DLN: 93493044012149 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Treasur ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 04-01-2017 , and ending 03-31-2018 D Employer identification number B Check if applicable ☐ Address change COMMERCE AND INDUSTRY 42-0620333 ☐ Name change Doing business as □ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return 100 W 2ND STREET ☐ Application pending (563) 263-8895 City or town, state or province, country, and ZIP or foreign postal code MUSCATINE, IA 52761 G Gross receipts \$ 622,389 Name and address of principal officer H(a) Is this a group return for TIARR SWEERE □Yes ☑No subordinates? 102 WALNUT STREET H(b) Are all subordinates MUSCATINE, IA 52761 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW MUSCATINE COM/GMCCI M State of legal domicile IA L Year of formation 1944 Part I Summary 1 Briefly describe the organization's mission or most significant activities GREATER MUSCATINE CHAMBER OF COMMERCE AND INDUSTRY (GMCCI) IS A MEMBER DRIVEN ORGANIZATION WHOSE MISSION IS TO BE A CATALYST FOR ADVANCING OUR REGION'S ECONOMY, IMPROVING THE REGION'S QUALITY OF LIFE, AND ENHANCING OUR MEMBER'S SUCCESS GMCCI'S ORGANIZATIONAL STRUCTURE WILL PROVIDE A MEMBER VALUE PROPOSITION THAT SUSTAINS AND GROWS GMCCI MEMBERSHIP TO ACCOMPLISH OUR 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 Activities & Governance PROMOTE AND ENHANCE A VIBRANT AND SUSTAINABLE ECONOMY Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) 31 7 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 50 6 Total number of volunteers (estimate if necessary) . Total unrelated business revenue from Part VIII, column (C), line 12 7a 45,503 **b** Net unrelated business taxable income from Form 990-T, line 34 7b -12,246**Prior Year Current Year** 528,778 523,547 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 83,217 93,023 5,819 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7,100 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 619,095 622,389 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 335,183 331.529 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 234,399 257,613 589,142 569,582 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 49.513 33,247 19 Revenue less expenses Subtract line 18 from line 12 . Assets or displaying End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) . 943,050 971,516 21 Total liabilities (Part X, line 26) 56,761 61,542 Net assets or fund balances Subtract line 21 from line 20 . 881,508 914.755 Part II Signature Block 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 2019-02-13 Signature of officer Sign Here GREG JENKINS PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Check | If P00115583 BARRY L ANDERSON 2019-02-13 BARRY L ANDERSON

Paid Preparer Use Only

Firm's name ► ANDERSON LOWER WHITLOW PC Firm's EIN > 42-1394940 Firm's address ► 1805 STATE ST STE 201 Phone no (563) 359-4757 BETTENDORF, IA 52722 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form **990** (2017)

Form	990 (2017)					Page 2
Par	Statement	of Program Service	Accomplis	hments		
	Check if Sched	dule O contains a respor	nse or note to a	any line in this Part III		🗹
1	Briefly describe the o	rganızatıon's mıssıon				
CATA GMCG ACCC WILL	LYST FOR ADVANCING CI'S ORGANIZATIONAL MPLISH OUR MISSION BE THE KEY PROVIDER TING BUSINESSES ANI	OUR REGION'S ECONC STRUCTURE WILL PRO GMCCI WILL FOCUS O OF ECONOMIC DEVEL	MY, IMPROVIN VIDE A MEMBE N STRATEGIC OPMENT EFFOR	G THE REGION'S QUALI R VALUE PROPOSITION INITIATIVES REGARDING RTS FOR THE GREATER N	RIVEN ORGANIZATION WHOSE MITY OF LIFE, AND ENHANCING OUR THAT SUSTAINS AND GROWS GMIT OF COMMUNITY DE MUSCATINE REGION THROUGH THOTE AND ENHANCE A VIBRANT A	MEMBER'S SUCCESS CCI MEMBERSHIP TO EVELOPMENT GMCCI HE SUPPORT OF
2	Did the organization i	undertake any significar	nt program ser	vices during the year wh	ıch were not listed on	
	the prior Form 990 or					☐ Yes ☑ No
	· ·	se new services on Sch				
3	<u>-</u>	cease conducting, or ma	ike significant	changes in how it conduc	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule	. 0			
4	Section $501(c)(3)$ and		ns are required	to report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code See Additional Data) (Expenses \$	323,129	including grants of \$) (Revenue \$	47,520)
4b	(Code See Additional Data) (Expenses \$	51,068	including grants of \$) (Revenue \$	45,503)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d		es (Describe in Schedul	•	*	\ /Davianua d	`
	(Expenses \$		ding grants of	*) (Revenue \$)
4e	Total program serv	ice expenses ►	374,1	7/		Form 990 (2017)

or X as applicable

Checklist of Required Schedules

Section 501(c)(3) organizations.

