099-MISC)	organization and related organizations
See /	Addıtıonal Data Table										
1b	Sub-Total			•			•				
c d	Total from continuation sheet Total (add lines 1b and 1c).	s to Part VII, S	ection A		•	•	· 🔭		101,939		3,308
2	Total number of individuals (in	cluding but not I	· · ·	o the	se I	ıste	d abov	e) wł	· ·	an	
	\$100,000 of reportable compe	ensation from th	e organi	zatio	n 🟲	1					

- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual
 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
 - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4
 - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .
- Section B. Independent Contractors (A) (B) (C)

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >

Yes

3

5

No

Νo

Νo

Νo

orm 99								Page S
Part V		Statement of Check of Schedu	o f Revenue ule O contains a respor	ase or note to any lir	ne in this Part VIII			Г
		oneek ii senea	are o contains a respon	ise of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es 1 b	145,260				
Gr Ima	С	Fundraising ev	ents 1c					
ifts. ar £	d	Related organiz	zations 1d					
s, G mil	e	Government grant	s (contributions) 1e					
ion r Si	f		ons, gifts, grants, and 1f	309,912				
but the		Similar amounts no	ot included above ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$						
Co an	h	Total. Add line:	s 1a-1f		455,172			
пе		ABVED TICING INC	0.45	Business Code				
Program Service Revenue	2a	ADVERTISING INC		541800	46,616	44.550	46,616	
Eg	b c	PUBLICATIONS INC		541800 541900	44,550 5,386	44,550 5,386		
rwc	d	- TODECATIONS INC		341900	3,360	3,360		
% -	e	-						
gran	f	A II other progra	am service revenue					
Ρ̈́ο	g	Total. Add line:	s 2a-2f	>	96,552			
	3	Investment inc	ome (including dividen	ds, interest,	6,968			6,968
	4		ar amounts) stment of tax-exempt bond	F	0,500			0,300
	5			•				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	с	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	C	Gain or (loss)						
anne	d 8a							
Other Revenue			reported on line 1c) ne 18 a					
ot O			penses b					
		Gross income f	(loss) from fundraising (rom gaming activities ne 19	events Þ				
	b c		a penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		•				
	b c		a oods sold b (loss) from sales of inve	entory				
	_	Miscellaneou		Business Code				
	11a	MISCELLANEC	DUS		1,239	1,239		
	b							
	С							
	d	All other reven						
	е		s 11a-11d	•	1,239			
	12	Total revenue.	See Instructions .	🖊	559,931	51,175	46,616	6,968

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c	:)(4) organizations mus	st complete all columns	All other organizations must co	omplete column (A	.)
Chack if Schadule	O contains a respons	e or note to any line in	this Dart IV		

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	101,939		101,939	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	165,849	165,849		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	36,541	33,233	3,308	
10	Payroll taxes				
		24,538	24,538		
11	Fees for services (non-employees)				
а	Management				
Ь	Legal				
c	Accounting	6,475		6,475	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,002	5,291	8,711	
12	Advertising and promotion	12,996	12,996	4.225	
13	Office expenses	55,453	51,217	4,236	
14 15	Information technology	10,759		10,759	
16	Royalties	20.750		20.750	
17	Occupancy	29,758 36,254	36,254	29,758	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,234	30,234		
19	Conferences, conventions, and meetings	3,059	3,059		
20	Interest	3,033	3,033		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,241	4,241		
23	Insurance	10,481	10,481		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		,		
а	DUES & SUBSCRIPTIONS	12,439	12,439		
b	CONTRIBUTIONS	6,433	6,433		
c	BAD DEBTS	5,090		5,090	
d	ECONOMIC ASSISTANCE	5,000	5,000		
e	A II other expenses	2,945	2,945		
25	Total functional expenses. Add lines 1 through 24e	544,252	373,976	170,276	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

