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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| | | , | 2013 calendar year, or tax year beginning and | ending | | |
|----------------|-------------------------|-------------------|--|--|----------------------------|--------------------------------|
| В | Ch ap | eck if | C Name of organization | | D Employer identif | ication number |
| [| | Addres | US Chamber of Commerce Foundation | | | |
| [| | Name change | | | 46-1 | 561597 |
| | | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | | Termin ated | 1013 11 81 111 | | 2024 | 1635590 |
| Į | | Ameno return | City or town, state or province, country, and ZIP or loreign postal code | | G Gross receipts \$ | 16346042. |
| L | | Application | Wabii | | H(a) Is this a group r | |
| | | pendii | F Name and address of principal officer: Staff M harrett | | for subordinates | |
| _ | | | same as C above | | H(b) Are all subordinates | |
| _1 | Ta | x-exe | empt status: X 501(c)(3) | or 527 | 1 | a list. (see instructions) |
| | | | e: http://www.uschamberfoundation.org/ | | H(c) Group exemption | |
| | | | organization: X Corporation Trust Association Other | L Year | of formation: ZUIZ | M State of legal domicile: DE |
| L | Pai | t I | Summary | rra aha | -be- of Cor | |
| | ا پو | 1 | Briefly describe the organization's mission or most significant activities: The | US Cha | mber of Con | merce |
| | Activities & Governance | | Foundation conducts (Please see Schedule | | | |
| | ا <u>و</u> | | Check this box if the organization discontinued its operations or dispose | sed of more | | ssets. |
| | ١٨ | | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 3 |
| | <u>ه</u> | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 42 |
| | es | | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | •• | 5 | 0 |
| | <u> </u> | | Total number of volunteers (estimate if necessary) | - | . <u>6</u> | |
| | হ | | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | |
| _ | 4 | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | |
| | | | | <u> </u> | Prior Year | Current Year 15259382. |
| | <u>ا</u> په | | Contributions and grants (Part VIII, line 1h) | ├_ | 0. | |
| | Revenue | 9 | Program service revenue (Part VIII, line 2g) | <u> </u> | 0. | 663259. |
| | & | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u> </u> | 0. | 222. |
| | ۱ ۳ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | |
| _ | | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 0. | |
| | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u> </u> | 0. | 228000. |
| | | | Benefits paid to or for members (Part IX, column (A), line 4) | <u> </u> | 0. | |
| | s | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <u> </u> | 0. | |
| | Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | - | 0. | 0. |
| | ă | ь | Total fundraising expenses (Part IX, column (D), line 35) CEVED 3640 | 58. | | 0005015 |
| Į | ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11ft-24e) | | 0. | -L |
| ^ | | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | · | 0. | -1 |
| "ე_ | | 19 | Revenue less expenses. Subtract line 18 from the 13/0 \ 2, 4 2014 | | 0. | |
| | 58 | | | Be | ginning of Current Year | |
| | Balances | | Total assets (Part X, line 16) | <u> </u> | 0. | |
| 'n₹ | ٣ | 21 | Total liabilities (Part X, line 26) | | 0. | |
| ₽Ž | | | Net assets or fund balances. Subtract line 21 from line 20 | | 0. | 2959669. |
| | | | Signature Block | | | |
| ם ב | Inde | r pena | lties of perjury, I declare that I have examined this return, including accompanying schedule | s and statem | ents, and to the best of n | ny knowledge and belief, it is |
| <u> </u> | rue, i | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wi | hich preparer | has any knowledge. | |
| 9 | | | Jan III. Haven | | Date | 2/14 |
| သူ S နှံ့ F | Sign | | Signature of officer | | Date | • |
| <u> </u> | lere | • | Stan M Harrell, SVP, CFO & CIO | | | |
| _ | | | Type or print name and title | | Date Check | TI PTIN |
| P | aid | | Print/Type preparer's name Jennifer D. Rhoderick Preparer's signifure Preparer's signi | Tate Check [11/06/14 check [off self-empto | P00395735 | |
| P | rep | arer | Firm's name Ernst and Young U.S. LLP | | Firm's EIN | 34-6565596 |
| t | Jse (| nly | Firm's address 111 Monument Circle, Ste 4000 | | | |
| _ | | | Indianapolis, IN 46204 | | Phone no. 31 | 176817000 |
| _ | Лау | the II | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

Form 990 (2013)

Page 3

| rai | t IV Checklist of Required Schedules | | Yes | No |
|------|---|-----|-----|--|
| ູ1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 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 | | х |
| 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 | | Х |
| 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, 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? | | | ł |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 9 | | Х |
| 10 | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | · i | |
| 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 | | х |
| 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 | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| 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 | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 445 | х | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | _ |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | 7, | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | A | 77 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | · · · · · · | 14a | | X |
| þ | 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 | | X |
| 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 | X | <u> </u> |
| 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 | | X |
| 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 | 17 | | X |
| 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 | | 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:a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form 990 (2013) US Chamber of Commerce Foundation
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------------|--|---------|-------------------|----------|
| 2 1 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government 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 or 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 25a | 24a | | X |
| b | 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 | | |
| | 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 | | Х |
| 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 | | | v |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | Ì | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | x | |
| | complete Schedule L, Part II | 26 | | |
| 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 | 27 | | х |
| 28 | of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | - | | |
| 20 | 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 | | Х |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| Ū | 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 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | - | |
| | 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 | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | İ | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 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 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| Ь | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | l | | |
| 00 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | <u> </u> | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 00 | x | |
| ^- | 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 | 27 | | X |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 37 | \vdash | |
| 38 | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| | 140te./ iii 1 01111 000 tileto die tegulieu to complete conedulo o | | 990 | 2013 |
| | | , 51111 | (| |

| Form | 990 (2013) US Chamber of Commerce Foundation 46-1561 | 597 | P | age 5 |
|---------|---|---------------|-----|-------|
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | X |
| | | | Yes | No |
| - 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 94 | 1 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 42 | 1 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for 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? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | ₹. |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | l _ | | Х |
| | to file Form 8282? | 7c | | ^ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | Х |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | |
| 8 | 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 at any time during the year? | 8 | | ~ |
| | Sponsoring organizations maintaining donor advised funds. | -ٽ | · · | |
| 9 | Did the organization make any taxable distributions under section 4966? | 9a | - | |
| a | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| 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 10b | | | |
| 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.) | | ς. | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | ļ | |
| ь | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | l | 1 |
| С | Enter the amount of reserves on hand | | L | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | L | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | L | |

