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# <sub>om</sub> 990

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

'	ΑF	or the 2	009 calendar year, or tax year beginning $$ JUL $1,$ $2009$ and ending $$ $$	UN 30, 2010	
	Вс	neck if	Please C Name of organization	D Employer identific	ation number
	ar		use IRS		
	<u>_</u>	Address change Name	print or MICHIGAN CHAMBER OF COMMERCE	20.1	
	$\vdash$	change	type Doing Business As	<del></del>	526029
		Termin- ated	See Specific Instruc- 6 0 0 SOUTH WALNUT	E Telephone number (517)	
		Amended return	City or town, state or country, and ZIP + 4	G Gross receipts \$	8,096,350.
		Applica- tion pending	LANSING, MI 48933	H(a) Is this a group ret	
			F Name and address of principal officer:RICHARD K. STUDLEY SAME AS C ABOVE	for affiliates?	Yes X No
	. T			H(b) Are all affiliates incli	
			pt status: LX   501(c) ( 6	H(c) Group exemption	st (see instructions)
					State of legal domicile: MI
			ummary		<u> </u>
,	آھ	1 Br	efly describe the organization's mission or most significant activities TO PROMOTE	CONDITIONS	FAVORABLE
	ğ		O JOB CREATION AND BUSINESS GROWTH IN MICHIGA	OM OT CINA NA	E MICHIGAN
	Governance	2 Ch	neck this box 🕨 🔲 if the organization discontinued its operations or disposed of more	than 25% of its net as:	
	ŏ	3 Nu	imber of voting members of the governing body (Part VI, line 1a)	3	82
0	8	4 Nu	imber of independent voting members of the governing body (Part VI, line 1b)	4	81
2010	Activities &		tal number of employees (Part V, line 2a)	5	77
~	Ęį		tal number of volunteers (estimate if necessary)	6	200
8	A <sub>C</sub>		tal gross unrelated business revenue from Part VIII, column (C), line 12	7a	4,628.
<u> </u>		D NE	t unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
130	اہ	8 Cc	ontributions and grants (Part VIII, line 1h)	26,500.	34,900.
	evenue		ogram service revenue (Part VIII, line 2g)	7,008,817.	7,761,269.
$\Omega$	ě		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	29,109.	13,417.
Š	۳ ا		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	342,668.	286,764.
Ş		<b>12</b> To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,407,094.	8,096,350.
SCANNED		<b>13</b> Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)		140,000.
S			nefits paid to or for members (Part IX, column (A), line 4)	2 562 611	
	ses	15 Sa	laries, intercompensation employee benefits (Part IX, column (A), lines 5-10)	2,562,611.	2,640,381.
	Expenses		ofeq <del>sional fundraising fees (Part IX</del> column (A), line 11e)		
	EX		tal fundraising expenses (Part Kolumn (D), line 25) gexpenses (Partax, 定即m) (A), lines 11a-11d, 11f-24f)	5,004,135.	5,029,794.
				7,566,746.	7,810,175.
		19 Re	venue Jess-expenses. Subtract line 18 from line 12	-159,652.	286,175.
	58	10		eginning of Current Year	End of Year
	Assets or Balances	<b>20</b> To	tal assets (Part X, line 16)	6,756,063.	7,080,437.
	EAS BEAS	<b>21</b> To	tal liabilities (Part X, line 26)	2,665,266.	2,703,465.
	FundA		et assets or fund balances. Subtract line 21 from line 20	4,090,797.	4,376,972.
	Pa	<u> </u>	Signature Block		
		ar	nder penalties of perµry, I declare that I have examined this return, including accompanying schedules and statements, id complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and to the best of my knowledg	e and belief, it is true, correct,
			(1: alana Stubba	10-05	10
	Sign		Signature of officer	Date	
	Here		RICHARD K. STUDLEY, PRESIDENT & C.E.O.		
			Type or print name and title		
	Dair	Р			's identifying number ructions)
	Paid Pren	SI SI	gnature Aug Cooling 9.21-10 en	ployed >	
	•	Only 5	rm's name (or PLANTE MORAN, /PLLC	EIN ►	
		56	off-employed). 1111 MICHIGAN AVE.		-171 `220
			P+4 EAST LANSING, MV 48823	Phone no. ► (	332-6200
	May	the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

01 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

DA

Form 990 (2009) MICHIGAN CHAMBER OF COMMERCE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	•
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI.		<b>!</b>	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ļ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	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			1
•	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.			1
•	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? If "Yes," complete Schedule D, Part X.			' '
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	l		x
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>  ^-</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			x
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	├─	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del> </del>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u> </u>	
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (	(2009)