Yes

Page 3

No

Νo

Nο

No

Nο

Nο

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Did the organization receive or hold a conservation easement, including easements to preserve open space,

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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11d

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11f

12a

12b

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14a

14b

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Yes

Yes

Nο Yes No

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Form **990** (2017)

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Yes

Form 990 (2017)

Page 4

Nο

Νo

Nο

Νo

Nο

Part IV	Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

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

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

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Nο

Fell	Checklist of Required Schedules (Continued)		
		Yes	No
20 0	1 H		

orm '	990 (2017)			Page
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a (4		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		No
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	<u></u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	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	
	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
	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)			
- -	Weether an arrangement of the complete the described to the complete t			NI-
	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?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	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 required to file			
	Form 8282?	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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required ?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
_	1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_	Del the annual control of the contro	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	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 facilities 10b	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
_	12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	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			
	Enter the amount of reserves on hand			
~		1		Na
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

orm	990 (2017)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to li	
	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 31		163	110
	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 31			
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
	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?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	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 Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	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	- 105	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		No
	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 records •GREG JENKINS 102 WALNUT STREET MUSCATINE, IA 52761 (563) 263-8895			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	priorpees with or within the organization gardless of amount e " e or key employee) 00,000 from the ved more than \$100,000 tor or trustee of the ns es, highest rector, or trustee (E) Reportable compensation from related organizations (W- 2/1099- MISC) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related organizations
See Additiona	al Data Table										

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

Part VII

Page 8

(B) (D) (F) (A) (C) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related from the compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual trustee or director Highest compensated employee related organizations Institutional Trustee below dotted organizations employee line) See Additional Data Table \blacktriangleright c Total from continuation sheets to Part VII, Section A . ▶ 100,708 2,805 d Total (add lines 1b and 1c) . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 1 Yes No 3 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. 3 Nο 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 Nο Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 services rendered to the organization? If "Yes," complete Schedule I for such person . . . 5 Nο Section B. Independent Contractors 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 (B) (C) (A) Description of services Name and business address 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 ►

Form 990 (2017)

Part \		I Statement of Rev	renue									rage 3
·		Check if Schedule O c		a resno	onse or r	note to any	/ line in t	this Part VII	Ι			\square
		encer ii senedale o c	Sittanis	и гор	<u> </u>	iote to un	1	(A) revenue	Rela ex fur	(B) ated or empt action	(C) Unrelated business	(D) Revenue excluded from tax under sections
	12	Federated campaigns .		1a					rev	venue	1	512-514
ats nts		Membership dues		<u> </u>	1	151,172						
ran oui		·		1b	<u> </u> 							
G. E		Fundraising events .	•	1c	1							
ifts ar /		d Related organizations		1d								
9 =	•	Government grants (contribu	utions)	1e								
ributions, Gifts, Grants Other Similar Amounts	f	 All other contributions, gifts, and similar amounts not incl 				272 275						
uti her		above		1f		372,375						
Contributions, Giffs, Grants and Other Similar Amounts	g	J Noncash contributions in in lines 1a-1f \$	cluded									
Cont and	h	Total.Add lines 1a-1f				•						
	ــــــــــــــــــــــــــــــــــــــ					Busines:	c Code	523,547				
훌	٦-	BUGINESS SELEVINOS AND ME				Dusines	541800		47,520	47,	520	
4	_	BUSINESS SEMINARS AND ME ADVERTISING INCOME	ELING				541800		45,503	47,	45,5	23
Service Revenue							5 12000		10,000		10,01	
7												
32	d											
ran	e f	All other program service										
Program					_		93,023					
<u> </u>		Total.Add lines 2a-2f					1		<u> </u>			
		Investment income (includi imilar amounts)			interest,			5,81	9			5,819
	4]	Income from investment of	f tax-exe	mpt b	ond proc	eeds I	•					
	5 F	Royalties <u></u>				. 1	<u>▶</u>					
			(ı) Rea		(11)	Personal						
	6a	Gross rents										
	b	Less rental expenses										
	С	Rental income or (loss)										
	d	Net rental income or (los	s)			. •	_					
		(1) Securit	ies	(11)	Other						
	7a	Gross amount from sales of										
		assets other than inventory										
		·										
	b	Less cost or other basis and										
	c	sales expenses Gain or (loss)										
		Net gain or (loss)				•	┥					
	8a	Gross income from fundra	nsing ev	ents								
an		(not including \$ontributions reported on		of								
듄		See Part IV, line 18		a	1							
Other Revenue	b	Less direct expenses .		b								
ē	C	Net income or (loss) from	fundrais	ing ev	ents .	. •						
₽	9a	Gross income from gamin See Part IV, line 19		es								
_		occidio IV, inic 15		а	1							
	b	Less direct expenses .		Ь								
	C	Net income or (loss) from	gamıng	activit	ies .	. •						
	10a	Gross sales of inventory, l returns and allowances	less									
		returns and anowances	•	а	}							
	b	Less cost of goods sold		Ь								
	c	Net income or (loss) from	sales of	invent	tory .	. •						
		Miscellaneous Reve				ess Code						
	11	a										
	b											
	C											
	d	All other revenue										
	е	Total. Add lines 11a-11d				>						
	12	Total revenue. See Instr	uctions					622.20		47 530	45,503	E 040
								622,38	<u>~I</u>	47,520	45,503	5,819 Form 990 (2017)