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.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|------------|--|---------|-------|----|
| Šec | 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 4 6 | | | |
| | 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 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| _ | officer, director, trustee, or key employee? | 2 | x | - |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| ٠ | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | х | |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| 14 | more members of the governing body? | 7a | х | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| - | persons other than the governing body? | 7b | х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| 3 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | 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 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | The state of the s | 12a | х | |
| . <u>—</u> | No. of the state o | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| _ | in Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X |
| | Other officers or key employees of the organization | 15b | Х | |
| - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| ь | 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 | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶NY | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | vailab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finar | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | ion: 🕨 | • | |
| | Stan M Harrell - 2024635590 | | - | • |
| | 1615 H ST NW. Washington, DC 20062 | | | |

| Eprm 990 (2013) | US | Chamber | of | Commerce | Foundation | 46-1561597 |
|-----------------|----|---------|----|----------|------------|------------|
| | | | | | | |

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

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

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

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

Page 7

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

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

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

| (A) | (B) | ľ | | ((| C) | | | (D) | (E) | (F) |
|---|---------------|--------------------------------|-----------------------|---------------|--------------|---------------------------------|--|-----------------|-----------------|------------------------|
| Name and Title | Average | | | Pos | rtion | 1 | | Reportable | Reportable | Estimated |
| rano ana ma | hours per | box | , unle | heck ss pe | rson ı | s bot | h an | compensation | compensation | amount of |
| | week | offic | cer ar | nd a d | ırecto | r/trus | tee) | from | from related | other |
| | (list any | 흕 | | | | | | the | organizations | compensation |
| | hours for | 틭 | | | | pa | | organization | (W-2/1099-MISC) | from the |
| | related | tee o | nste | | | ensa | | (W-2/1099-MISC) | | organization |
| | organizations | i i | ॿ | | loyee | E S | | | | and related |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | ia E | | | organizations |
| (1) | line) | 르 | Ĕ | ਙ | Key | 물통 | Ę | | | |
| (1) David Chavern Director | 1.00 | X | | | | | | 0. | 1739493. | 32185. |
| (2) Michael Edwards | 1.00 | ^ | | \vdash | | _ | | 0. | 1/33433. | 32163. |
| Director | 1.00 | x | | | | | | 0. | 0. | 0. |
| (3) Carol Hallett | 1.00 | Α | \vdash | \vdash | | | | 0. | 0. | |
| Director | 18.50 | x | | | | | | 0. | 620829. | 0. |
| (4) William G Little | 1.00 | | \vdash | | | | | | 000 | |
| Director | 1.00 | х | | | | | | 0. | 0. | 0. |
| (5) Richard V Martella, Jr | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (6) Margaret Spellings | 1.00 | | | | | | | | | |
| President/Director | 40.00 | X | | X | | | | 0. | 240569. | 38934. |
| (7) Jay Brown | 1.00 | | | | | | | _ | | |
| Secretary | 42.00 | | | X | | | | 0. | 183014. | 10725. |
| (8) Lily Fu Claffee | 1.00 | | | | | | | | | |
| General Counsel | 42.00 | | L. | X | | _ | | 0. | 1136041. | 26123. |
| (9) Shannon DiBari | 1.00 | | | | | | | | 721464 | 24060 |
| Admin & HR | 42.00 | | | Х | | _ | | 0. | 731464. | -34862. |
| (10) Stan M Harrell | 1.00 | ł | | x | | | | 0. | 772188. | 25002 |
| Chief Financial Officer (11) Alfonso Martinez-Fonts | 28.00 | ⊢ | _ | ^ | | ┝ | ┢ | 0. | //2100. | 35083. |
| Executive Vice President | 14.00 | ł | | x | | | | 0. | 366799. | 31408. |
| (12) John McKernan | 40.00 | ┢ | | Δ. | | - | \vdash | 0. | 300733. | 31400. |
| President | 10.00 | ł | | x | | | | 96063. | 96063. | 176. |
| (13) Kathryn Traver | 40.00 | | 一 | | | | | | | |
| Asst Secretary/Exec Dir, USCC; VP | 2.00 | 1 | | x | | | l | 153104. | 0. | 35529. |
| (14) Ross S Cohen | 40.00 | | | | | | | | | |
| Executive Director, HOH | | Í | | | X | | | 207053. | 0. | 23177. |
| (15) Richard B Cooper | 40.00 | Γ | | | | | | | | |
| VP, Emerging Issues and Research | | L | | | L | X | $ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$ | 203608. | 0. | 36090. |
| (16) Laura A Dempsey | 40.00 | | | | | | | | _ | |
| Director, Military Spouse Emp Prog | | L | | | _ | X | <u> </u> | 109886. | 0. | 12166. |
| (17) Bryan D Goettel | 40.00 | | | | | | | 444700 | _ | 05445 |
| Dir, Communications | <u> </u> | L | | | | X | | 114700. | 0. | 27445. |
| 332007 10-29-13 | | | | | | | | | | Form 990 (2013) |

| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | , and | <u>d Hi</u> | ghe | st C | compensated Employee | es (continued) | | | | |
|--|--|---|-----------------------|-------|-------------|------------------------------|-------------|--|---|----------|---------------------------|---|------------------|
| (A) Name and title | (B) Average hours per | (C) Position (do not check more to box, unless person is officer and a director | | | | than | one h an | (D) Reportable compensation | (E) Reportable compensatio | on | (F) Estimate amount | | |
| | week (list any hours for related organizations below line) | tee or director | Institutional trustee | | | Highest compensated employee | Ė | from the organization (W-2/1099-MISC) | from related organization (W-2/1099-MIS | s | com fr org and | other pensa om the anizati d relate anizatio | e Ion ed |
| (18) Stephen C Jordan SVP_BCLC | 40.00 | | | | | х | | 167354. | | 0. | _ | 278 | 58. |
| (19) Vanessa G Lyon Senior Director, Programs | 40.00 | | | | | x | | 137187. | | 0. | | 215 | 38. |
| | - | | | | | | | | | | | - | |
| | | - | - | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | - | ┢ | - | | | | | | | | | | |
| | | _ | | | | - | | | | \dashv | | - | |
| | | _ | | | | _ | | | | | | | |
| | | | | | | 1 | | 4400055 | | | | 650 | |
| 1b Sub-total | | | | | | | | 1188955. | 58864 | | 2 | 678 | |
| c Total from continuation sheets to Part V | II, Section A | | | | | | | 1188955. | 58864 | 0. | 2 | 678 | <u>0.</u> 59. |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but r | not limited to th | nose | liste | ed a | bov | e) wi | ho r | <u> 1 — — — — — — — — — — — — — — — — —</u> | <u> </u> | | | 0,0 | |
| compensation from the organization | | | | | | | | | | | | | 7 |
| | | | | | | | | hhh | | ſ | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | | e, ĸe | ey er | прк | byee | , or | nignest compensated e | inployee on | Ì | 3 | | x |
| 4 For any individual listed on line 1a, is the si | | | omp | ensa | atıoı | n and | d ot | her compensation from | the organization | | | | |
| and related organizations greater than \$15 | | | | | | | | | | | 4 | Х | |
| 5 Did any person listed on line 1a receive or | | | | | | | relat | ted organization or indiv | idual for services | • | _ | | v |
| rendered to the organization? If "Yes," con | nplete Schedui | le J | for s | uch | per | son | | | | | _5_ | <u> </u> | X |
| Section B. Independent Contractors 1 Complete this table for your five highest co | mpensated in | dep | ende | ent c | cont | racto | ors t | that received more than | \$100,000 of cor | npens | ation | from | |
| the organization. Report compensation for | | | | | | | | | | · | | | |
| (A) Name and business | address | | | | | | | (B) Description of s | services | С | ompe | C) nsatio | n |
| The Markham Group LLC | - 51- | 7. | <u> </u> | 70 | 2 0 | 1 | | Gameult a | ah fairs | | 21 | 020 | 70 |