1	Par	t X	Balance Sheet			
1			Check if Schedule O contains a response or note to any line in this Part X			
1						(B) End of year
3 Pledges and grants receivable, net 4 A A Counts receivable, net 4 A Counts receivable, net 4 A Counts receivable, net 4 A Counts receivable from current and former officers, directors, trustees, see yemployees, and highest compensated employees. Complete Part II of Schedule 5		1	Cash-non-interest-bearing		1	308,313
4		2	Savings and temporary cash investments	381,272	2	357,368
S Lanas and other receivables from current and farmer officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L S		3	Pledges and grants receivable, net	846	3	446
September Sep		4	A ccounts receivable, net	43,563	4	36,053
1		5	key employees, and highest compensated employees. Complete Part II of		-	
Solution Solution	ets	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of		5	
Solution Solution	sse					
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets.Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, linghest compensated employees, and disqualified persons Complete Part II of Schedule D 22 Loans and other payables to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities functioning federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities Add lines 17 through 25 36 Total liabilities Add lines 33 and 34. 10 Unrestricted net assets 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 30 Capital stock or trust principal, or current funds 31 Partin or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Holdings and thore, or other funds 31 Total net assets or fund balances 31 Total net assets or fund balances 32 Total net assets or fund balances 33 Total net assets or fund balances 34 Total net assets or fund balances 35 Total net assets or fund balances 36 Total net assets or fund balances 37 Total net assets or fund balances	Ÿ	7	·	152,978		171,547
10a			.			
Complete Part VI of Schedule D 10a 80.217 10b 64.838 17.919 10c 11 11 11 12 11 12 11 12 11 12 11 13 12 11 13 14 11 14 15 15 14 15 15		9	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	2,559	9	257
11 Investments—publicly traded securities 11 12 12 13 14 15 13 14 15 15 14 15 15 14 15 15		10a				
12 Investments—other securities See Part IV, line 11 13 13 14 Investments—program-related See Part IV, line 11 13 14 Intangible assets 5,151 14 15 14 15 15 14 15 15		b		17,919	10c	15,379
13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 5,151 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 864,918 16 88 17 Accounts payable and accrued expenses 48,602 17 6 18 Grants payable 18 19 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 25 26 Total liabilities. Add lines 17 through 25 48,602 26 6 26 Total liabilities. Add lines 17 through 25 48,602 26 6 27 Unrestricted net assets 562,353 27 56 28 Temporarily restricted net assets 1 28 29 Permanently restricted net assets 28 263,962 29 26 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶		11	Investments—publicly traded securities		11	
14 Intangible assets			· · · · · · · · · · · · · · · · · · ·			
15			· · · · · · · · · · · · · · · · · · ·			
16 Total assets.Add lines 1 through 15 (must equal line 34)				5,151		3,450
17 Accounts payable and accrued expenses 48,602 17 18 18 19 18 19 19 19 19			,	224.242		200.040
18 Grants payable 18 19 Deferred revenue 19 19 19 19 19 19 19 1				· · · · · · · · · · · · · · · · · · ·		892,813
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 20 21 20 21 21 22 22			· · ·	48,602		60,818
20 Tax-exempt bond liabilities			· ·			
Secretary Secr			•			
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			· •			
23 Secured mortgages and notes payable to unrelated third parties	Š		· · ·		21	
23 Secured mortgages and notes payable to unrelated third parties	ilitie	22	key employees, highest compensated employees, and disqualified			
24 Unsecured notes and loans payable to unrelated third parties	jab		_ ` _ ` _ ·			
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	_		, ,			
and other liabilities not included on lines 17-24) Complete Part X of Schedule D			· · · · · · · · · · · · · · · · · · ·		24	
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26	1	48,602	26	60,818
	ces					
	lar	27	Unrestricted net assets	562,353	27	563,991
	ထိ	28	Temporarily restricted net assets	1	28	2
	<u> </u>	29	Permanently restricted net assets	253,962	29	268,002
	or Fu		- ' ' ' '			
	ts.	30	·		30	
	\$ S E	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances	Se	33	Total net assets or fund balances	816,316	33	831,995
· · · · · · · · · · · · · · · · · · ·		34	Total liabilities and net assets/fund balances	864,918	34	892,813

,	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10		8	331,995
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. [
			Yes	No
1	Accounting method used to prepare the Form 990			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or a separate basis, consolidated basis, or both			
	▼ Separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a		No

Single Audit Act and OMB Circular A-133? За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Form 990 (2015)

Software ID: **Software Version:**

EIN: 42-0620333

Name: GREATER MUSCATINE CHAMBER OF

COMMERCE AND INDUSTRY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	checle chunica de Highest compensated employee	ess er)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
BOB ALLBEE CHAIR	2 00	х		x				0	0	(
CHRIS DANIEL DIRECTOR	2 00	x						0	0	C	
NAOMI DEWINTER DIRECTOR	2 00	х						0	0	(
AARON EVERSMEYER DIRECTOR	2 00	x						0	0	(
JASON GREGORY DIRECTOR	2 00	x						0	0	(
JENNA HACKETT DIRECTOR	2 00	x						0	0	(
KEVIN HARLE DIRECTOR	2 00	x						0	0	(
BILL HARPER DIRECTOR	2 00	×						0	0	C	
JAMES HAYES CHAIR ELECT	2 00	x		×				0	0	(
BOB HOWARD TREASURER	2 00	×		x				0	0	C	