Form 990 (2009) MICHIGAN CHAMBER OF Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete			
	Schedule J	23	_X_	
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 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	_		
	any tax-exempt bonds?	24c		
	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) and 501(c)(4) 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	256		
26	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	   26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	10		<del></del>
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		'	
	Schedule L, Part III	27		х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<sub></sub> -
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		<u> </u>
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		х
34	Was the organization related to any tax-exempt or taxable entity?	-33		<del>                                     </del>
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	İ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<del></del>	<del></del>	
<b></b>	If "Yes," complete Schedule R, Part V, line 2	35	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	٣		$\vdash$
	If "Yes," complete Schedule R, Part V, line 2	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X_	
		Form	990	(2009)

Form 990 (2009) MICHIGAN CHAMBER OF COMMERCE 38-1626029 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 16 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  $\tilde{\mathbf{X}}$ (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittai of Wage and Tax Statements, 77 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O X 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts X 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a provided to the payor? 7b b If "Yes." did the organization notify the donor of the value of the goods or services provided? c 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, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 76 benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7**g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings

Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person?

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

at any time during the year?

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

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

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

11b Form 1041?

10a

10b

11a

Form **990** (2009)

9a 9b Form 990 (2009) MICHIGAN CHAMBER OF COMMERCE 38-1626029 Page

[Part VI] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
	1			0.0	Yes	No
1a	Enter the number of voting members of the governing body	1a	-	82 81		
b	Enter the number of voting members that are independent	1b		81		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			v
_	officer, director, trustee, or key employee?			2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?			4	+-	X
4						
5	Did the organization become aware during the year of a material diversion of the organization's assets	s?		5	X	X
6	Does the organization have members or stockholders?			6	_ <u>^</u> _	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	of the		x	
	governing body?			7a	+^	Х
	Are any decisions of the governing body subject to approval by members, stockholders, or other pers		Alexander	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	auring	tne year			
	by the following				x	
	The governing body?			8a	$\frac{x}{x}$	<u> </u>
	Each committee with authority to act on behalf of the governing body?			8b	<b>├</b> ^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	cnea a	it the	9		х
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re	240004	Code	9		
360	tion B. Policies (This Section B requests information about policies not required by the internal re-	venue	code)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?			10a	77	
	If "Yes," does the organization have written policies and procedures governing the activities of such	chante	ors affiliates	100	+	
Ü	and branches to ensure their operations are consistent with those of the organization?	oap	oro, armatoo,	10b	. x	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	lına th	e form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>	1	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	l x	· ·
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld aıvı	e nse			
ŭ	to conflicts?	3		12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	'Yes, "	describe		1	
-	in Schedule O how this is done			120	. X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent		İ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				_	
а	The organization's CEO, Executive Director, or top management official			158		<u> </u>
ь	Other officers or key employees of the organization .			15t	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			ĺ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent v	/ith a			
	taxable entity during the year?			168	Ч	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval			ו ו	1	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anızatı	on's			
	exempt status with respect to such arrangements?			<u>  16t</u>	)	<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE	. (504)				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(	c)(3)s only) ava	allable for		
	public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request					
46	<del></del>	onflict	of interest ne	lion and fi	nancial	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	JIIIICT	or interest por	iicy, and fil	اهاناناها	
20	statements available to the public  State the name, physical address, and telephone number of the person who possesses the books at	nd rec	ords of the ord	anization.	•	
20	JULIE LAMACCHIA - (517) 371-2100	160	5,43 OI 1110 OI 9	garneauori.	_	
	600 SOUTH WALNUT, LANSING, MI 48933					
				For	m <b>990</b>	(2009)

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

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

oxed Check this box if the organization did not compensate any current officer, director, or trustee

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(-1		Posi			I. A	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	institutional trustee	all 1		Highest compensated employee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RICHARD K. STUDLEY					_		_			
PRESIDENT & C.E.O.	55.00	X	L	X				330,000.	0.	55,205.
DANIEL F. PONDER										
CHAIRPERSON OF THE BOARD		Х		X				0.	0.	0.
DAVID G. SOWERBY										
TREASURER OF THE BOARD		Х		Х			_	0.	0.	0.
DOUG BOUMA								_	_	_
IMMEDIATE PAST CHAIRPERS		Х	L	X				0.	0.	0.
JAMES MACINNES									•	•
VICE CHAIRPERSON OF THE		Х			_	ļ	<u> </u>	0.	0.	0.
TONI TALBOT		۱,,							0.	0
VICE CHAIRPERSON OF THE		Х				_	<u> </u>	0.	0.	0.
JEFFREY S. AMMON		x						0.	0.	0.
VICE CHAIRPERSON OF THE RODNEY M. LOCKWOOD	<u>.</u>	Λ	<u> </u>				_	· · · · · · · · · · · · · · · · · · ·	· ·	
VICE CHAIRPERSON OF THE		х	İ					0.	0.	0.
WILLIAM A. PARLBERG		Λ	-		_	_	┝			
VICE CHAIRPERSON OF THE		х		1				0.	0.	0.
JULIETTE OKOTIE-EBOH				$\vdash$	$\vdash$		$\vdash$	-		
VICE CHAIRPERSON OF THE		x				l		0.	0.	0.
JOHN M. SCHREUDER	-	Ħ	$\vdash$	T			T		<u></u> .	
VICE CHAIRPERSON OF THE		х		ŀ				0.	0.	0.
ROBERT S. LABRANT										
SENIOR V.P., POLITICAL A	50.00				Х			166,379.	0.	26,934.
JOCK AIKMAN										
SENIOR V.P., MEMBER SERV	50.00				х			290,125.	0.	61,993.
JAMES HOLCOMB										
V.P., BUSINESS ADVOCACY	50.00	<u> </u>				X		145,824.	0.	38,374.
MARK KERRINS		ļ				ĺ	İ	100 056		
SENIOR MANAGER, MEMBERSH	40.00	L	<u> </u>	ļ		Х	<u> </u>	122,356.	0.	34,016.
SCOTT NORMAN	40.00					,,	-	100 545	,	21 254
DIRECTOR OF INSURANCE SE	40.00	<u> </u>	$\vdash$	$\vdash$	<del> </del>	X	-	109,545.	0.	31,254.
	L	L	L				Ц.	<u>L</u>	l	L