| (A) | (B) | (C) |
|---|-----------------------------------|--------------|
| Name and business address | Description of services | Compensation |
| The Markham Group LLC | | |
| 1000 W 3RD Street, Little Rock, AR 72201 | Consult on job fairs | 2192070. |
| IOSTUDIO LLC | | |
| 565 Marriott Drive, Nashville, TN 37214 | Website resume dbase | 807721. |
| Adfero Group LLC | | |
| 33 South 3RD St, Grand Forks, ND 58201 | Strategic consulting | 238762. |
| NDP GROUP LLC, 1730 Rhonde Island Ave NW, | Economic & | |
| Washington, DC 20036 | regulatory research | 220000. |
| CEO Praxis Inc | | |
| 33 South 3RD St, Grand Forks, ND 58201 | Writing case studies | 158380. |
| 2 Total number of independent contractors (including but not limited to those lis | ted above) who received more than | |
| \$100,000 of compensation from the organization | | |

| Pai | LVII | Check if Schedule O contains a respo | inse or note to any lir | ne in this Part VIII | | | |
|--|------------------|---|-----------------------------------|----------------------|--|---|---|
| | | Oriook ii eginegale e edikali is a respe | Hoo of Hote to any in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a b c d e f | Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1b | 100500 | 15259382. | | | |
| | 2 a | Professional training | Business Code 611600 900099 | 614310. 48949. | 614310. 48949. | | |
| Program Service Revenue | b c d e | meetings revenue | | 40747. | 40343. | | |
| • | f | All other program service revenue | | 663259. | | | |
| | 3 | Total. Add lines 2a-2f Investment income (including dividends, income similar amounts) | nterest, and | 222. | | | 222. |
| | 4 5 | Income from investment of tax-exempt bo Royalties (i) Real | <u> </u> | | | | |
| | 6 a b | Gross rents Less: rental expenses Rental income or (loss) | | • | | | |
| | | Gross amount from sales of assets other than inventory Less: cost or other basis | ies (ii) Other | | | , | |
| | d | • • • • • | | | | | |
| Other Revenue | о а | Gross income from fundraising events (no including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| Oth | С | Less: direct expenses Net income or (loss) from fundraising ever Gross income from gaming activities. See | | - | | | |
| | ь | Part IV, line 19 | . a | | - | | |
| | 10 a b | Net income or (loss) from gaming activitie Gross sales of inventory, less returns and allowances Less: cost of goods sold | a b | | | | |
| | | Net income or (loss) from sales of invento Miscellaneous Revenue | Business Code | . 400170 | 422170 | | |
| | þ | | 900099 | 423179. | 423179. | | |
| | c d e | All other revenue Total. Add lines 11a-11d | | 423179. | | | |
| | 12 | Total revenue. See instructions. | | 16346042. | 1086438. | 0. | 222. |

| Secti | on 501 (c)(3) and 501 (c)(4) organizations must comp Check if Schedule O contains a respons | | | ппрівсе соштіт (Ау. | X |
|--------|--|----------------|--------------------------|---------------------------------|-------------------------|
| - Do . | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 218000. | 218000. | _ | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | 10000. | 10000. | | · |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 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 | 3137711. | 2691881. | 221781. | 224049. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 1035445. | 962257. | 73188. | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 303915. | | 303915. | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| Ū | column (A) amount, list line 11g expenses on Sch 0.) | 3213961. | 3212109. | 1852. | |
| 12 | Advertising and promotion | 147752. | 147752. | | |
| 13 | Office expenses | 535239. | 526615. | 8615. | 9. |
| 14 | Information technology | 608138. | 608138. | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 20. | 20. | | |
| 17 | Travel | 413998. | 411497. | 2501. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 2241370. | 2238732. | 2638. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance . | | | | - |
| 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 0.) | | | | |
| а | Administrative support | 1380824. | 20828. | 1359996. | |
| b | Bad debt | 140000. | | | 140000. |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 13386373. | 11047829. | 1974486. | 364058. |
| 26 | Joint costs. Complete this line only if the organization | | | | <u></u> |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check have | t | | Į. | |

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 2693250. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 506419. employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b **b** Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securties. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 3199669. 0. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 18 Grants payable 240000. 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D Ō. 240000. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 583318. 27 Unrestricted net assets 2376351. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 2959669. 0 33 33 Total net assets or fund balances 3199669. Ο. 34 Total liabilities and net assets/fund balances

| 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 Total expenses (must equal Part IX, column (A), line 25) 2 1338 3 Revenue less expenses. Subtract line 2 from line 1 3 295 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: | om | 990 (2013) US Chamber of Commerce Foundation | 46-156 | <u> 1597</u> | Pa | ge 12 |
|--|----|---|--------------|--------------|------------|------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 295 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Vet assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2b Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2c Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2d Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2b Were the organization in financial statements compiled or reviewed by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 3c Separate basis Consolidated basis Both consolidated and separate basis c if "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the | Pa | rt XI Reconciliation of Net Assets | | | | |
| 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 295 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: | | Check if Schedule O contains a response or note to any line in this Part XI | | | | <u> </u> |
| 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 295 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: | | | | 162 | | 4.0 |
| Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Column (B) Net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis In Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. To solidated basis In Both consolidated and separate basis. Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis In Both consolidated and separate basis. Consolidated basis Sconsolidated basis In Independent accountant? 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audi | 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | | |
| A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Pror penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accual Other if the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Tancial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3b If "Yes," did the organization undergo the required audit or audits, | 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | |
| 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accual Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis in Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: Both consolidated and separate basis c if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Beparate basis Consolidated basis Both consolidated and separate basis c if "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth | 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 29 | 596 | |
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SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** US Chamber of Commerce Foundation 46-1561597 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (ii) EIN (i) Name of supported organizátion in col. in col. (i) listed in vour organization in col. (described on lines 1-9 organization support (i) organized in the (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes Yes Nο

