DLN: 93493043020040 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 ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 C Name of organization D Employer identification number B Check if applicable GREATER MUSCATINE CHAMBER OF COMMERCE AND INDUSTRY ☐ Address change 42-0620333 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O box if mail is not delivered to street address) Room/suite 100 W 2ND STREET E Telephone number ☐ Amended return ☐ Application pending (563) 263-8895 City or town, state or province, country, and ZIP or foreign postal code MUSCATINE, IA $\,$ 52761 G Gross receipts \$ 635,148 F Name and address of principal officer H(a) Is this a group return for TIARR SWEERE □Yes **☑**No subordinates? 100 W 2ND STREET H(b) Are all subordinates MUSCATINE, IA 52761 ☐ Yes ☐No included? I 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 L Year of formation 1944 M State of legal domicile IA **K** Form of organization $oxedsymbol{oxed}$ Corporation $oxedsymbol{\Box}$ Trust $oxedsymbol{\Box}$ Association $oxedsymbol{\Box}$ Other lackbreakSummary 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 STRIVING TO ADVANCE OUR REGION'S ECONOMY, IMPROVE THE REGION'S QUALITY OF LIFE, AND ENHANCE 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 Activities & Governance THROUGH THE SUPPORT OF EXISTING BUSINESSES AND THE RECRUITMENT OF NEW BUSINESSES GMCCI WILL 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 asset Number of voting members of the governing body (Part VI, line 1a) 31 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 8 Total number of volunteers (estimate if necessary) . . . 6 60 40,878 7a Total unrelated business revenue from Part VIII, column (C), line 12 ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 506,501 523,547 9 Program service revenue (Part VIII, line 2g) . 93,023 101,808 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,819 15,372 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 650 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 622,389 624,331 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 331,529 407,097 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 257,613 223,650 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 589,142 630,747 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 33,247 -6,416 Net Assets or Fund Balances End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) . 971,516 978,576 21 Total liabilities (Part X, line 26) . 56,761 70,237 908,339 Net assets or fund balances Subtract line 21 from line 20 . 914,755 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 2020-02-10 Signature of officer Sign Here ERIK READER PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P00115583 Paid self-employed Firm's name ANDERSON LOWER WHITLOW PC Firm's EIN ► 42-1394940 Preparer Use Only Firm's address ▶ 1805 STATE ST STE 201 Phone no (563) 359-4757 BETTENDORF, IA 52722 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes □ No For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Service	Accomplis	hments		
	Check if Sched	lule O contains a respor	se or note to	any line in this Part III .		🗹
1	Briefly describe the or	ganization's mission				
ADVA ORGA ACCO WILL EXIS	ANCE OUR REGION'S EC ANIZATIONAL STRUCTU OMPLISH OUR MISSION BE THE KEY PROVIDER	CONOMY, IMPROVE THE JRE WILL PROVIDE A M , GMCCI WILL FOCUS C R OF ECONOMIC DEVEL	REGION'S QUEMBER VALUE ON STRATEGICOPMENT EFFO	ALITY OF LIFE, AND ENH PROPOSITION THAT SUS INITIATIVES REGARDIN RTS FOR THE GREATER M	RIVEN ORGANIZATION WHOSE M ANCE OUR MEMBER'S SUCCESS ITAINS AND GROWS GMCCI MEME G ECONOMIC AND COMMUNITY D IUSCATINE REGION THROUGH TH OTE AND ENHANCE A VIBRANT A	GMCCI'S BERSHIP TO EVELOPMENT GMCCI HE SUPPORT OF
2	Did the organization u	ındertake any sıgnıfıcar	ıt program ser	vices during the year whi	ch were not listed on	
	the prior Form 990 or	990-EZ?				☐ Yes 🗹 No
	If "Yes," describe thes	se new services on Sche	edule O			
3	Did the organization of	ease conducting, or ma	ike significant	changes in how it conduc	ts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe thes	se changes on Schedule	0			
4	Section 501(c)(3) and	tion's program service : i 501(c)(4) organization ie, if any, for each prog	ns are required	to report the amount of	rgest program services, as meast grants and allocations to others, t	ured by expenses the total
4a	(Code See Additional Data) (Expenses \$	384,695	including grants of \$) (Revenue \$	55,514)
4b	(Code See Additional Data) (Expenses \$	32,226	including grants of \$) (Revenue \$	40,878)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d		es (Describe in Schedul	•			
	(Expenses \$		ding grants of	<u> </u>) (Revenue \$)
4e	Total program serv	ice expenses ►	416,9	21		Form 990 (2018)