Form 990. Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde					ıru	stee	S, K	(ey Employe	es, Hignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
STAN HOWE DIRECTOR	2 00	х						0	0	0
SCOTT INGSTAD DIRECTOR	2 00	x						0	0	0
KYLE JENSEN DIRECTOR	2 00	×						0	0	0
DOUG KRIEGER DIRECTOR	2 00	×						0	0	0
JOSEPH KRIEGER DIRECTOR	2 00	x						0	0	0
SAL LOBIANCO COMMITTEE CH	2 00	×						0	0	0

2 00

2 00

2 00

2 00

Х

Χ

Х

GREGG MANDSAGER

DIRECTOR

DIRECTOR

DAVE MOHR

DIRECTOR

MILLIE MORRIS DIRECTOR

DONNA MEADE

.....

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent co	IIII at	LUI	5						1
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer and a director/trustee) Officer and a director/trustee) Officer and a director/trustee)						organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	dotted line)	Individual trustee or director	Institutional Trustee	Officer	employee	nest compensated dovee	กาย			organizations
SETH MUNIER DIRECTOR	2 00	x						0	0	0
BRETT NELSON DIRECTOR	2 00	x						0	0	0
SHANE ORR DIRECTOR	2 00	×						0	0	0
MARK POST COMMITTEE CH	2 00	x						0	0	0
KRISTA REGENNITTER DIRECTOR	2 00	x						0	0	0
JERRY RIBE DIRECTOR	2 00	×						0	0	0
	2 00									

2 00

2 00

2 00

2 00

Х

Χ

SHAWN SCHRADER CHAIR ELECT

JIM SIMMONS

COMMITTEE CH

NANCY SNAADT DIRECTOR

GARY SLIGHT

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

(F)

(~)	(5)			(-	,			(5)	(-)	1 (1)
Name and Title	A verage					t chec		Reportable	Reportable	Estimated
	hours per	m	iore t	than	one	e box,	,	compensation	compensation	amount of
	week (list	unle				both	an	from the	from related	other
	any hours				and			organization	organizations	compensation
	for related	1	direc	.tor/	irus'	tee)		(W- 2/1099-	(W- 2/1099-	from the
	organizations	3 5	Г	To	7	x lour la		MISC)	MISC)	organization
	below	[급호]	12	Officer	(P	몸희	[일]		,	and related
	dotted line)	individual or directo	Institutio	\mathbb{R}	œ_'	e voldwe o tsedûlH	Forme		,	organizations
		유급	≅		문 '	1	~			
		I -	113		key employee	com	'		!	
		trustee	⇒		B '	항	'		,	
		<u>\$</u>	ust		'	pens	'		,	
			Ť		'	sat	'		!	
			"		'	, E	. '		'	
JEFF SORENSON	2 00	\vdash		†	\vdash	\vdash	+	+	†	
JELL SOKENSON		l x			'	'	'	l c	'ه ا	ه ار
DIRECTOR					'	'	'			
TIARR SWEERE	2 00									
		X			'	1 '	'	0	o'	, o
COMMITTE CHA					1 '	'			!	
DOROTHY THULEN	2 00			1					1	
		X			'	1 '	'	0	. o'	,
DIRECTOR					['	'			1	
CDEC JENUTHS	40.00				\Box			1		

PRESIDENT &

DLN: 93493037012347

Employer identification number

42-0620333

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

GREATER MUSCATINE CHAMBER OF COMMERCE AND INDUSTRY

Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public

Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the or	ganization's direct and indirect pol	itical campaign ac	tivities in Part IV		
2	Political expenditures			>	\$	
3	Volunteer hours					
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).		
1	Enter the amount of any excise	e tax incurred by the organization (under section 495	5	\$	
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955 >	\$	
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?		☐ Yes	┌ No
4a	Was a correction made?				Yes	No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(c), except section 50	1(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$	
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organization	s for section 527 ▶	\$	
3	Total exempt function expendi	tures Add lines 1 and 2 Enter hei	e and on Form 112	20-POL, line 17b ►	\$	
4	Did the filing organization file F	orm 1120-POL for this year?			Yes	□ No
5	organization made payments l amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fr I directly delivered	om the filing organization's f to a separate political orga	^F unds Also en nization, such	ter the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount contribution and prom directly del separate organizatio enter	s received ptly and vered to a political n If none,
2						
3						
4						
5						
6						
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 9	90-EZ.	Cat No 50084S Schedule C (I	Form 990 or 99	0-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