932007 02-04-10

(A) Name and title		(B) Average		(C) Position					(D) Reportable	<b>(E)</b> Reportable		(F) Estimated		
		hours per week	Individual trustee or director			hat	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	,	com fr organo	nount other pensa om the anizat d relat anizati	of ation e ion ed
						_								-
	# <u>*</u>													
							ļ							
							-							
	Total		<u>l</u>	L			<b></b>	!	1,164,229.	000	0.	24	7,7	76
	Total number of individuals (including but compensation from the organization				eu a		e) wi		eceived more trial \$100				Yes	No
	Did the organization list any former office ine 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or h	nighest compensated ei	mployee on		3	-	х
;	For any individual listed on line 1a, is the s and related organizations greater than \$15	50,000? If "Yes	, <b>" c</b> c	mpl	ete S	Sch	edul	e J f	or such individual			4	х	
1	Did any person listed on line 1a receive or the organization? If "Yes," complete Sche- on B. Independent Contractors				trom	any	y uni	elat	ed organization for serv	rices rendered to		5	-	X
1	Complete this table for your five highest control the organization.	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation	from	
	(A) Name and busines	s address			-,				(B) Description of s	services	С	(( ompe	C) nsatio	n n
		<u>.</u>												
-			_							····				
2	Total number of independent contractors	(including but i	not l	ımıte	ed to	the	se li	stec	d above) who received r	nore than			<u> </u>	
	\$100,000 in compensation from the organ	-					0					Form	990	(0000

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	140,000.			
2	Grants and other assistance to individuals in	·			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		:		
5	Compensation of current officers, directors,				
	trustees, and key employees	930,637.			
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	1,178,288.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	144,338.			
9	Other employee benefits	244,970.			
10	Payroll taxes	142,148.			
11	Fees for services (non-employees)				!
а	Management				
b	Legal	53,227.			
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	122,690.			
13	Office expenses	176,330.			
14	Information technology	205,000.			
15	Royalties				
16	Occupancy	248,621.			
17	Travel	82,579.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	05 055			
19	Conferences, conventions, and meetings	25,277.		·	<del> </del>
20	Interest	332.			
21	Payments to affiliates	202 402			
22	Depreciation, depletion, and amortization	292,499.			
23	Insurance	20,870.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	3,634,815.	<u> </u>	<del> </del>	<del>-</del> -
а	ISSUE ADVOCACY PROGRAM OTHER EXPENSES	167,554.			
ь	OTHER EXPENSES	107,334.		_	
C					
d				-	
e	All all and an area and an area and area			<del></del>	
f	All other expenses	7,810,175.			
25	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here   ☐ If following	,,010,173.			
26	•				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined			]	
	educational campaign and fundraising solicitation				
	Dadoadonar Carriyaran ana Itilia abilia bullatili i	i	i	1	1

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Form 990 (2009)