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Pai	Checklist of Required Schedules			
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	Yes	No No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes	
3	Did the organization required to complete Schedule S _i Schedule of Contributors (See instructions) 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			
а	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	
b	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
	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 🕏	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	Yes	
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	Yes	
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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	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.

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

Nο

20a

20b

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	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
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.	20	Yes	

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Part V

38

0

1a

1b

Yes

No

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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a

13a

14a

14b

15

No

No

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12b

13b

13c

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Part	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 Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗸
Sec	tion 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			
	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			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 31			
	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
	Did the organization delegate control over management duties customarily performed by or under the direct supervisior 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
	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
	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?	8b	Yes	
	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
L0a	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	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? <i>If "Yes," describe in Schedule O how this was done</i>	12c		No
L3	Did the organization have a written whistleblower policy?	13		No
L 4	Did the organization have a written document retention and destruction policy?	14	Yes	
	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	
ь	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)			
L6a	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
	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		
	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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			
	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 ►MICHELLE SIDES 100 W 2ND STREET MUSCATINE, IA 52761 (563) 263-8895			

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(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	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) (E) Name and Title Position (do not check more Reportable Reportable Average Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) organization (Worganizations (Wany hours from the for related 2/1099-MISC) 2/1099-MISC) organization and individual to or director Officer ķeγ organizations related Institution below dotted organizations emplo line)

	tustee	al Trustee)ee	pensated		
See Additional Data Table						
	I					

 \blacktriangleright c Total from continuation sheets to Part VII, Section A . ▶ 106,835 d Total (add lines 1b and 1c)

1b Sub-Total .

2,905

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 \blacktriangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	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			

	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? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	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 individual	4		No

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	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		No
5	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	5		No

Se	ection B. Independent Contractors			
5	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	5	N	lo
4	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 individual	4	N-	lo
	line 1a? If "Yes," complete Schedule J for such individual	3	N ₁	io

			4	l No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization 7 If "Yes," complete Schedule J for such person		5	No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the o		ensat	tion
	(A)	(B)		(C)
	Name and business address	Description of services		Compensation

	services rendered to the organization /Ir Yes," complete Schedule J for such person		5	No
Se	ection B. Independent Contractors			•
1	Complete this table for your five highest compensated independent contractors that received n from the organization. Report compensation for the calendar year ending with or within the organization.		npensa	ation
	(A) Name and business address	(B) Description of services		(C) Compensation
İ				

from the organization. Report compensation for the calendar year ending with or within the	organization's tax year	
(A) Name and business address	(B) Description of services	(C) Compensation
	1 11 +100 000 6	

2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization ▶	received more than \$100,000 of	
		_	Form 990 (2018)