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

Schedule A (Form 990 or 990-EZ) 2013

Total

Schedule A (Form 990 or 990-EZ) 2013 US Chamber of Commerce Foundation 46-15615 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------|----------------------|-------------------------|----------------------|----------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | 15259382. | 15259382. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| _ | furnished by a governmental unit to | | | | • | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | 15259382. | 15259382. |
| 5 | The portion of total contributions | | | | | | |
| • | by each person (other than a | | | | | İ | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | 1 | |
| | | | | | | | |
| | amount shown on line 11, column (f) | | | | | | 4529492. |
| _ | • • | | - | | | | 10729890. |
| | Public support. Subtract line 5 from line 4 ction B. Total Support | | <u> </u> | l | | | 10723030. |
| | | 1-1 0000 | (b) 2010 | (-) 0011 | (d) 2012 | 10) 2012 | /f) Total |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (B) 2010 | (c) 2011 | (u) 2012 | (e) 2013 15259382 | (f) Total 15259382. |
| - | Amounts from line 4 | | | | | 13233302. | 132333021 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | ļ | | | 1 | |
| | securities loans, rents, royalties | | | | | 222. | 222. |
| | and income from similar sources | | | | | 222. | 242. |
| 9 | Net income from unrelated business | | İ | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carned on | | | | | <u> </u> | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | ļ | | | 4 = 0 = 0 < 0.4 |
| 11 | Total support. Add lines 7 through 10 | | <u></u> | | | | 15259604. |
| 12 | • | | | | | 12 | 1086438. |
| 13 | First five years. If the Form 990 is for | the organization' | s first, second, thu | rd, fourth, or fifth | tax year as a sectı | on 501(c)(3) | |
| | organization, check this box and stor | here | | | | | ▶ X |
| Sec | ction C. Computation of Publ | ic Support Pe | ercentage | | | | |
| | Public support percentage for 2013 (| | | column (f)) | | 14 | |
| | Public support percentage from 2012 | | | • | | 15 | % |
| 16a | 33 1/3% support test - 2013. If the o | organization did ne | ot check the box o | n line 13, and line | e 14 is 33 1/3% or | more, check this be | ox and |
| | stop here. The organization qualifies | as a publicly supp | oorted organization | ٠. | •• | | |
| b | 33 1/3% support test - 2012. If the | organization did ne | ot check a box on | line 13 or 16a, an | d line 15 is 33 1/39 | % or more, check to | his box |
| | and stop here. The organization qual | ifies as a publicly | supported organiz | ation . | | | ▶□ |
| 17a | 10% -facts-and-circumstances tes | t - 2013. If the org | ganization did not | check a box on lir | ne 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | ts-and-circumstar | nces" test, check t | his box and stop | here. Explain in Pa | art IV how the organ | nization |
| | meets the "facts-and-circumstances" | | | | | | ▶□ |
| b | 10% -facts-and-circumstances tes | | | | | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | | | | | | ▶□ |
| 18 | Private foundation. If the organization | | | | | | ıs ▶ □ |
| | | | | , , | | edule A (Form 990 | |

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | | | |
|-----|---|---------------------|-----------------------|------------------------|---------------------|--|---------------------|
| Cal | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 20° | 13 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | <u> </u> | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | • | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7: | Amounts included on lines 1, 2, and | | Ì | | | | |
| | 3 received from disqualified persons | | | | | <u> </u> | |
| ı | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| • | Add lines 7a and 7b | | | | | | |
| | Public support (Subtractline 7c from line 6.) | <u> </u> | | | | | |
| | ction B. Total Support | | | · · · | | | |
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 201 | 13 (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10: | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | j |
| | and income from similar sources | | | | | | |
| ı | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, | | | | | | • |
| | whether or not the business is | | | | | | |
| 40 | regularly carried on | ļ - | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | <u> </u> | | |
| | Total support. (Add lines 9, 10c, 11, and 12) | L | 5 | | | | |
| 14 | First five years. If the Form 990 is fo | r the organization: | s tirst, secona, thii | a, tourin, or tillin t | ax year as a secu | on 50 ((c)(3) | organization, |
| Se | check this box and stop here ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| _ | Public support percentage for 2013 (| | | column (fl) | ••• | 15 | % |
| | Public support percentage from 2012 | | | 30.0 (.,, | | 16 | % |
| | ction D. Computation of Inve | | | | | 1 1 | |
| 17 | | | | | | 17 | % |
| 18 | | | | , | | 18 | % |
| | a 33 1/3% support tests - 2013. If the | | | on line 14, and line | e 15 is more than : | | |
| | more than 33 1/3%, check this box a | | | | | | ▶□ |
| 1 | 33 1/3% support tests - 2012. If the | • | • | | | | 1/3%, and |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | | | | | | | |
| _ | | | | | | | · |

| Schedule A | (Form 990 or 990-E | Z) 2013 US | Chamber | of | Commerce | Foundation | 46-1561597 Page 4 |
|-------------|--------------------|----------------|------------------------|--------------|---------------------|------------------------------|---|
| Part IV | Supplemental | Information | on. Provide the | explan | ations required by | y Part II, line 10; Part II, | line 17a or 17b; and Part III, line 12. |
| | Also complete this | part for any a | additional inform | ation. | (See instructions). | | |
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

US Chamber of Commerce Foundation

Employer identification number 46-1561597

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 J Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