	filed Form 5768 (election under section 501(h)).	(;	a)		(b)	
	each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying vity		No	Α	mount	:
	D bl	Yes				
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,					
	through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		I [
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	5 01 (c)(5), o	r se	ction	1
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "					
_	line 3, is answered "Yes." Dues, assessments and similar amounts from members	1				
-	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	-				
	expenses for which the section 527(f) tax was paid).					
2	Current year	2a				
		26				
2	Carryover from last year	2b				
2 a		2D 2c				
2 a b	Carryover from last year	-				
2 a b c	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2c				
2 a b c	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2c 3				
2 a b c 3 4	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	2c 3				
a b c 3 4	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	2c 3				
2 a b c 3 4	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	2c 3 4 5	Dart IV	Λ . Ι.		

Explanation

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493037012347

Inspection

Part I	Complete if the organization answer			-0620333 or Accounts.	
5 Dio fun 5 Dio col Part II L Pu	<u> </u>	i "Yes" on Form 990, Part i	IV, line 6.	or Addames.	
5 Dio fun 5 Dio col Part II L Pu		(a) Donor advised funds		b) Funds and other accounts	
5 Did fun 5 Did cor Part I L Pu	Total number at end of year	` ,	,	•	
5 Dick fun 5 Dick con Part I L Pu	Aggregate value of contributions to (during year)				
5 Did fun 5 Did col Part I L Pu ed	Aggregate value of grants from (during year)				
fun S Did usi coi Part I L Pu edi	Aggregate value at end of year				
use col Part I L Pu ed	d the organization inform all donors and donor and sare the organization's property, subject to			vised Yes No	
L Pu edi	d the organization inform all grantees, donors, ed only for charitable purposes and not for the nferring impermissible private benefit?	enefit of the donor or donor adv	visor, or for any oth	er purpose Yes No	
ed	I Conservation Easements. Comple	e if the organization answe	ered "Yes" on Foi	rm 990, Part IV, line 7.	
ed	rpose(s) of conservation easements held by th -	, ,	oply)		
	Preservation of land for public use (e g , recr ucation)		servation of an hist	orically important land area	
	Protection of natural habitat	Pres	ervation of a certif	ied historic structure	
	Preservation of open space				
	implete lines 2a through 2d if the organization sement on the last day of the tax year	eld a qualified conservation co	ntribution in the for	m of a conservation	
				Held at the End of the Year	
	tal number of conservation easements		2a		
	tal acreage restricted by conservation easeme		2b		
	imber of conservation easements on a certified	·	· —		
	ımber of conservation easements included in (storic structure listed in the National Register	acquired after 8/1//06, and n	ot on a		
3 Nu	- ımber of conservation easements modified, tra	sferred, released, extinguished	, or terminated by t	the organization during the	
tax	x year ▶				
1 Nu	ımber of states where property subject to cons	rvation easement is located > _			
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No				
•	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year				
▶_					
7 Aπ ► 9	nount of expenses incurred in monitoring, insp ¢	ting, handling of violations, an	d enforcing conser	vation easements during the year	
	* bes each conservation easement reported on li	2(d) above satisfy the require	aments of section 1	70(h)(4)	
)(i) and section 170(h)(4)(B)(ii)?	e 2 (a) above satisty the require	ements of Section 1	Yes	
bal	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				

Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet

- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Assets included in Form 990, Part X

- Revenue included on Form 990, Part VIII, line 1
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