Par	t X	Balance Sheet				
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		476,228.	1	1,041,746.
	2	Savings and temporary cash investments	ľ	635,249.	2	648,249.
ŀ	3	Pledges and grants receivable, net	ľ		3	
ľ	4	Accounts receivable, net	ľ	556,617.	4	470,309.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L	·	-	5	•
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete			
		Part II of Schedule L			6	·
ပ္သ	7	Notes and loans receivable, net			7	
Assets	8	Inventores for sale or use			8	
Ϋ́	9	Prepaid expenses and deferred charges		272,012.	9	192,359.
	10a	Land, buildings, and equipment cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a 5,937,133.			
	b	Less: accumulated depreciation	10a 5,937,133. 10b 3,482,515.	2,741,507.	10c	2,454,618.
	11	Investments - publicly traded securities		· · · · ·	11	
	12	Investments - other secunties. See Part IV, line	2,074,450.	12	2,273,156.	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	<del></del>	15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	6,756,063.	16	7,080,437.
	17	Accounts payable and accrued expenses		524,579.	17	427,346.
	18	Grants payable		18		
ŀ	19	Deferred revenue		2,140,687.	19	2,276,119.
	20	Tax-exempt bond liabilities			20	· · · · · · · · · · · · · · · · · · ·
ဖ	21	Escrow or custodial account liability. Complete	Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
Liabilities	22	Payables to current and former officers, director		<del></del>		
abil		highest compensated employees, and disqualif				
ٿ		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelate	· ·		24	
	25	Other liabilities. Complete Part X of Schedule D	·		25	
	26	Total liabilities. Add lines 17 through 25		2,665,266.	26	2,703,465.
		Organizations that follow SFAS 117, check he	ere X and complete			
ς,		lines 27 through 29, and lines 33 and 34.	•			
ဦ	27	Unrestricted net assets		4,090,797.	27	4,376,972.
ala	28	Temporanly restricted net assets			28	
- B	29	Permanently restricted net assets	-		29	
.5		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and			
ě		complete lines 30 through 34.				
ş	30	Capital stock or trust principal, or current funds		-	30	'
SSE	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	• •		32	
ž	33	Total net assets or fund balances	•	4,090,797.	33	4,376,972.
	34	Total liabilities and net assets/fund balances		6,756,063.	34	7,080,437.

Form **990** (2009)

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

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

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

Form 990 (2009)

За

X

Act and OMB Circular A-133?

#### **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service

Name of organization

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	MICHIGA		38-1626029						
Pa	rt I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 or	rganization.				
1	Provide a description of the organiz	ation's direct and indirect politic	cal campaign activities	ın Part IV.					
2	Political expenditures   * Section 2								
3	Volunteer hours								
-									
_		anization is exempt und		<del></del>					
_	Enter the amount of any excise tax	,		<b>&gt;</b> \$					
2	•			<b>▶</b> \$	Yes No				
3	• •	n 4955 tax, did it file Form 4720	for this year?						
	Was a correction made?				☐ Yes ☐ No				
_	If "Yes," describe in Part IV.  Int I-C   Complete if the org	anization is exempt und	der section 501(c)	except section 5016	c)(3).				
L	Enter the amount directly expended	<del></del>			3,634,815.				
	Enter the amount of the filing organ								
_	exempt function activities	zation o tando cominación to o	mor organizations for o	<b>▶</b> \$					
3	Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-POL	•	<del></del>				
•	line 17b			<b>▶</b> \$	3,634,815.				
4	Did the filing organization file Form	1120-POL for this year?			X Yes No				
5	Enter the names, addresses and er		IN) of all section 527 po	olitical organizations to which	h payments were made.				
	For each organization listed, enter t								
	that were promptly and directly del	vered to a separate political org	janization, such as a se	parate segregated fund or a	political action committee				
	(PAC). If additional space is needed	I, provide information in Part IV.							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
				filing organization's funds if none, enter 0.	contributions received and promptly and directly				
				lunds if none, enter-o	delivered to a separate				
					political organization.				
					If none, enter -0				
		<del></del>							
	-		***	-					
				<del> </del>					

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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009 M	ICHIGAN C	HAMBER OF C	OMMERCE	38-1	626029 Page 2
Part II-A Complete if the organ		mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sectio	n 501(h)).				<del></del>
A Check I if the filing organization	belongs to an affi	liated group.			
B Check ► ☐ If the filing organization	checked box A a	nd "limited control" pro	ovisions apply.		<del></del>
Limits o (The term "expenditu	n Lobbying Expe res" means amou		)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opınıon (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influen	ce a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	dd lines 1c and 1d	1)			
f Lobbying nontaxable amount. Enter the	e amount from the	e following table in bot	h columns		
If the amount on line 1e, column (a) or (b	) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,		00 plus 10% of the exc			1
Over \$1,500,000 but not over \$17,000	0,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter	· ·				<u> </u>
h Subtract line 1g from line 1a. If zero or					<u> </u>
i Subtract line 1f from line 1c. If zero or	•				
j If there is an amount other than zero o		line 1i, did the organiz	ation file Form 4/20	I	
reporting section 4911 tax for this year	·		Soution FO4/h)	· · · · · · · · · · · · · · · · · · ·	Yes No
	ons that made a s		n do not have to comp es 2a through 2f on pa		
· · · · · · · · · · · · · · · · · · ·	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2006	(ь) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))	·				
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