| Sche | dule D (Form 990) 2013 US Cham | ber of Com | merce | Foun | dation | | 46-15 | <u>61597</u> | Page 2 |
|--------|--|----------------------------|--------------------|---------------|-----------------------|--------------|--------------|--------------------|-----------|
| Par | t III Organizations Maintaining C | Collections of A | rt, Histo | orical Tr | easures, or Oth | ner Simi | lar Asse | ts (contini | ıed) |
| 3 | Using the organization's acquisition, access | ion, and other record | ls, check | any of the | following that are a | significan | t use of its | collection | ıtems |
| _ | (check all that apply): | | | | | | | | |
| a | Public exhibition | d | י ען ני | oan or exc | hange programs | | | | |
| b | Scholarly research | е | , ∟↓o | ther | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how the | y further t | he organızatıon's ex | empt pur | oose in Par | t XIII. | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, hist | torical trea | sures, or other simil | ar assets | | _ | |
| | to be sold to raise funds rather than to be m | | | | | | | Yes | No |
| Par | t IV Escrow and Custodial Arran | | ete if the c | organızatio | n answered "Yes" to | o Form 99 | 0, Part IV, | ine 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for co | ontribution | ns or other assets no | ot included | <u> </u> | ٦ | |
| | on Form 990, Part X? | | | | | | . L | J Yes | ∟ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing ta | ble: | | | | | |
| | | | | | | | 1 | Amount | |
| | Beginning balance | | | | | 1c | | | |
| | Additions during the year | | | | | 1 <u>d</u> | | | |
| е | Distributions during the year | | | | - | 1e | | | |
| f | Ending balance | | | | | 1f | | T., | т т |
| | Did the organization include an amount on F | | | | | | | Yes | No |
| Par | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |
| r ai | t V Endowment Funds. Complete | | | | (c) Two years back | | years back | (=) Four | ears back |
| 4- | D | (a) Current year | (b) Pri | or year | (C) I WU YEARS DACK | (a) Tillee | years back | (e) Four y | Cais Dack |
| 1a | Beginning of year balance | | | | | | | | |
| D | Contributions | | | | | | | | |
| ت س | Net investment earnings, gains, and losses | | | | | | | | |
| | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | 1 | | | |
| ' | Administrative expenses End of year balance | | | | | | | | |
| 9 2 | Provide the estimated percentage of the cur | rent year and balanc | e (line 1a | column (s | l held as: | <u> </u> | | · | |
| | Board designated or quasi-endowment | Terit year erid balanc | ∞ (iii le 1g, % | , coadiiii (a | i)) Held as. | | | | |
| a | Permanent endowment | % | _′° | | | | | | |
| | Temporarily restricted endowment | | | | | | | | |
| · | The percentages in lines 2a, 2b, and 2c show | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that | are held a | nd administered for | the organ | ization | | |
| - | by: | oodon on the organiz | u | u. o o. u | | | | - F | res No |
| | (i) unrelated organizations | | | | | | | 3a(i) | 100 110 |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| ь | If "Yes" to 3a(ii), are the related organization | s listed as required o | n Schedu | ıle R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | = - | | - | | | | | |
| Par | t VI Land, Buildings, and Equipn | | | | • | | | | |
| | Complete if the organization answere | d "Yes" to Form 990 | , Part IV, I | ine 11a. S | ee Form 990, Part X | , line 10. | | | |
| | Description of property | (a) Cost or o | ther | (b) Cost | or other (c) | Accumulat | ted | (d) Book | value |
| | | basis (investr | nent) | basis | (other) de | epreciatio | n | , - | |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | | | | | | | | |
| d | Equipment | | | | | | | | |
| е | Other | | | | | | | | |
| Total | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, column | n (B), line 1 | 0(c).) | | • | | 0. |

| 1. | (a) Description of liability | (b) Book value | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
|-------|---|----------------|--|---------------------------------------|
| (1) | Federal income taxes | | | |
| (2) | | | \$ / \$ | * |
| (3) | | | | · |
| (4) | | | _ | * |
| (5) | | | | * * * |
| (6) | | | _] | * |
| (7) | | | | · · · · · · · · · · · · · · · · · · · |
| (8) | | | | » ^ w |
| (9) | | | | · • |
| Total | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | ▶ | ٠ | |

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Management's analysis of uncertain tax positions as required under the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740, Income Taxes, determined that the Foundation had no uncertain tax positions, and as such, no liability has been recorded as of December 31, 2013 and 2012. Management does not anticipate any material changes in this position in the next 12 months. The Foundation is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. believes the Foundation is no longer subject to income tax examinations for years prior to 2010.

| Schedule D (Form 990) 2013 US Chamber of Commerce Foundation | 46-1561597 Page 5 |
|--|-------------------|
| Part XIII Supplemental Information (continued) | |
| | |
| Part XI, Line 2d - Other Adjustments: | |
| | |
| Affiliated org rev consolidated for financial statement | |
| purpose \$13,329,696 | |
| | |
| Part XI, Line 4b - Other Adjustments: | |
| | |
| Elimination entries \$2,268,168 | |
| | |
| Part XII, Line 2d - Other Adjustments: | |
| Affiliated org exp consolidated for financial statement | |
| purpose \$6,216,290 | |
| | |
| | |
| Part XII, Line 4b - Other Adjustments: | <u></u> |
| Elimination entries \$2,268,168 | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

Name of the organization **Employer identification number** US Chamber of Commerce Foundation 46-1561597 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in region employees, agents, and independent expenditures offices (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region 0. 0 3 a Sub-total **b** Total from continuation 0 0. sheets to Part I

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

Schedule F (Form 990) 2013

0.

c Totals (add lines 3a

and 3b)

46-1561597

Schedule F (Form 990) 2013 US Chamber of Commerce Foundation 46–1561597

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| (i) Method of valuation (book, FMV, appraisal, other) | Cash value | | | | | |
|---|--|--|---|---|---|--|
| (h) Description of non-cash assistance | | | 1 | | : | |
| (g) Amount of non-cash assistance | 0. | | | | | xempt by |
| (f) Manner of cash disbursement | 10000, Wire transfer | | | | | recognized as tax-e |
| (e) Amount of cash grant | 10000. | | | | | foreign country, |
| (d) Purpose of grant | To contribute to lisaster releif efforts after Typhoon Haiyan | | | | | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |
| (c) Region | East Asia and the Pacific | | : | | | Enter total number of recipient organizations listed above that are rethe IRS, or for which the grantee or counsel has provided a section |
| (b) IRS code section and EIN (if applicable) | | | | , | | recipient organizatio |
| 1 (a) Name of organization | | | | | | 2 Enter total number of the IRS, or for which t |

Schedule F (Form 990) 2013

3 Enter total number of other organizations or entities

46-1561597

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 US Chamber of Commerce Foundation 46-1561597

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
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| Schedu | ıle F | (Form 990) 2013 | <u>US</u> | Chamber | of | Commerce | Foundation | on | 46-1 | 561597 | Page 4 |
|--------|-------------|--|--------------------|--|------------------|---|--|---------------------------------------|------|--------|--------|
| Part | V | Foreign Forms | s | | | | | | | | |
| 1 | orga | s the organization a anization may be req poration (see Instruc | uired t | to file Form 926 | | | | ax year? If "Yes," the o a Foreign | | Yes | X No |
| 2 | may Rec | the organization hav be required to file f eipt of Certain Forei S. Owner (see Instru | Form 3 Ign Gift | 520, Annual Re ts, and/or Form | eturn to 3520 | o Report Transactio -A, Annual Informa | ons with Foreign 7 tion Return of For | Trusts and | | Yes | X No |
| 3 | the | the organization hav organization may be tain Foreign Corpora | requir | ed to file Form | 5471, | Information Return | | | | Yes | X No |
| 4 | qua Info | s the organization a lified electing fund o irmation Return by a Instructions for For | dunng Share | the tax year? <i>If</i> holder of a Pas | "Yes, | " the organization n | nay be required to | file Form 8621, | | Yes | X No |
| 5 | the | the organization hav organization may be eign Partnerships. (s | e requii | red to file Form | 8865, | Return of U.S. Per | | | | Yes | X No |
| 6 | "Yes | the organization had s," the organization i Form 5713) | | | | | | | | Yes | X No |