Part IX Statement of Funct	tional Expenses
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Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,708		100,708	
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	169,532	169,532		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	34,844	32,039	2,805	
10 Payroll taxes	26,445	26,445		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,347		5,347	
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)	64,410	9,852	54,558	
12 Advertising and promotion	6,497	6,497		
13 Office expenses	55,263	51,068	4,195	
14 Information technology	13,384		13,384	
15 Royalties				
16 Occupancy	32,993		32,993	
17 Travel	42,033	42,033		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	· ·	·		
19 Conferences, conventions, and meetings	1,708	1,708		
20 Interest	,	,		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,914	1,914		
23 Insurance	8,001	8,001		
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)	3,001	5,661		
a DUES & SUBSCRIPTIONS	12,885	12,885		
b CONTRIBUTIONS	7,048	7,048		
c MISCELLANEOUS	3,981	3,981		
d LOSS ON DISPOSAL OF EQUIP	1,194	1,194		
e All other expenses	955		955	
25 Total functional expenses. Add lines 1 through 24e	589,142	374,197	214,945	0
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

2

3

4

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

(A)

Beginning of year

354,714

446.026

77.857

4.026

12 070

2.249

943.050

61.542

445 45,663 1

2 3

4

5

6

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9

10c

11 12

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21

22 23

24

25

26

27

28

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30

31

32

33

34

61,542

525.807

355.699

881,508

943.050

Page **11**

294,152

466.954

79,835

108.518

1.959

18,848

1.250

971,516

56,761

56,761

590.528

324.222

914,755

971.516

Form **990** (2017)

5

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

Cash-non-interest-bearing							
Savings and temporary cash	ınv	estn	nent	:S			

Pledges and grants receivable, net . . . Accounts receivable, net .

19,271

423

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under voluntary employees' beneficiary organizations (see instructions) Complete

II of Schedule L section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) Part II of Schedule L . Notes and loans receivable, net .

Assets

Inventories for sale or use .

Prepaid expenses and deferred charges . basis Complete Part VI of Schedule D

10a

Less accumulated depreciation

10b Investments—publicly traded securities .

10a Land, buildings, and equipment cost or other 11 12 Investments—other securities See Part IV, line 11 .

13 Investments—program-related See Part IV, line 11

Intangible assets

14 15 Other assets See Part IV, line 11 .