50110	aute D	(101111 330) 2013					rage Z
Par	t III	Organizations Maintaining (continued)	Collections of	Art, Historical	Treasures, or	Other Similar A	ssets
3		the organization's acquisition, acception items (check all that apply)	ession, and other re	cords, check any o	of the following that	are a significant us	e of its
а		Public exhibition		d Γ Lo	an or exchange pro	grams	
b	_ s	Scholarly research		e	her		
c		Preservation for future generations					
4	•	de a description of the organization'	s collections and ex	kplain how they furt	ther the organizatio	n's exempt purpose	ı in
	Part X	KIII			_		
5		g the year, did the organization soli s to be sold to raise funds rather th					s 🗆 No
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 990, Par	t IV, line 9, or re	<u> </u>	<u> </u>
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inte	rmediary for contri	butions or other as	sets not	s No
ь	If"	Yes," explain the arrangement in Pa	art XIII and comple	te the following tal	ale	Am	ount
c		ginning balance	are XIII and comple	the the following tax	10	:	
d	_	ditions during the year			10	i	
e	Dıs	tributions during the year			16	•	
f	End	ding balance			11		
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21, for escro	w or custodial acco	unt liability? Ye	s No
b	If"Ye	es," explain the arrangement in Part					
Pa	rt V	Endowment Funds. Comple					
10	Pogun	uning of year halance	(a)Current year 277,136	(b) Prior year 287,537	b (c) Two years back 267,758	(d)Three years back 302,961	(e)Four years back 428,934
1a b	_	ining of year balance	24,410	19,358	19,766	25,261	26,155
c	Net ir Iosse	nvestment earnings, gains, and s	265	241	1,632	267	760
d	Grant	s or scholarships					
e		r expenditures for facilities rograms	50,000	30,000	1,619	60,731	152,888
f	A dmı	nistrative expenses					
g	End o	f year balance	251,811	277,136	287,537	267,758	302,961
2	Provid	· · · · · · · · · · · · · · · · · · ·	current year end ba	lance (line 1g, coli	ımn (a)) held as		
a		designated or quasi-endowment ►	39 700 %	, 3,	. ,,		
ь	Perma	anent endowment ►					
c	Temp	orarily restricted endowment >	50 300 %				
	The p	ercentages on lines 2a, 2b, and 2c	should equal 100%				
3а	organ	nere endowment funds not in the pos ization by	-	inization that are h	eld and administer		Yes No
		related organizations					a(i) No
ь		elated organizations			R?	<u> </u>	3b
4		ribe in Part XIII the intended uses of	·				
Pai	rt VI	Land, Buildings, and Equip					_
		Complete if the organization a	answered 'Yes' to	Form 990, Part Cost or oth (a) (investr	ner basis (b)	Accumulated	(d)Book value
	Land				<u> </u>	383	10,383
		gs			10,		25,505
		nold improvements			7,	385 4,9	960 2,425
d	Equipm	nent			62,	449 59,8	378 2,571

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

.

15,379

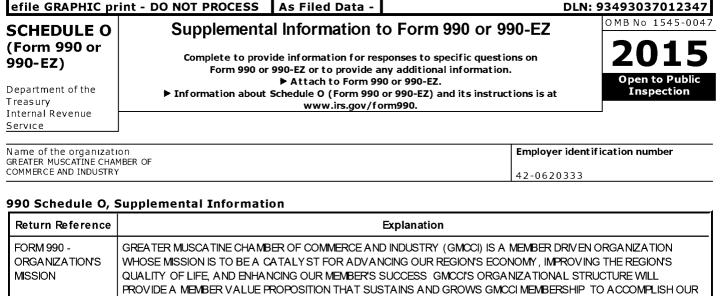
	See Form 990, Part X, line 12.		,,,,,		
	(a) Description of security or category(including name of security)	pry	(b) Book value		(c)Method of valuation or end-of-year market valu
(1) Financial (derivatives				,
	eld equity interests				
3) 0 ther					
otal (Column	(b) must equal Form 990, Part X, col (B) line 12)	•			
art VIII	Investments—Program Related.				
	Complete if the organization answer	ed 'Yes' on Form 9	90, Part IV, line 11c. _{Se}	e Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation
				Cost	or end-of-year market val
				+	
	(1) (2) (2) (2) (3)				
	(b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiza		n Form 990 Part IV line		Form 990 Part X June 15
		scription			(b) Book value
	n (b) must equal Form 990, Part X, col (B) lii				
	Other Liabilities. Complete if the o	rganızatıon answei	ed 'Yes' on Form 990,	Part IV,	line 11e or 11f.
	Saa Form 990 Dart V lina 25				
	See Form 990, Part X, line 25. (a) Description of liability	(b) Book val	ıe		
		(b) Book val	ne		
	(a) Description of liability	(b) Book val	ue		
	(a) Description of liability	(b) Book val	ue		
	(a) Description of liability	(b) Book val	ue		
	(a) Description of liability	(b) Book val	ue		
	(a) Description of liability	(b) Book val	ue		
	(a) Description of liability	(b) Book val	ue		
L	(a) Description of liability	(b) Book val	ue		
1.	(a) Description of liability	(b) Book val	ue		
	(a) Description of liability	(b) Book val	ue		
1.	(a) Description of liability	(b) Book val	ue		
1.	(a) Description of liability	(b) Book val	JIE		
1.	(a) Description of liability	(b) Book val	ue		
1.	(a) Description of liability	(b) Book val	ue		
1.	(a) Description of liability	(b) Book val	ue		
federal incon	(a) Description of liability	I			