orm 9	90	(2018)											Page 9
Part	VII												
		Check if Schedul	e O contains	a respo	onse or r	note to any	(A) revenue	(E Relat exe func reve	ed or mpt tion	(C) Unrela busine reven	ted ess	(D) Revenue excluded from tax under sections 512 - 514
s	1	a Federated campaig	ns	1a				'					
nts In the		b Membership dues		1b		148,443							
67. no:		c Fundraising events		1c									
Š, (d Related organizatio		1d									
<u> </u>		e Government grants (co		1e									
ii. Š		f All other contributions,		16									
ë S		and similar amounts n		1f		358,058							
雪		g Noncash contribution	one included										
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a - 1f \$	Jiis iliciaaea										
S É		h Total. Add lines 1a	-1f			. •		506,501					
						Business	Code						
TE E	2	a BUSINESS SEMINARS A	ND MEETING				541800	5	5,514	55,	514		
٠٨٠	ŀ	ADVERTISING INCOME						4	0,878			40,8	78
Service Revenue		ECONOMIC DEVELOPME	NT REVENUE				541800		5,416	5,	416		
rMC	Ì						541900						
ઝ	(d t		_							+		
ran		e		_									
Program	f	f All other program se	rvice revenue	9			101,808						
<u>a</u>	g	I Total. Add lines 2a-2	2f	•	>								
		Investment income (ii			nterest,			6,939					6,939
		similar amounts) . Income from investme			and proc	eeds >	_	<u> </u>					
							-						
	(i) Real (ii) Persona												
	6	a Gross rents					7						
		b Less rental expenses					-						
		B ress Tental expenses											
		c Rental income or (loss)					1						
		d Net rental income o	r (loss)				4						
	·	a Net remai income o	(i) Securit			Other	+						
	7:	7a Gross amount			1								
					19,25	0							
		than inventory											
	ı	b Less cost or other basis and				10,81	7						
		sales expenses				8,43							
		c Gain or (loss) d Net gain or (loss) .		_			<u> </u>	8,433		8,433			
		Gross income from fi				<u> </u>	+			-,			
e n		(not including \$	_	of									
æ		contributions reporte See Part IV, line 18	ed on line 1c)	а									
ev.		b Less direct expense					1						
erl	,	c Net income or (loss)	from fundrais	sing ev	ents .	· •	_						
Other Revenue	9;	Gross income from g		ies									
		See Part IV, line 19		а									
	ı	b Less direct expense	s	ь			┨						
		c Net income or (loss)			ies .	· •	_						
	10	aGross sales of invent				•							
		returns and allowand	ces	a									
		b Less cost of goods s	old	a b			\dashv						
		C Net income or (loss)			on.		_						
		Miscellaneous		IIIVEIII		ess Code							
	1:	1aOTHER INCOME				90009	9	650		650			
	ı	b											
	١,	с											
		d All other revenue .					+						
		e Total. Add lines 11a			٠	>	1						
	1:	2 Total revenue. See	Instructions					650					
		, can to to the control of the				• •		624,331		70,013		40,878	6,939 Form 990 (2018)

Partix	Statement of F	unctional expens	3C3		
Section 501	(c)(3) and 501(c)(4)	organizations must	complete all columns	All other organizations	must complete column (A)

For	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 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	106,835		106,835	
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	241,483	241,483		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	29,291	26,386	2,905	
10	Payroll taxes	29,488	29,488		_
11	Fees for services (non-employees)				
ä	a Management				
ı	D Legal				
	a Accounting	10,197		10,197	
	d Lobbying				
	Professional fundraising services See Part IV, line 17				
1	Investment management fees				
ģ	GOther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,656	4,173	28,483	
12	Advertising and promotion	3,569	3,569		
13	Office expenses	35,834	32,226	3,608	
14	Information technology	13,106		13,106	
15	Royalties				
16	Occupancy	30,773		30,773	
17	Travel	43,088	43,088		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	4,882	4,882		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,700	2,700		
23	Insurance	7,077	7,077		_
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)				
	a BAD DEBTS	17,919		17,919	
	b DUES & SUBSCRIPTIONS	12,609	12,609		
	c CONTRIBUTIONS	7,328	7,328		
	d MISCELLANEOUS	1,912	1,912		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	630,747	416,921	213,826	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)				

Forn	n 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			294,152	1	353,388
	2	Savings and temporary cash investments		[466,954	2	479,484
	3	Pledges and grants receivable, net		. [3	
	4	Accounts receivable, net		[79,835	4	38,655
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	ited en	nployees Complete		5	
s	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net			108,518	7	84,981
SS	8	Inventories for sale or use		8			
~	9	Prepaid expenses and deferred charges		,	1,959	9	7,943
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	13,623			
	ь	Less accumulated depreciation	10 b	2,123	18,848	10 c	11,500
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets			1,250	14	2,625
	15	Other assets See Part IV, line 11	•			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	971,516	16	978,576
	17	Accounts payable and accrued expenses			56,761	17	64,356
	18	Grants payable				18	
	19	Deferred revenue				19	5,881
	20	Tax-exempt bond liabilities				20	
Š	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ig:		persons Complete Part II of Schedule L $$.				22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third parties,		25	