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www in gov/form990.

| - | | |
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| OMB No 1545-0047 | 2013 | Onen to Public |
| | | |

Employer identification number Inspection

597

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|----------|---|-------------------------------------|
| Name of | lame of the organization US Chamber of Commerce Foundation | Employer identification r $46-1561$ |
| Part I | Part I General Information on Grants and Assistance | |
| 1 | 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 | ction |
| | | |

& | . Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 criteria used to award the grants or assistance?

| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | 55.000. Part II can | be dunlicated if addition | onal space is need | ompiete ii tile olga led. | iiizatioti atisweteu T | 63 (O O 990, rail | .v, |
|---|---------------------|-------------------------------|--------------------------|-----------------------------------|---|---|------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | The White Oak Consortium, |
| BLUE STAR FAMILIES, INC | | | | | | | a Blue-Star Families-run |
| P.O. BOX 322 | | | | | | | retreat for 55 leaders in |
| FALLS CHURCH, VA 22040 | 80-0369895 | 501(c)(3) | 20000. | 0. | | | the military, veterans, |
| | | | | | | | Membership payment in |
| CATALYST INC | | | | | | | Catalyst, a nonprofit |
| 120 WALL STREET 15TH FLOOR | | | | | | | organization that |
| NEW YORK, NY 10005 | 13-1992402 | 501(c)(3) | 5000. | 0. | | | promotes inclusive |
| | | | | | | | Sponsored a table at the |
| DC PUBLIC EDUCATION FUND | | | | | | | Standing Ovation for DC |
| 1534 14TH STREET NW | | | | | | | Teachers conference, |
| Washington, DC 20008 | 26-1607955 | 501(c)(3) | 25000. | 0. | | | someone from USCCF |
| | | | | | • | _ | Sponsorship for 2013 |
| ENTERPRISING WOMEN INC | | | | | | | Enterprising Women of the |
| 1135 KILDAIRE FARM RD | | | | | | | Year Awards Celebration. |
| CARY, NC 27511 | 56-2274270 | | 15000. | 0. | | | Sent attendee to the |
| | | | | | | | The June 2013 event, A |
| GIVE AN HOUR | | | | | | | Celebration of |
| P.O. BOX 5918 | | | | | | | Service-Traning the Next |
| BETHESDA, MD 20824 | 61-1493378 | 501(c)(3) | 5000. | 0. | | | Generation, took place as |
| | | | | | | | Sponsorship for 2013 |
| INDEPENDENT WOMEN'S FORUM | | | | | | | Women of Valor Dinner. |
| 1875 I STREET NW SUITE 500 | | | | | | | Sent attendee to the |
| Washington, DC 20006 | 54-1670627 | 501(c)(3) | 2500. | 0. | | | event, |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | nd government or | ganizations listed in the | e line 1 table | | | | 11. |

Enter total number of section 30 ((c)(3) and government organiza
 Enter total number of other organizations listed in the line 1 table

See Part IV for Column (h) descriptions LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

332101 10-29-13

| | on of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | |
|-----------------------------------|---|--|
| US Chamber of Commerce Foundation | to Governments and Organizations in t | |
| US Chamber of C | of Grants and Other Assistance | |
| Schedule I (Form 990) | Part II Continuation | |

| | | | | Incompany | . (Occ | | |
|--|------------------|----------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | The May 2013 event took |
| MARINE CORPS-LAW ENFORCEMENT | | | | | | | place as executed, and we |
| FOUNDATION - 273 COLUMBUS AVENUE | | | | • | | | received the recognition |
| SUITE 10 - TUCKAHOE, NY 10707 | 22-3357410 | 501(c)(3) | 15000. | 0. | | | for aponsorship that we |
| | | | | | | | The U.S. Chamber of |
| PARTNERSHIP FOR PUBLIC SERVICE | | | | | | | Commerce Foundation |
| 1100 NEW YORK AVE, NW, SUITE 200 EA | | | | | | | supported the 2013 Annual |
| Washington, DC 20005 | 06-1540513 | 501(c)(3) | 8000. | .0 | | | SAMMIES Awards which |
| | | | | | | | Office Depot Foundation |
| THE OFFICE DEPOT FOUNDATION | | | | | | | was to be a title sponsor |
| 6600 MILITARY TRAIL, C402J | | | | | | | of their Weekend in Boca. |
| BOCA RATON, FL 33496 | 65-0596803 | 501(c)(3) | 10000. | 0. | | | It's a nonprofit capacity |
| | | | | | | | Sponsorship for 2013 |
| WASHINGTON AREA WOMEN'S FOUNDATION | | | | | | | Leadership luncheon. |
| 1331 H STREET, NW | | | | | | | Sent attendee to the |
| Washington, DC 20005 | 52-2028612 | 501(c)(3) | 2500. | 0. | | | event. |
| | | | | | | - | Grant for 40 events at |
| Young Entrepreneurs Academy | | | | | | | local Chambers of |
| 175 CORPORATE WOODS SUITE 130 | | | | | | | Commerce. US Chamber of |
| Rochester, NY 14623 | 30-0513715 | 501(c)(3) | 100000. | 0. | | | Comerce Foundation had a |
| | | | | | | | Contribution for the |
| Young Entrepreneurs Academy | | | | | | | National Saunders |
| 175 CORPORATE WOODS SUITE 130 | | | | | | | Scholarship Competition. |
| Rochester, NY 14623 | 30-0513715 | 501(c)(3) | 10000. | 0. | | | Although USCCF does not |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | Schedule I (Form 990) |

46-1561597

- , Page 2

US Chamber of Commerce Foundation

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2013)

Part III

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|---------------------------|--|---|--|
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information required in | luired in Part I, lin | e 2, Part III, column | in Part I, line 2, Part III, column (b), and any other additional information. | Iditional information. | |
| Part I, Line 2: | | | | | |
| USCCF exercises due diligence in d | letermini | in determining that funds | nds are | | |
| provided to reputable organizations | is and all | l expenditures | are | appropriately | |
| documented. | | | | | |
| | | | | | |

Column (h): line 1, Part II,

INC Name of Organization or Government: BLUE STAR FAMILIES,

Ø The White Oak Consortium, (h) Purpose of Grant or Assistance: 55 leaders in the military, veterans, Blue-Star Families-run retreat for

Name of Organization or Government:

MARINE CORPS-LAW ENFORCEMENT FOUNDATION

(h) Purpose of Grant or Assistance: The May 2013 event took place as

executed, and we received the recognition for sponsorship that we were promised. We were satisfied with the event, and it allowed us to continue our work as a leader in this space.