16

Total assets. Add lines 1 through 15 (must equal line 34) . . Accounts payable and accrued expenses

Grants payable . . . Deferred revenue . . . Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Secured mortgages and notes payable to unrelated third parties . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

2c

3a

3b

No

Form 990 (2017)

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID: Software Version:

EIN: 42-0620333

Name: GREATER MUSCATINE CHAMBER OF COMMERCE AND INDUSTRY

Form 990 (2017)

Form 990, Part III, Line 4a: THE ORGANIZATION CONDUCTS MEETINGS AND CONVENTIONS FOR BUSINESS PROFESSIONALS IN MUSCATINE, IOWA ADDITIONALLY THE ORGANIZATION SUPPORTS EVENT ORGANIZERS TO ATTRACT BUSINESS AND EMPLOYEES TO MUSCATINE, IOWA

Form 990, Part III, Line 4b: THE ORGANIZATION PROVIDES A PUBLICATION TO THE COMMUNITY THAT SUPPORTS AND PROMOTES LOCAL BUSINESS IN MUSCATINE, IOWA

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

(W- 2/1099-

(W- 2/1099-

0

0

organization and

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

and Independent Contractors

DIRECTOR

BILL HARPER

TREASURER

BOB HOWARD

CHAIR ELECT

DIRECTOR

DIRECTOR

KYLE JENSEN

SCOTT INGSTAD

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
BOB ALLBEE DIRECTOR	2 00	х					0	0	0
ANDY BRAMSTEDT DIRECTOR	2 00	х					0	0	0
CHRIS DANIEL DIRECTOR	2 00	х					0	0	0
NAOMI DEWINTER	2 00	x					0	0	0

CIRIS DANIEL		X			n	
DIRECTOR		^				
NAOMI DEWINTER	2 00	v			0	
COMMITTEE CH		^			0	
AARON EVERSMEYER	2 00	V				
DIRECTOR		×			l o	

2 00

2 00

2 00

2 00

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for related

NAOMI DEWINTER	2 00	_			0	0	
COMMITTEE CH		_ ^			0	0	
AARON EVERSMEYER	2 00	l 🗸			0	0	
DIRECTOR		_ ^			9	3	
JASON GREGORY	2 00						Ī

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

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

	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	eavoldma Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ANGIE JOHNSON DIRECTOR	2 00	×						0	0	0
JOSEPH KRIEGER DIRECTOR	2 00	x						0	0	0
SAL LOBIANCO COMMITTEE CH	2 00	x						0	0	0
GREGG MANDSAGER DIRECTOR	2 00	х						0	0	0
DONNA MEADE	2 00									

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COMMITTEE CH
GREGG MANDSAGER
DIRECTOR
DONNA MEADE
DIRECTOR

DAVE MOHR

DIRECTOR

BRETT NELSON

SHANE ORR

DIRECTOR

DIRECTOR

MARK POST

COMMITTEE CH

....... DIRECTOR

LINDSEY PHILLIPS

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

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

and Independent Contractors

DIRECTOR

JIM SIMMONS

COMMITTEE CH

NANCY SNAADT

TOM SPREAD

TIARR SWEERE

DOROTHY THULEN

DIRECTOR

DIRECTOR

CHAIR

DIRECTOR

	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KRISTA REGENNITTER DIRECTOR	2 00	х						0	0	0
DAVE RIGGAN DIRECTOR	2 00	х						0	0	0
JERRY RIIBE DIRECTOR	2 00	х						0	0	0
SCOTT SAUER DIRECTOR	2 00	х						0	0	0
SHAWN SCHRADER	2 00	x						0	0	0

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and Independent Contractors (A) Name and Title (C)
Position (do not check more **(D)** Reportable (B) (E) (F) Reportable Estimated amount of other

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

	hours per week (list any hours	pers	on is	both	n an	office ustee	er	compensation from the organization	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CRAIG UTLEY DIRECTOR	2 00	×						0	0	0
GREG JENKINS PRESIDENT &	40 00	x		х				100,708	0	2,805
JENNA HACKETT DIRECTOR	2 00	х						0	0	0

2 00

Х

......

MILLIE MORRIS

DIRECTOR

SCHEDULE C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493044012149

Open to Public Inspection

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

EZ)

(Form 990 or 990-

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

www.irs.gov/form990.