56.761

590.528

324,222

914,755

971,516

26

27

28

29

30

31

32

33

34

70.237

536.908

29,480

341,951

908,339

978,576

Form **990** (2018)

	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											
ý	21	Escrow or custodial account liability Complete Part IV of											
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di											
jab		persons Complete Part II of Schedule L											
	23	Secured mortgages and notes payable to unrelated third											
	24	Unsecured notes and loans payable to unrelated third pa											
		Other helicitus (male des fordes de la contraction de la contracti											

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

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

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

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

Retained earnings, endowment, accumulated income, or other funds

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

26

27 28

29

30

31

32

33 34

Net Assets or Fund Balances

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			624,331
2	Total expenses (must equal Part IX, column (A), line 25)	2			630,747
3	Revenue less expenses Subtract line 2 from line 1	3			-6,416
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			914,755
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			908,339
Pa	rt 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				
2a	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 separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	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 consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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 Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	За		No
Ь	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	red	Зь		

Additional Data

Software ID: Software Version:

EIN: 42-0620333

Name: GREATER MUSCATINE CHAMBER OF COMMERCE AND INDUSTRY

Form 990 (2018)

Form 990, Part III, Line 4a:

THE ORGANIZATION CONDUCTS MEETINGS AND CONVENTIONS FOR BUSINESS PROFESSIONALS IN MUSCATINE, IOWA ADDITIONALLY THE ORGANIZATION SUPPORTS

EVENT ORGANIZATIONS 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) (B) (C) (E) (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 and a director/trustee) any hours organization organizations from the

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

l ·	1 6,	1			,,, .	,	′ ,	(11) 2 (1000	(14) 7/4 000	avanniantion and	
	for related organizations below dotted line)		Institutional Trustee	10		Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
BOB ALLBEE DIRECTOR	2 00	1 1						0	0	0	
ANDY BRAMSTEDT DIRECTOR	2 00	1 1						0	0	0	
CHRIS DANIEL DIRECTOR	2 00							0	0	0	
NAOMI DEWINTER COMMITTEE CH	2 00							0	0	0	

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CIRIS DANIEL
DIRECTOR
NAOMI DEWINTER
COMMITTEE CH
AARON EVERSMEYER

DIRECTOR

DIRECTOR

BILL HARPER

TREASURER

BOB HOWARD

CHAIR ELECT

DIRECTOR

DIRECTOR

KYLE JENSEN

SCOTT INGSTAD

JASON GREGORY

and Independent Contractors

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

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

	any hours and a director/trustee)							organization			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	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	х						0	0	0	
SAL LOBIANCO COMMITTEE CH	2 00	×						0	0	0	
GREGG MANDSAGER DIRECTOR	2 00	×						0	0	0	

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GREGG MANDSAGER
DIRECTOR
NATHAN MATHER
DIRECTOR
DONNA MEADE

DIRECTOR

DAVE MOHR

DIRECTOR

DIRECTOR

SHANE ORR

DIRECTOR

DIRECTOR

LINDSEY PHILLIPS

BRETT NELSON

.......

and Independent Contractors

(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 anv hours and a director/trustee) organization organizations from the

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

	formulated	and a director/trustee/					'	Organization	(W 2/1000	overnientien and	
	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	
MARK POST COMMITTEE CH	2 00	×						0	0	0	
KRISTA REGENNITTER DIRECTOR	2 00	×						0	0	0	
DAVE RIGGAN DIRECTOR	2 00	×						0	0	0	
JERRY RIIBE DIRECTOR	2 00	×						0	0	0	

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DIRECTOR
JERRY RIIBE
DIRECTOR
PAULA SCHNECKLOTH
DIRECTOR

SHAWN SCHRADER

.......