Name of Organization or Government: PARTNERSHIP FOR PUBLIC SERVICE

(h) Purpose of Grant or Assistance: The U.S. Chamber of Commerce

Foundation supported the 2013 Annual SAMMIES Awards which celebrated the accomplishments of America's public servants. The Awards and Dinner ceremony pay tribute to America's dedicated federal workforce, highlighting those who have made significant contributions to our country. As the Foundation works towards strengthening American's long term competitiveness and educating the public on how the Free Enterprise system improves society and the economy, a competent government with a commitment and innovation is part of the solution. The money was spent as intended and USCCF sent attendees to the dinner.

Name of Organization or Government: THE OFFICE DEPOT FOUNDATION

(h) Purpose of Grant or Assistance: Office Depot Foundation was to be a title sponsor of their Weekend in Boca. It's a nonprofit capacity building conference hosted by Office Depot every year. Although USCCF does not monitor the use of funds once they have been disbursed, through due diligence, the recipients have been determined to be reputable organizations who use funds for their intended charitable purposes.

Name of Organization or Government: Young Entrepreneurs Academy

(h) Purpose of Grant or Assistance: Grant for 40 events at local

Chambers of Commerce. US Chamber of Comerce Foundation had a contract

spelling out the use of funds provided.

| Schedule I (Form 990) US Chamber of Commerce Foundation | 46-1561597 Page 2 |
|---|-------------------|
| Part IV Supplemental Information | |
| | |
| Name of Organization or Government: Young Entrepreneurs A | cademy |
| (h) Purpose of Grant or Assistance: Contribution for the | National |
| Saunders Scholarship Competition. Although USCCF does no | t monitor the |
| use of funds once they have been disbursed, through due d | iligence, the |
| recipients have been determined to be reputable organizat | ions who use |
| funds for their intended charitable purposes. | |
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SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

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

Name of the organization

Department of the Treasury

Internal Revenue Service

US Chamber of Commerce Foundation 46-1561597

Questions Regarding Compensation Part I No Yes 1a Check 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. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee ☐ Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" 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 persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a a The organization? 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 X ınıtial contract exception described ın Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2013

OMB No. 1545-0047

Open to Public

Inspection

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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 list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W- | W-2 and/or 1099-MIS | 2 and/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-----------------------------------|------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------------|----------------|----------------------|---|
| (A) Name and Title | • | (i) Base compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (a)·(b)(a) | reported as deferred in prior Form 990 |
| | | | | | | | | |
| (1) David Chavern | (:) | 0 • | 0. | 0. | 0. | 0.] | 0 •] | 0. |
| Director | (ii) | 296606. | 925000. | 217887. | 12600. | 19585. | 1771678. | 0. |
| (2) Carol Hallett | (0) | 0 | 0 | 0. | • 0 | 0. | 0 | 0 |
| Director | (ii) | 620829. | 0 | 0. | • 0 | 0. | 620829 | 0 |
| (3) Margaret Spellings | (0) | • 0 | 0 | 0. | • 0 | 0. | • 0 | • 0 |
| President/Director | € | 220556. | 0 | 20013. | 23494. | 15440. | 279503. | 0 |
| (4) Jay Brown | € | 0 | 0 | 0 | • 0 | 0 | • 0 | • 0 |
| Secretary | (ii) | 183014. | 0 | 0. | 1072 | 0 | 193739. | • 0 |
| (5) Lily Fu Claffee | (ii) | 0 | • 0 | 0 • | | 0. | • 0 | • 0 |
| General Counsel | Œ | 598164. | 200000 | 37877. | 1657 | 9548. | 1162164. | 0 |
| (6) Shannon DiBari | Ξ | 0. | 0 | 0. | 0 | 0. | 0 . | 0 |
| Admin & HR | (iii) | 395686 | 200000. | 135778. | -41300. | 6438. | 696602. | • 0 |
| (7) Stan M Harrell | (i) | • 0 | 0 • | • 0 | • 0 | • 0 | • 0 | • 0 |
| Chief Financial Officer | (ii) | 494763. | 160000. | 117425. | 13400. | 21683. | 807271. | • 0 |
| (8) Alfonso Martinez-Fonts | (1) | 0 | 0. | • 0 | | 0 | • 0 | • 0 |
| Executive Vice President | (ii) | 297771. | 60000. | 9028 | 1657 | 14833. | 398207. | 0 |
| (9) John McKernan | Θ | 95573 | 0. | 490. | 0 | 88. | 96151. | 0. |
| President | (11) | • 82223 | 0. | 490. | •0 | *88 | 96151. | • 0 |
| (10) Kathryn Traver | (1) | 145604. | 7500. | • 0 | 9542. | 25987. | 188633. | 0 |
| ABBL Secretary/Exec Dir, USCC; VP | (11) | 0. | 0. | 0. | •0 | 0. | 0. | 0. |
| (11) Ross S Cohen | Ξ | 145053. | 62000. | 0. | 16710. | 6467. | 230230. | 0. |
| Executive Director, HOH | (ii) | 0. | 0. | 0. | 0 | 0. | 0. | 0. |
| (12) Richard B Cooper | ε | 192108. | 1150 | 0. | 13840. | 22250. | 239698. | 0. |
| VP, Emerging Issues and Research | (ii) | 0. | | 0. | 0. | 0. | 0. | 0. |
| (13) Vanessa G Lyon | (i) | 129687. | 750 | •0 | 14861. | 6677. | 158725. | 0 |
| Senior Director, Programs | (ii) | • 0 | 0. | • 0 | • 0 | 0 | • 0 | 0 |
| | <u>(i)</u> | | | | | | | |
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| | (ii) | | | | | | | |

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

the board on Commerce Foundation relied οĘ The US Chamber compensation committee of a related organization that used one or more of

the methods described above to establish the top management official's

compensation.

Part I, Line 4b:

Supplemental Pension list:

David Chavern 217,887

Shannon DiBari 132,843

Stan Harrell 114,485

Lily Fu Claffee 34,937

Al Martinez-Fonts 6,088

The Supplemental Pension Plan provides cash payments to participants based

on a formula that coordinates with the benefits that cannot be paid by the

These Retirement Plan due to the qualified plan pay cap under the law. benefits are calculated and paid annually; there is no deferred component.