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

o If the o If the (Pro	Section 501(c) (other than section 5 Section 527 organizations Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election of Form 990, Part IV, Line 5 (Proxy Tos), then	rts I-A and C below 990-EZ, Part VI, III section 501(h)) Counder section 501(h	ne 47 (Lobbying A omplete Part II-A D n)) Complete Part II	ctıvit o not I-B D	i es), comp o not	olete Part II-E . complete Pa	art II-A
	me of the organization	·		Employ	er id	entif	ication num	ber
CO	EATER MUSCATINE CHAMBER OF MMERCE AND INDUSTRY			42-0620	ารรร			
Par	t I-A Complete if the organ	nization is exempt under secti	on 501(c) or is			niza	tion.	
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political ca	ampaign activities ii	n Part IV (see ınstrı	uction	s for	definition of	
2	Political campaign activity expend	itures (see instructions)			>	\$_		
3	Volunteer hours for political camp	• • • • • • • • • • • • • • • • • • • •						
Par	t I-B Complete if the organ	nization is exempt under sect	on 501(c)(3).					
1	Enter the amount of any excise ta	x incurred by the organization under	section 4955		>	\$_		
2	Enter the amount of any excise ta	x incurred by organization managers	under section 4955		>	\$_		
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 foi	this year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	□ No
ь	If "Yes," describe in Part IV							
	t I-C Complete if the organ	nization is exempt under secti	on 501(c), exc	ept section 501	(c)(3	3).		
1	Enter the amount directly expend	ed by the filing organization for section	n 527 exempt func	tion activities	>	\$_		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other	organizations for se	ection 527 exempt	>	\$ <u>_</u>		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b	>	\$		
4	Did the filing organization file For	m 1120-POL for this year?				Ψ_	☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the ar- that were promptly and directly delive the (PAC) If additional space is needed	nount paid from the ered to a separate p	e filing organization political organization	's fund	ds Al	the filing Iso enter the	amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizat funds If none, -0-	ion's		(e) Amount of contributions and promp directly delived separate proganization enter -	received only and rered to a political
1								
2								
3								
4								
5								
6								
For F	Paperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-F7	Cat	No E00945 Scho	dula (^ (Ear	m 000 or 000	1_E7\ 2017

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 Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

Volunteers?

1

b

(b)

Amount

(a)

No

Yes

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 No 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 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? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

SCHEDULE D Supplemental Fina

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

► Attach to Form 990.

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

OMB No 1545-0047

2017

DLN: 93493044012149

Open to Public Inspection

Employer identification number

	EATER MUSCATINE CHAMBER OF MMERCE AND INDUSTRY			42-0620333	
Pā	rt I Organizations Maintaining Donor Advi			r Accounts.	
	Complete if the organization answered "Ye	es" on Form 990, Part ((a) Donor advi		(h)Eunda and	other accounts
	Total number at end of year	(a) Donor advis	sed fullus	(D)Funus and	other accounts
,	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's ex		ets held in donor ad	vised funds are the	☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				ible
Pa	rt II Conservation Easements. Complete if ti	he organization answe	red "Yes" on Forn	n 990. Part IV. line	
	Purpose(s) of conservation easements held by the orga				
	Preservation of land for public use (e.g., recreation	·		historically importan	t land area
	Protection of natural habitat	П		certified historic struc	
	Preservation of open space		rreservation of a c	ertinea mistorio strac	cture
	' '			6	
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	i qualified conservation co	ntribution in the for		End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified histor	nc structure included in (a)	2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ured after 8/17/06, and n	ot on a historic	2d	
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished	, or terminated by	the organization duri	ng the
	Number of states where property subject to conservation	on easement is located >			
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	- he periodic monitoring, in:	spection, handling (Yes 🗆 No
5	Staff and volunteer hours devoted to monitoring, inspec		ns, and enforcing co		
	<u> </u>				
7	Amount of expenses incurred in monitoring, inspecting, \$, handling of violations, ar	nd enforcing conser	vation easements du	ring the year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^2$) above satisfy the require	ements of section 1		Yes 🗆 No
•	In Part XIII, describe how the organization reports constalling sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organiza	revenue and expertion's financial state	nse statement, and ements that describe	5
' аг	t III Organizations Maintaining Collections Complete if the organization answered "Ye	es" on Form 990, Part	IV, line 8.		
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, educati	on, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items				
((i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
(ii)Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS			ncıal gaın, provide th	e
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X			·	
	Panerwork Peduction Act Notice see the Instruction	ns for Form 000	Cat Na		n D (Form 990) 2017