PAST CHAIR

JIM SIMMONS

COMMITTEE CH

TOM SPREAD

TIARR SWEERE

DOROTHY THULEN

DIRECTOR

CHAIR

DIRECTOR

and Independent Contractors

and Independent Contractors (A) Name and Title

PRESIDENT &

	hours per week (list any hours for related organizations below dotted line)	
CRAIG UTLEY	2 00	
DIRECTOR		
GREG JENKINS	40 00	_

Institutional Х Х

.

(B)

Average

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

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

(C)

Former

organization (W-2/1099-MISC) 106,835

(D)

Reportable

compensation

from the

from related organizations (W- 2/1099-MISC)

(E)

Reportable

compensation

compensation from the organization and related organizations

2,905

(F)

Estimated

amount of other

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493043020040

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

•	 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 						
• • f th	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 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						
	Section 501(c)(4), (5), or (6) organiz	ations Complete Part III		Te	. I'C' - I'		
GR	me of the organization EATER MUSCATINE CHAMBER OF MMERCE AND INDUSTRY			42-0620333	ntification number		
Pai	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a section 527 organ	ization.		
1	Provide a description of the organ "political campaign activities")	ızatıon's dırect and ındırect political car	npaign activities in	Part IV (see instructions	for definition of		
2	Political campaign activity expend	itures (see instructions)		•	\$		
3	Volunteer hours for political camp	aign activities (see instructions)					
Par	t I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).				
1	Enter the amount of any excise ta	ix incurred by the organization under se	ection 4955	>	\$		
2	Enter the amount of any excise ta	ix incurred by organization managers u	nder section 4955	•	\$		
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for t	his year?		🗌 Yes 🔲 No		
4a	Was a correction made?				☐ Yes ☐ No		
b			- =04(-)				
		nization is exempt under section			-		
1	•	ed by the filing organization for section	·		\$		
2	Enter the amount of the filing org function activities	anızatıon's funds contrıbuted to other o	rganizations for se	ection 527 exempt	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No		
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
l							
2							
3							
1							
5							
5							
or F	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2018		

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	d 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount 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	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No 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) 2015 **(b)** 2016 (c) 2017 (d) 2018 (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

activity

Volunteers?

Part IV

Return Reference

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

(b)

Amount

(a)

No

Yes

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

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

Explanation

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

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

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

(Form 990)

Department of the 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. ▶ Go to www.irs.gov/Form990 for the latest information. DLN: 93493043020040 OMB No 1545-0047