# Schedule C (Form 990 or 990-EZ) 2009 MICHIGAN CHAMBER OF COMMERCE 38-1626029 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b	(b)				
		Yes	No	Amo					
1	During the year, did the filing organization attempt to influence foreign, national, state or								
	local legislation, including any attempt to influence public opinion on a legislative matter								
	or referendum, through the use of.								
а	Volunteers?								
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?								
С	Media advertisements?								
d	Mailings to members, legislators, or the public?								
е	Publications, or published or broadcast statements?								
f	Grants to other organizations for lobbying purposes?								
g	Direct contact with legislators, their staffs, government officials, or a legislative body?								
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?								
i	Other activities? If "Yes," describe in Part IV								
j	Total. Add lines 1c through 1i								
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		·						
b	If "Yes," enter the amount of any tax incurred under section 4912								
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912								
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?								
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ection					
	501(c)(6).								
				Yes	No				
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		X				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection					
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	ırt III-A, li	ne 3 is a	nswered					
1	Dues, assessments and similar amounts from members		1	7,731	,020.				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical							
	expenses for which the section 527(f) tax was paid).								
а	Current year		2a	3,854	1,118.				
ь	Carryover from last year		2b						
	Total		2c	3,854	1,118.				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		1,765.				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess							
	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)		5	-1,040	0,647.				
$\overline{}$	t IV Supplemental Information			<del></del>					
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, a	nd Part II-B,	line 1i. Also	o, complete	this part				
for a	ny additional information.	•		•	•				
PAI	RT I-A, LINE 1:								
	<del></del>								
TH	E MICHIGAN CHAMBER OF COMMERCE OPERATES AS A SEPARA	ATE SEC	REGAT	ED					
FUI	ND, MICHIGAN CHAMBER PAC I, AND MICHIGAN CHAMBER FI	EDERAL	PAC.	THESI	<u> </u>				
TW	TWO PAC'S HAVE A TAX EXEMPT STATUS AS A 527 ORGANIZATION. THE MICHIGAN								
CH	AMBER OF COMMERCE PAYS FOR ALL ADMINISTRATIVE AND S	SOLICIT	CATION						
EX	PENSES OF THESE TWO PAC'S.								

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Schedule C (Form 990 or 990-EZ) 2009

## Schedule D

(Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization MICHIGAN CHAMBER OF COMMERCE

Employer identification number 38-1626029

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" to Form 990, Part IV, line	e 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year	·							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds						
	are the organization's property, subject to the organization's		☐ Yes ☐ No						
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	e used only						
	for charitable purposes and not for the benefit of the donor of	• •	-						
	Impermissible private benefit?	, , ,	Yes No						
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7						
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)							
	Preservation of land for public use (e.g., recreation or p		storically important land area						
	Protection of natural habitat	Preservation of a cer	rtified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last						
	day of the tax year.								
			Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c						
d									
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax								
	year ▶								
4	Number of states where property subject to conservation ea	sement is located >							
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements	t holds?	└── Yes └── No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶						
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$						
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	0(h)(4)(B)(ı)						
	and section 170(h)(4)(B)(ii)?		└── Yes └── No						
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for						
	conservation easements								
Pa	t III Organizations Maintaining Collections o		Other Similar Assets.						
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8							
1a	If the organization elected, as permitted under SFAS 116, no								
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of						
	the footnote to its financial statements that describes these								
Ь	If the organization elected, as permitted under SFAS 116, to								
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	ce, provide the following amounts relating to						
	these items:		<b>.</b> .						
	(i) Revenues included in 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 tre		ıaı gaın, provide						
	the following amounts required to be reported under SFAS 1	116 relating to these items:	<b>.</b> .						
a	Revenues included in Form 990, Part VIII, line 1	•	. ► \$ ► \$						
ь	Assets included in Form 990, Part X		<b>&gt;</b> 5						

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Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 MICHIGA	N CHAMBER	OF C	OMMERC	E.			38-16	26029	Dage 2
Par		<del></del>				or Othe		•		
3	Using the organization's acquisition, accessi	•		•						
	(check all that apply):	- ·, · · · · · · · · · · · · · ·	,				J			
а	Public exhibition	c		Loan or excl	hange progr	ams				
ь	Scholarly research	e		Other	J , J					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	nev further ti	he organizat	ion's exe	mpt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	No.
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if org	janization ar	nswered "Ye	s" to Fon	m 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Cont: ibutions		<u></u>							
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	ır end balance held a	as:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment ▶	%								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administ	ered for t	he organı	zation	_	
	by:								\ <u>Y</u>	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sche	dule R?					3ь	
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or o			or other		ccumulate		(d) Book	/alue
		basis (investi	ment)		(other)	de	preciation	<u> </u>	F.C.0	-004
1a	Land				9,904.		400 -	<u> </u>		,904.
b	Buildings			5,36	7,229.	3,4	482,5	15.	1,884	<u>,/14.</u>
С	Leasehold improvements									
	Equipment			<del>-</del>		ļ				
	Other			L					2 454	
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colui	nn (B), line 1	10(c) )				2,454	<u>,618.</u>