Par	t IIII	Organizations Maintaining Col	lections of Art, I	listori	ical T	reas	ures, o	r Other	Similar A	sets (c	continued)
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the f	ollowing t	hat are a	sıgnıfıcant ı	ise of its	collection
а		Public exhibition		d		Loa	n or excha	ange prog	rams		
b		Scholarly research		e		Oth	er				
c		Preservation for future generations									
4	Provi Part)	de a description of the organization's coll KIII	lections and explain	how the	ey furtl	her tl	ne organiz	zation's ex	empt purpo	se in	
5		g the year, did the organization solicit oi s to be sold to raise funds rather than to							ılar	☐ Ye	s 🗆 No
Pa	rt IV	Escrow and Custodial Arrange									
		Complete if the organization answ X, line 21.	vered "Yes" on For	m 990	, Part	IV,	line 9, oi	r reporte	ed an amou	int on F	orm 990, Part
1a		e organization an agent, trustee, custodia ded on Form 990, Part X?	an or other intermed	liary for	contri	butio	ns or othe	er assets I	not	☐ Ye	s 🗆 No
ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the fo	llowing	table				A	mount	
С		ining balance	·	_				1c			
d	Addıt	ions during the year						1d			
е	Dıstrı	butions during the year						1e			
f	Endır	ng balance						1f			
2a	Dıd tl	ne organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	v or c	ustodial a	ccount lia	bility?	☐ Ye	s 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the e	xplanat	ion has	s bee	n provide	d in Part)	(III		
Pa	rt V	Endowment Funds. Complete if									
		'	(a)Current year		rior yea			ears back	(d)Three year		(e)Four years back
1a	Beginn	ing of year balance	338,992		25:	1,811		277,136		287,537	267,758
b	Contrib	outions	23,555		95	5,305		24,410		19,358	19,766
c	Net inv	estment earnings, gains, and losses	1,367			325		265		241	1,632
d	Grants	or scholarships									
е		expenditures for facilities ograms	56,437		8	3,449		50,000		30,000	1,619
f	Admını	strative expenses									
g	End of	year balance	307,477		338	3,992		251,811		277,136	287,537
2 a b	Board	de the estimated percentage of the curre d designated or quasi-endowment ▶ anent endowment ▶	ent year end balance 48 200 %	(line 1	g, colu	mn (a)) held a	S			
c	Temp	orarily restricted endowment > 51 8	300 %								
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3a	orgar	here endowment funds not in the posses nization by	sion of the organizat	on tha	t are h	eld a	nd admini	ıstered foı	r the	_	Yes No
		nrelated organizations			•	•					a(i) No
b	. ,	elated organizations		• • on Sche	· · dule R	, .	• •			<u> </u>	3b NO
4		ribe in Part XIII the intended uses of the	· ·								
Pa	rt VI	Land, Buildings, and Equipmer	nt.								
		Complete if the organization answ		m 990	, Part	ΙV,	line 11a.	. See For	m 990, Pa	rt X, lın	e 10.
	Descri	ption of property (a) Cost or oth (investme		or other	basıs (other)	(c) Acc	umulated d	epreciation	(d) Book value
1a	Land				:	10,38	3				10,383
b	Buildin	gs									
c	Leaseh	old improvements									
d	Equipn	nent				8,88	3		423		8,465
е	Other										
		lines 1a through 1e (Column (d) must ed	gual Form 990, Part	X, colui	mn (B)	, line	10(c))		>		18,848

	See Form 990, Part X, line 12.	anızat					
	(a) Description of security or category (including name of security)		(b) Book value	C		od of valuation -year market value	
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
4)							
3)							
E)							
))							
≣)							
:)							
5)							
٦)							
otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See	Form 990,	Part X, line 13.	
			ok value		(c) Metho	od of valuation -year market value	
L)					USE OF ENU-OF	real market value	
2)							
3)							
4)							
5)							
5)							
7)							
8)							
9)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)						
otal. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX		on Forr	n 990, Pa	rt IV, line 11d	i See Form 9	990, Part X, line 15 (b) Book	value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX 1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3)	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 11d	1 See Form 9		value
2) 3) (1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (5) (5) (5) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered 'Yes' (a) Description		n 990, Pa		See Form 9		value
Part IX 2) 3) 4) 5) 7) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description					(b) Book	value
Part IX 22) 33) 4) 55) 77) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description		es' on Fo			(b) Book	value
Part IX (2) (3) (3) (3) (4) (5) (5) (7) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X - .) Federal	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X - .) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (a) (b) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X 1) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) 6) 9) otal. (Columnation of the columnation of the col	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (3) (4) (5) (5) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (4) (5) (7) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) 7) otal. (Colu Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) otal. (Colu Part X 1) Federal 1 2) 3) 7)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
С	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d 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 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С					4c	
5		Ic. (This must equal Form 990, Part I, line 18) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro [,] XI,	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any a	IV, lines 1b and 2b, Part dditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	planation		
See A	Addıtıonal Data Table					