Open to Public Inspection

Interr	nal Revenue Service	► Go to <u>www.irs.c</u>	gov/Form990 for th	e la	itest information.			In	spection
	ime of the organ					Emp	oloyer ident	ification	number
	MMERCE AND INDUS					42-0	0620333		
Pa	a rt I Organi	izations Maintaining Donor Advi	ised Funds or Oth	er	Similar Funds	or Acc	ounts.		
	Comple	ete if the organization answered "Ye				1			
	-		(a) Donor a	advi	ised funds		(b)Funds a	nd other	accounts
1	Total number at	•							
2		e of contributions to (during year)							
3 4	Aggregate value	e of grants from (during year)							
		•			- t - 1 - 1 d d	<u></u>	6 d	_	
5		ation inform all donors and donor adviso property, subject to the organization's ex			ets neid in donor a	avisea	runds are the	_	Yes 🗌 No
6		ation inform all grantees, donors, and do oses and not for the benefit of the donor						ssible	
	private benefit?		or derior davisor, or		any other purpose	comen	mg imperim	_] Yes □ No
Pa	rt III Consei	rvation Easements. Complete if the	he organization ans	swe	red "Yes" on For	m 990	, Part IV, li	ne 7.	
1	Purpose(s) of co	onservation easements held by the orga	nızatıon (check all tha	at a	pply)				
	☐ Preservati	ion of land for public use (e g , recreation	n or education)		Preservation of ar	histor	cally import	ant land	area
	☐ Protection	of natural habitat	[Preservation of a	certifie	d historic str	ucture	
	☐ Preservati	on of open space							
2		2a through 2d if the organization held a	qualified conservation	n cc	ontribution in the fo	rm of a	a conservatio	ın	
_		ne last day of the tax year	qualifica conscivation		one ibacion in the ro	01 0			of the Year
а	Total number of	f conservation easements				2a			
b	Total acreage re	estricted by conservation easements				2b			
c	Number of cons	ervation easements on a certified histori	ıc structure ıncluded ıı	n (a	a)	2c			
d		ervation easements included in (c) acqu in the National Register	ired after 7/25/06, an	nd n	ot on a historic	2d			
3	Number of cons tax year ►	servation easements modified, transferre	ed, released, extinguis	she	d, or terminated by	the or	ganızatıon dı	uring the	
4	Number of state	es where property subject to conservation	on easement is located	d ▶					
5		iization have a written policy regarding th nt of the conservation easements it hold:		g, ır	nspection, handling	of viola	· -	Yes	□No
6	Staff and volun	teer hours devoted to monitoring, inspec	cting, handling of viola	atıo	ns, and enforcing o	onserv			ng the year
7	Amount of expe	enses incurred in monitoring, inspecting,	. handling of violations	s, a	nd enforcing consei	vation	easements (during th	e year
_	·		\ _			70(-)/	4)(D)(-)		
8	and section 170	servation easement reported on line 2(d) 0(h)(4)(B)(ii)?) above satisfy the rec	quir	ements of section 1	.70(n)(_	Yes	□ No
9	balance sheet,	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the organ				atement, and	I	_ NO
Pai		izations Maintaining Collections ete if the organization answered "Ye				ner Si	milar Asse	ets.	
1a	art, historical tr	tion elected, as permitted under SFAS 11 reasures, or other similar assets held for : XIII, the text of the footnote to its finar	· public exhibition, edu	ıcat	ion, or research in				
b	historical treasi	tion elected, as permitted under SFAS 11 ures, or other similar assets held for pub nts relating to these items							
	_	ded on Form 990, Part VIII, line 1					▶ \$		
	•	d in Form 990, Part X					▶ \$		
2	-	tion received or held works of art, histori	ical treasures or othe	rei	milar assets for fina	ancial d		the	
2		nts required to be reported under SFAS				anciai y	am, provide	CI IC	

Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	1	Organizations M	aintaining Col	lections of A	irt, Histor	ical Ti	reas	ures, or	Other S	Similar Ass	ets (cont	:inued)	
3		g the organization's acq s (check all that apply)	quisition, accessioi	n, and other red	ords, check	any of	the f	ollowing t	hat are a	sıgnıfıcant use	of its col	lection	
а		Public exhibition			d		Loar	n or excha	ange progi	rams			
b		Scholarly research			е		Oth	er					
c		Preservation for future	e generations										
4	Provi Part :	de a description of the	_	lections and ex	plain how th	ney furth	ner th	ne organiz	ation's ex	empt purpose	ın		
5		ng the year, did the org s to be sold to raise fui								ılar [Yes	□ N	lo
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			n Form 99	0, Part	IV,	line 9, or	reported	d an amount	: on Forr	n 990,	Part
1a		e organization an agent ded on Form 990, Part		an or other inte	rmediary fo	r contril	butio	ns or othe	er assets n	F	Yes	□ N	lo
Ь	If "Y€	es," explain the arrange	ement ın Part XIII	and complete	the following	g table		[Ame	ount		_
С		nning balance		,	•			ļ	1c				_
d	Addıt	ions during the year							1d				_
е	Distri	butions during the yea	r						1e				_
f	Endır	ng balance							1f				_
2a	Did tl	he organization include	an amount on Fo	rm 990. Part X	. line 21. foi	escrow	or c	ustodial a	ccount lial	bility? [7	N	_ n
		es," explain the arrange								_	_		. •
	rt V	Endowment Fun											
				(a)Current ye		Prior yea				(d)Three years		Four year	rs back
1 a	Beginn	ning of year balance .		307	7,477	338	3,992		251,811	27	7,136		287,537
b	Contrib	butions		63	3,156	23	3,555		95,305	24	4,410		19,358
c	Net inv	vestment earnings, gaii	ns, and losses	1	,140	1	,367		325		265		241
d	Grants	or scholarships											
e		expenditures for faciliti ograms	es	55	5,000	56	5,437		8,449	5	0,000		30,000
f	Admın	ıstratıve expenses .											
g	End of	year balance		316	5,773	307	7,477		338,992	25	1,811		277,136
2 a b c	Board Perm	de the estimated perce d designated or quasi-e lanent endowment > porarily restricted endo	endowment 🕨	46 130 %	lance (line :	Lg, colu	mn (a	a)) held a:	S				
_		percentages on lines 2a		•			.12			. LL -			
3a		here endowment funds nization by	not in the posses	sion of the orga	anization tha	at are h	eid ai	nd admini	stered for	tne		Yes	No
	_	nrelated organizations									3a(i)	++	No
b		related organizations . es" on 3a(ii), are the re		 ns listed as requ	 ııred on Sch	 edule R	· .				3a(ii) 3b		No
4	Desci	ribe in Part XIII the into	ended uses of the	organization's	endowment	funds							
Pa	rt VI	, , ,											
	Descr	Complete If the or Iption of property	ganization answ (a) Cost or oth (investme	ner basis (b	n Form 99) Cost or othe				See Formulated de			.0. Book valu	е
1a	Land												
		ngs						+					
		nold improvements						+					
d	Equipn	ment				1	13,623	3		2,123			11,500
		Ines 1a through 1e (C	John (d) must s	aual Form 000	Part V col	ımn (P)	line	10(c)					11 500
. ULZ	. Auu	mies la unough le (C	viairiii (u) Must ei	uuai i Ullil 990,	rait A, COIL	111111 (D).	, iiiie	IU(C) / .		-			11.500