Schedule D (Form 990) 2009

932053 02-01-10

	dule D (Form 990) 2009 MICHIGAN CHAMBER OF COMMERCE				L626029	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audite	d Financial S	Stater	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			8,096	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			7,810,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			286	175.
4	Net unrealized gains (losses) on investments	4				
5	Donated services and use of facilities	5				
6	Investment expenses	6				
7	Prior period adjustments	7				
8	Other (Describe in Part XIV.)	8				
9	Total adjustments (net). Add lines 4 through 8	9			206	175
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10				175.
Par	t XII Reconciliation of Revenue per Audited Financial Statements Wi	tn Revenue p	er Ke			710
1	Total revenue, gains, and other support per audited financial statements		-	1	8,118,	, /19.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments 2a					
b	Donated services and use of facilities 2b					
C	Recovenes of prior year grants  2c	22,3	60	ŀ		
d	Other (Describe in Part XIV.)	44,3	09.		2.2	260
e	Add lines 2a through 2d		-	2e	8,096	369.
3	Subtract line 2e from line 1		- 1	3	0,030	, 330 .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b			l		
b	Other (Describe in Part XIV.)			4-		0.
c	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		- F	4c 5	8,096	350.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses	per			, 330.
1	Total expenses and losses per audited financial statements		1	1	7,832	544.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ŀ			
- а	Donated services and use of facilities 2a 2a			- 1		
b	Prior year adjustments 2b					
c	Other losses 2c					
d	Other (Describe in Part XIV.)	22,3	69.			
	Add lines 2a through 2d		<u> </u>	2e	22	,369.
3	Subtract line 2e from line 1		<u> </u>	3	7,810,	,175.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			T		_
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)			l		
С	Add lines 4a and 4b			4c	_	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	7,810	,175.
Pa	t XIV Supplemental Information					
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this	part to provide a	ny add	rtional		4, Part
r MI	RT X: THE CHAMBER ADOPTED NEW ACCOUNTING GUIDAN	1CE VERMI	. لاند	ro		
INC	COME TAXES AS OF JULY 1, 2009. THE NEW ACCOUNT	ING STAND	ARD	CL	ARIFIES	THE
GU:	DANCE FOR THE RECOGNITION AND MEASUREMENT OF	INCOME TA	х ві	ENE	FITS	
RE	LATED TO UNCERTAIN TAX POSITIONS. THE ADOPTION	OF THE N	EW (	GUII	DANCE D	ID
NO'	HAVE A MATERIAL IMPACT ON THE CONSOLIDATED F	INANCIAL	STA	rem!	ENTS. AS	S OF
JUI	NE 30, 2010, THE CHAMBER'S UNRECOGNIZED TAX BEI	NEFITS WE	RE 1	TON		
SI	GNIFICANT.					

Schedule D (Form 990) 2009 MICHIGAN CHAMBER OF COMMERCE  Part XIV Supplemental Information (continued)	38-1626029 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
ADVERTISING INCOME REPORTED NET ON RETURN: 22369.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	<del></del>
ADVERTISING INCOME REPORTED NET ON RETURN: 22369.	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	· - · · · · · · · · · · · · · · · · · ·

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. COMMERCE MICHIGAN CHAMBER OF Name of the organization Department of the Treasury Internal Rovenue Service SCHEDULE (Form 990)

Open to Public OMB No 1545-0047

**Employer identification number** 

Inspection

**≗** OF BUSINESS IN THE COURTS 38-1626029 DEVELOPMENT, SPONSORSHIP AND REGULATORY AGENCIES IDVOCATE FAIR TREATMENT MICHIGAN'S CONSTITUTION OF PROGRAMS RELATED TO VARIOUS PROGRAMS THAT (h) Purpose of grant PROMOTE LEADERSHIP or assistance INTERPRETATION OF , , recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ADVOCATE FAIR Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

24 45,000. 50,000 45,000, (d) Amount of cash grant (c) IRC section if applicable 501(C)(3) 501(C)(6) Enter total number of section 501(c)(3) and government organizations 501(C)(6) 26-2958654 26-4231799 38-2647323 Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? MICHIGAN CHAMBER LITIGATION CENTER 1 (a) Name and address of organization CONSTITUTION - 600 SOUTH WALNUT CITIZENS PROTECTING MICHIGAN'S MICHIGAN CHAMBER FOUNDATION or government LANSING, MI 48933 LANSING, MI 48933 LANSING, MI 48933 600 SOUTH WALNUT 600 SOUTH WALNUT Part