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software Version:

EIN: 42-0620333

Name: GREATER MUSCATINE CHAMBER OF COMMERCE AND INDUSTRY

OMMERCE AND INDUSTR

Supplemental Information

Explanation

Return Reference

SCHEDULE D. PAGE 3, PART X

THE ORGANIZATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A TAX- EXEMPT ORGANIZATION UNDER SECTION 501(C)(6) OF THE U S INTERNAL REVENUE CODE AND THE CORRESPONDING PROVISION S OF IOWA LAW AND, ACCORDINGLY IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES THE ORGANI ZATION EVALUATES THE TAX BENEFITS OF A TAX POSITION USING THE "MORE LIKELY THAN NOT" THRES HOLD AS OF MARCH 31, 2018, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AND REL ATED TAX BENEFITS WHICH WOULD BE MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS THE ORGANIZATION FILES A U S FEDERAL INFORMATIONAL RETURN WHICH FOR FISCAL YEARS SUBSEQUENT TO 2014 IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES

efile GRAPHIC p	rint - DO NOT PROCESS As Filed Data -	DLI	N: 93493044012149					
SCHEDULE O	Supplemental Information to Form 99	0 or 990-F7	OMB No 1545-0047					
(Form 990 or 990- EZ) Department of the Treasury	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional information about Schedule O (Form 990 or 990-EZ) and information about Schedule O (Form 990 or 990-EZ) and information about Schedule O (Form 990 or 990-EZ) and information about Schedule O (Form 990 or 990-EZ) and information about Schedule O (Form 990 or 99	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						
Internal Revenue Service Name of the organiza GREATER MUSCATINE CH COMMERCE AND INDUST	IAMBER OF	Employer ider 42-0620333	ntification number					
990 Schedule O,	Supplemental Information Explanation							
FORM 990 - ORGANIZATION'S MISSION	GREATER MUSCATINE CHAMBER OF COMMERCE AND INDUSTRY (G	DN'S ÉCONOMY, IMPRO BMCCI'S ORGANIZATION D GROWS GMCCI MEM B REGARDING ECONOM MIC DEVELOPMENT EFF BUSINESSES AND THE F	VING THE REGIO NAL STRUCTURE BERSHIP TO ACCOM IIC AND COMMUNI FORTS FOR THE GRE RECRUITMENT OF N					

Return Explanation
Reference

FORM 990,	A COPY OF THE FULL FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE FILING
PAGE 6,	THE EXECUTIVE COMMITTEE APPROVES THE FORM 990 VIA VOTE PRIOR TO FILING
PART VI,	
LINE 11B	

Return Explanation

FORM 990,	THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY THROUGH REGULAR CONTACT WITH APP
PAGE 6,	LICABLE PARTIES THROUGH MEETINGS AND EVENTS IN THE EVENT OF A SUSPECTED CONFLICT OF INTER
PART VI,	EST, THE CHAIRMAN OF THE GOVERNING BOARD IS NOTIFIED TO CONSIDER WHAT ACTION SHOULD BE TAK
LINE 12C	FN

Return Explanation Reference

FORM 990,	THE SEARCH COMMITTEE OF THE GREATER MUSCATINE CHAMBER OF COMMERCE BOARD MEMBERS DETERMINE
PAGE 6,	THE PRESIDENT & CEO'S SALARY, WITH THE HELP OF A RECRUITER, BY EXAMINING COMPENSATION LEVE
PART VI,	LS AT COMPARABLE ORGANIZATIONS THE PRESIDENT & CEO'S SALARY IS REVIEWED ANNUALLY AND APPR

LINE 15A OVED BY THE ENTIRE BOARD

Return Explanation

LINE 19

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

990 Schedule O, Supplemental Information Explanation Return Reference

FORM 990, PART IX,

LINE 11G