1	Total revenue, gains, and othe	r support per audited financial statements		1	559,931
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses)	on investments	2a		
b	Donated services and use of fa	acılıtıes	2b		
c	Recoveries of prior year grants	5	2c		
d	Other (Describe in Part XIII)		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	559,931
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
a	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)	. 5	559,931
Part		cpenses per Audited Financial St		nses per Retu	rn.
	·	ization answered 'Yes' on Form 990,	Part IV, line 12a.		
1	·	raudited financial statements		1	544,252
2		t not on Form 990, Part IX, line 25	1 - 1		
а		acilities	2a		
b	· -		2b		
С	Otherlosses		2c		
d	,				
e	,			2e	
3				3	544,252
4		0, Part IX, line 25, but not on line 1:	1 1		
а		uded on Form 990, Part VIII, line 7b	. 4a		
b			4b		
С				4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, lii	ne 18)	. 5	544,252
D					
	Supplemental Inf				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and			additional
	Return Reference	Explanation			
SCHE	DULE D, PAGE 4, PART XIII	THE ORGANIZATION HAS RECEIVED N	NOTIFICATION THAT IT	QUALIFIES AS	A TAX- EXEMPT
	,ez ., x 	ORGANIZATION UNDER SECTION 501 CORRESPONDING PROVISIONS OF IO FEDERAL OR STATE INCOME TAXES T A TAX POSITION USING THE "MORE TI 2016, MANAGAMENT IS NOT AWARE O BENEFITS WHICH WOULD BE MATERIA THE ORGANIZATION FILES A U S FEDI	(C)(6) OF THE US INTE WA LAW AND, ACCORDI HE ORGANIZATION EVA HAN LIKELY NOT" THRE FANY UNCERTAIN TAX L TO THE ORGANIZATION	RNAL REVENUE NGLY IS NOT SL LUATES THE TA SHOLD AS OF M POSITIONS AN DN'S FINANICAL	CODE AND THE BJECT TO X BENEFITS OF ARCH 31, D RELATED TAX STATEMENTS

YEARS SUBSEQUENT TO 2012 IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental Information		
Return Reference	Explanation	



PROMOTE AND ENHANCE A VIBRANT AND SUSTAINABLE ECONOMY

THE EXECUTIVE COMMITTEE APPROVES THE FORM 990 VIA VOTE PRIOR TO FILING

FORM 990, PAGE 6.

PART VI, LINE 11B

MISSION GMCCI WILL FOCUS ON STRATEGIC INITIATIVES REGARDING ECONOMIC AND COMMUNITY DEVELOPMENT GMCCI WILL BE THE KEY PROVIDER OF ECONOMIC DEVELOPMENT EFFORTS FOR THE GREATER MUSCATINE REGION THROUGH THE SUPPORT OF EXISTING BUSINESSES AND THE RECRUITMENT OF NEW BUSINESSES GMCCI WILL

A COPY OF THE FULL FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE FILING

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PAGE 6.

OVED BY THE ENTIRE BOARD

PART VI, LINE 12C

APPLICABLE PARTIES THROUGH MEETINGS AND EVENTS IN THE EVENT OF A SUSPECTED CONFLICT OF INTEREST,
THE CHAIRMAN OF THE GOVERNING BOARD IS NOTIFIED TO CONSIDER WHAT ACTION SHOULD BE TAKEN

FORM 990, PAGE 6,
PART VI, LINE 15A

THE SEARCH COMMITTEE OF THE GREATER MUSCATINE CHAMBER OF COMMERCE BOARD MEMBERS DETERMINE
THE PRESIDENT & CEO'S SALARY, WITH THE HELP OF A RECRUITER, BY EXAMINING COMPENSATION LEVE

THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY THROUGH REGULAR CONTACT WITH

LS AT COMPARABLE ORGANIZATIONS. THE PRESIDENT & CEO'S SALARY IS REVIEWED ANNUALLY AND APPR

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PAGE 6, PART VI, THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO

LINE 19

THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AND FINANCIAL STATES

THE PUBLIC UPON REQUEST