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

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932102 02-02-10

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

MICHIGAN CHAMBER OF COMMERCE

**Employer identification number** 

38-1626029

	11.1	Questions negarding compensation			
				Yes	No
1a	Chec	k the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part	VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	$\square$	First-class or charter travel Housing allowance or residence for personal use			
	Ш	Travel for companions Payments for business use of personal residence			1
		Tax indemnification and gross-up payments     X   Health or social club dues or initiation fees			1
	Ш	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ĺ
b	If any	of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reıml	oursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	_ '
2	Did t	he organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trust	ees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	<u> </u>
3	Indic	ate which, if any, of the following the organization uses to establish the compensation of the organization's			
_		/Executive Director. Check all that apply.			
		Compensation committee Written employment contract			ĺ
	$\Box$	Independent compensation consultant  X Compensation survey or study			
	一	Form 990 of other organizations  X Approval by the board or compensation committee			
4	Durir	ng the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	orga	nization or a related organization.			_
а	Rece	eive a severance payment or change-of-control payment?	4a		X
b	Parti	cipate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Parti	cioate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Ye	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only	section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1	1	
	cont	ingent on the revenues of:			
а	The	organization?	5a		<u> </u>
b	Any	related organization?	5b		<u> </u>
	If "Y	es" to line 5a or 5b, describe in Part III.	1	1	
6	Forp	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	cont	ingent on the net earnings of:			
а	The	organization?	6a		
b	Any	related organization?	6b		ـــــــ
	If "Y	es" to line 6a or 6b, describe in Part III		<u> </u>	
7	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			1
	not o	described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	—
8	Were	any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	inıtıa	I contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Ь—
9	If "Y	es" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regu	ulations section 53 4958-6(c)?	9	L	<u> </u>
LHZ	E	Privacy Act and Panerwork Reduction Act Notice, see the Instructions for Form 990 Schedule.	I (Earn	. 0001	2000

Schedule J (Form 990) 2009

MICHIGAN CHAMBER OF COMMERCE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not iist any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-{iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(O)	(E)	(F)
( <b>A</b> ) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	(B)(I)-(D)	compensation reported in prior Form 990 or Form 990-EZ
	Ξ	330,000.	0	0	37,277.	17,928.	385,205.	0
RICHARD K. STUDLEY	<b>E E</b>	166,379.	00	0	23,362.	3,572.	193,313.	0
ROBERT S. LABRANT	) E		0,	0	0.0	0.0	252 118	00
JOCK AIKMAN	ΞΞ	.068,771	112,2/5.	000	-	<b>\</b>	•	0.0
TAMES UCL COMB	€ 8	145,824.	00	0	19,723.	18,651.	184,198.	0
Onited Househill	≣ ≘	122,356.	0	0	15,569.		156,372.	0
MARK KERRINS	Ξ	0	0	0	0	0	0	0
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				i			Schedul	Schedule J (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

# Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MICHIGAN CHAMBER OF COMMERCE

Employer identification number 38-1626029

MICHIGIN CHARDEN OF COMMENCES 50 102	10025
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
FORWARD THROUGH AN ECONOMIC, POLITICAL, AND SOCIAL SYSTEM BASED O	N
INDIVIDUAL FREEDOM, INCENTIVE, OPPORTUNITY AND RESPONSIBILITY.	
FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OF THE MICHIGAN CHA	MBER
INCLUDE APPROXIMATELY 6,800 EMPLOYERS OF ALL SIZES AND TYPES LOCA	TED IN
EACH OF MICHIGAN'S 83 COUNTIES. MEMBERSHIP IS AVAILABLE TO ANY CO	RPORATION,
PARTNERSHIP, FIRM, BUSINESS PERSON, LOCAL CHAMBER, TRADE OR PROFE	ESSIONAL
ORGANIZATION DOING BUSINESS IN MICHIGAN.	
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS FROM EACH OF THE F	OLLOWING
CATEGORIES ARE ELIGIBLE TO ELECT MEMBERS OF THE BOARD OF DIRECTOR	RS:
INDIVIDUALS, FIRMS AND ORGANIZATIONS.	
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS REVIEWED WITH	THE
EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD OF DIRECTORS.	

FORM 990, PART VI, SECTION B, LINE 12C: AT THE BEGINNING OF EVERY BOARD MEETING, DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY AND ARE ASKED TO DISCLOSE INTERESTS THAT MAY RESULT IN A CONFLICT. THE POLICY IS INCLUDED AS PART OF THE WORKING CONSENT AGENDA FOR EACH BOARD MEETING IN ADVANCE OF BUSINESS AGENDA ITEMS. IF THE BOARD OF DIRECTORS DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON SHALL LEAVE THE MEETING DURING DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

### SCHEDULE O

(Form 990)

# Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MICHIGAN CHAMBER OF COMMERCE

Employer identification number 38-1626029

FORM 990, PART VI, SECTION B, LINE 15: MICHIGAN CHAMBER SALARY AND
BENEFITS ARE COMPARED TO COMPENSATION SURVEYS CONDUCTED BY NATIONAL AND
STATE ASSOCIATIONS WITH PEER ORGANIZATIONS AS MEMBERS. THE DATA IS REVIEWED
BY THE EXECUTIVE COMMITTEE AND PRESIDENT & C.E.O. IN DETERMINING
COMPENSATION LEVELS.
FORM 990, PART VI, SECTION C, LINE 18: COPIES OF THESE DOCUMENTS ARE
AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THESE DOCUMENTS ARE
AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2C: THE EXECUTIVE COMMITTEE HAS RESPONSIBILITY
FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF
AN INDEPENDENT ACCOUNTANT.