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.				
	(a) Description of security or category (including name of security)		(b) Book value		Method of valuation end-of-year market value
	al derivatives				
	Tied equity interests	<u> </u>			
(A)					
[B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	>			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990. Pa	art IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		ok value	(c)	Method of valuation end-of-year market value
(1)				Cost of	end-or-year market value
(2)					
(3)					
(4)					
5)					
6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 13)	•			
Γ otal. (Colum	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Fotal. (Colum			n 990, Part	IV, line 11d See	Form 990, Part X, line 15 (b) Book value
Part IX	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX 1) 2)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization a				(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability			n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) Fotal. (Column 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column 7) 8. 1) Federal (1) 2)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Fotal. (Columnary) Part X 1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Fotal. (Columnary) Part X 1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Fotal. (Columnary) Part X 1) Federal (1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Columpart X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
Total. (Column Part IX	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

> **EIN:** 42-0620333 Name: GREATER MUSCATINE CHAMBER OF

COMMERCE AND INDUSTRY

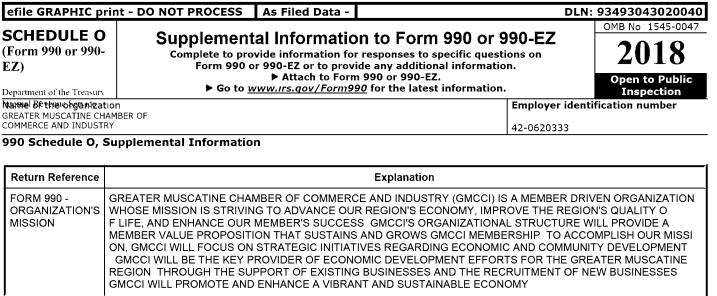
Supplemental Information

SCHEDULE D, PAGE 3, PART X

Return Reference Explanation THE ORGANZIATION 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 LIKLEY THAN NOT" THRES HOLD AS OF MARCH 31, 2019, 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 U.S. FEDERAL INFORMATIONAL RETURN WHICH FOR FISCAL YEARS SUBSEQUENT TO

2015 IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES



Return Explanation
Reference

990 Schedule O, Supplemental Information

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
Reference

990 Schedule O, Supplemental Information

ľ	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
l	LINE 15A	OVED BY THE ENTIRE BOARD

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 19

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