(Form 990)
Department of the Treasury Internal Revenue Service SCHEDULE R

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

➤ See separate instructions. ► Attach to Form 990.

MICHIGAN CHAMBER OF COMMERCE

Employer identification number 38-1626029

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	e if the organization answered "Yes" to	Form 990, Part IV, line 33)			
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
of disregarded entity		foreign country)			enny
					į
Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	itions (Complete if the organization ans	ıf the organizatıon answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	rt IV, line 34 because	it had one or more	related tax-exempt
(a)	(q)	(c)	(p)	(e)	(£)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
MICHIGAN CHAMBER FOUNDATION - 38-2647323	EDUCATIONAL AND				
600 SOUTH WALNUT	INPORMATIONAL PROGRAMS AND				
LANSING, MI 48933	PROJECTS	MICHIGAN	501(C)(3)	11A - TYPE I	N/A
MICHIGAN CHAMBER POLITICAL ACTION COMMITTEE	PROMOTE THE ELECTION OF PRO				
- 38-6357166, 600 SOUTH WALNUT, LANSING, MI	BUSINESS CANDIDATES TO				
48933	MICHIGAN PUBLIC OFFICE	MICHIGAN	527		N/A
MICHIGAN CHAMBER POLITICAL ACTION COMMITTEE	FUND PRO-BUSINESS POSITIONS				
II - 20-8100621, 600 SOUTH WALNUT, LANSING,	RELATED TO THE FUNCTION OF				
MI 48933	A BALLOT QUESTION COM	MICHIGAN	501(C)(4)		N/A
HAMBER	н				
26-4231799, 600 SOUTH WALNUT, LANSING, MI	BUSINESS IN THE COURTS AND				
48933	REGULATORY AGENCIES	MICHIGAN	501(C)(6)		N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2009

Page 2

38-1626029

Schedule R (Form 990) 2009 MICHIGAN CHAMBER OF COMMERCE

Part III 1 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

organizations treated as a partnership during the tax year.	mersnip during me tax year.)										
(a)	(q)	(၁)	(d)	(e)		£ ;	(a)			(3)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	redominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total	Share of end-of-year assets		ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
					-						
									_		-
											_
					-						
	:										
											_
Part IV Identification of Related Organizations treated as a col	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related programment as a corporation of trust during the tax year.)	poration or x vear.)	Trust (Complete if t	he organızatı	lon answered "	Yes" to Form	990, Part IV, II	ine 34 bec	ause it h	nad one or more r	elated
(a)			(p)	(c)	(g)	_	(e)	€	-	(6)	<b>E</b>
		- c	+					Chara of total	_	ž	000,000
name, address, and Ein of related organization	<b>≚</b> c	Ē	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		(C corp, S corp, or trust)	income		<u>L</u>	ownership
MICHIGAN CHAMBER SERVICES, INC.	38-2195255										
600 SOUTH WALNUT											
LANSING, MI 48933		MEMBER SERVICES	SERVICES	MI	N/A	C CORP		307,898	98.	2829260.	1008
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Note, Complete line 1 if any entity is listed in Parts II, III, or IV or this schedule			45	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				-   
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		10		×
		<b>1</b>		×
		₽		×
		<b>1</b>		×
f Sale of assets to other organization(s)		<b>*</b>		×
g Purchase of assets from other organization(s)		19		×
		£		×
		¥		×
i Lease of facilities, equipment, or other assets from other organization(s)		÷	×	
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
		=		×
_		±		×
n Sharing of paid employees		£		×
o Reimbursement paid to other organization for expenses		9		×
p Reimbursement paid by other organization for expenses		4	×	
			1	·
q Other transfer of cash or property to other organization(s)		19		×
		<b>-</b>		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	action thresholds.			-
(a) Name of other organization(s)	(b) Transaction	(c) Amount involved	/olvec	70
	type (a-r)			
(1) MICHIGAN CHAMBER SERVICES, INC.	ם	205	205,000	00.
(2) MICHIGAN CHAMBER SERVICES, INC.	C <sub>4</sub>	1,346	~I	934.
		1		
(4)				
(5)				
3.3		2) O of comme	3	8
932183 02-04-10	ocued	Schedule K (Form 990) 2009	25	2003

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Part VI] Unrelated Organizations Taxable as a Partnorship (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	lusion for certain investment partners	sdius					
(a)	(q)	(0)	Đ	(e)		(6)	E
Name, address, and EIN	Primary activity		Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or managing
Of entity		(state or foreign country)	organizations?	year assers		of Schedule K-1 (Form 1065)	1 -
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Part II Continuation of Identification of Related Tax-Exempt Organizations	xempt Organizations				•
(a)	(q)	(0)	(p)	(e)	(1)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
	ADVOCATE FAIR				
- 26-2958654, 600 SOUTH WALNUT, LANSING, MI	INTERPRETATION OF				
48933	MICHIGAN'S CONSTITUTION	MICHIGAN	501(C)(6)		N/A
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