Schedule J (Form 990) 2013

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| | Supplemental Information |
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| schedule J (Form 990) ZU 13 | 1 111 |
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Part I, Line 7: |
|---|
| the US Chamber of Commerce Foundation's executive |
| compensation is provided in the form of base salaries and performance based |
| ipon indi |
| ture years. |
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| Schedule J (Form 990) 2013 |

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Department of the Treasury Internal Revenue Service ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2013

| Name of the organization | | | | | | | | | | ident | | on nu | mber |
|---------------------------------------|------------------------------------|-------------------------------------|----------|----------------|---------------------------------------|------------------|---|--------|---------------|---------------|-------------------|---------------|--|
| Part I Excess Bene | | er of Com | | | | | | 46 | -15 | 615 | 97 | | |
| | | | | • | | | anizations only). o, or Form 990-EZ, P | art V | line 40 | nh. | | | |
| 1 | (b) | Relationship bety | | | | | | | | JU. | (d) | Corre | cted? |
| (a) Name of disqualified p | person | person and or | | | | (c | c) Description of tran | sactio | on | | | es | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | +- | | |
| 2 Enter the amount of tax | incurred by the | organization man | agers | or dis | gualified per | sons du | ring the year under | | • | | | | |
| section 4958 | incurred by the t | organization man | agers | or uis | quamica per | 30/13 00/ | ing the year dilaci | | ▶ \$ | | | | |
| 3 Enter the amount of tax, | if any, on line 2, | above, reimburs | ed by | the o | rganization | | | | \$ | | | | |
| | - | | | | | | - | | | | | | |
| Part II Loans to and | d/or From In | terested Per | sons | i. | | | | | | | | | |
| • | _ | | | | , Part V, line | 38a or F | Form 990, Part IV, lin | ie 26; | or if th | ne orga | anızatı | on | |
| reported an amo | | 1 | | 2. an to or | 1 (-) 0 | 1 | 48.5 | | \ 1 | (h) AD | proved | (2) 1A | ritten |
| (a) Name of interested person | (b) Relationship with organization | | fror | n the ization? | (e) Orig | | (f) Balance due | |) In auft? | bý bo comn | proved ard or | agree | ment? |
| , , , , , , , , , , , , , , , , , , , | | | To | From | ! | | | Yes | No | Yes | No | Yes | No |
| Chamber of Comm | Chamber | Intercom | | X | · · · · · · · · · · · · · · · · · · · | 0. | 506419. | | X | X | | | X |
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| | | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | 506419. | | | | | | |
| Part III Grants or As | sistance Be | nefiting Inter | este | d Pe | rsons. | | | | | | | | |
| Complete if the c | | | | | ĭ | | | | | - | | | |
| (a) Name of interested p | person | (b) Relationship interested pers | | | | ount of tance | (d) Type assistan | | | |) Purp assista | | ř |
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See Part V for Continuations

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

332132 09-25-13

46-1561597 Page 2

Schedule L (Form 990 or 990-EZ) 2013

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

Name of the organization 46-1561597 US Chamber of Commerce Foundation Form 990, Part I, Line 1, Description of Organization Mission: charitable and educational activities to address issues affecting our nation, our economy, and the global business environment. Form 990, Part III, Line 4d, Other Program Services: Institute of Organization Management. Revenue \$ 614310. including grants of \$ 0. Expenses \$ 933864. Education and Workforce Program Revenue \$ 238434. including grants of \$ 0. Expenses \$ 576466. Center for Women in Business including grants of \$ 25000. Revenue \$ 868. Expenses \$ 199968. Form 990 Part V Item 2b Number of employees on W-3 US Chamber of Commerce Foundation is part of a consolidated payroll where all employees are employees of an affiliated organization, the Chamber of Commerce of the USA. The salaries expense is the portion chargeable to US Chamber of Commerce Foundation. Form 990, Part VI, Section A, line 2: Jay Brown has a business relationship with David Chavern, Lily Fu Claffee, Shannon DiBari, Stan M Harrell, and William G Little.

board receives the most recently completed tax return at each of its

regularly scheduled meetings.

Employer identification number 46-1561597

Form 990, Part VI, Section B, Line 12c:

We annually notify staff of the Standards of Conduct and Ethics policy, which includes a requirement that any transaction or relationship that is reasonably expected to give rise to an actual or apparent conflict of interest be brought to the attention of a supervisor, a senior manager in the Human Resources department or the Office of General Counsel. In addition, we issue an annual written questionnaire to all members of the board of directors asking for information on potential conflicts of interest, which is gathered by the chief financial officer. All reports of potential conflicts will be evaluated by the General Counsel, who serves as the US Chamber of Commerce Foundation's (USCCF) Ethics Officer, in consultation with other senior management and staff, as appropriate. Any conflicts of interest involving board members or staff that cannot be resolved in accordance with the USCCF's conflicts policies shall be elevated to the Chair of the USCCF's Audit Committee for further consideration and action.

Form 990, Part VI, Section B, Line 15b:

Part VI Question 15a

The President is an employee of the U.S. Chamber of Commerce and is not compensated by the organization.

Part VI Question 15b

The process for determining compensation for the officers, who are paid by the U.S. Chamber of Commerce, is as follows. An independent compensation consultant provides supporting data and analysis to the U.S. Chamber of Commerce's Chief Administrative Officer and the Vice President of Human

Page 2 Schedule O (Form 990 or 990-EZ) (2013) **Employer identification number** Name of the organization 46-1561597 US Chamber of Commerce Foundation Resources who establishes job classifications and compensation ranges for all employees. Based on this information, individual total compensation is determined by the individual's supervisor and the U.S. Chamber of Commerce's Chief Administrative Officer and the Vice President of Human Resources on an annual basis. Form 990, Part VI, Section C, Line 19: The form 990 is made available to any member of the public who requests a copy. Any requestor is forwarded to the Administrative Director of Finance of the Chamber of Commerce of the USA, who will forward a copy of the document to the requestor. The organization's governing documents, conflict of interest policy, and financial statements are not made available to the public. Form 990, Part IV Question 12 Auditing of financial statements The US Chamber of Commerce Foundation is a related organization within the consolidated financial statements of the U.S. Chamber of Commerce. Schedule R lists some additional related organizations included in the U.S. Chamber of Commerce consolidated financial statements. Form 990, Part IX, Line 11g, Other Fees: Policy and Research Consulting: Program service expenses 3064282. Management and general expenses 0.

Fundraising expenses

Total expenses

0.

3064282.

| Schedule O (Form 990 or 990-EZ) (2013) Name of the organization US Chamber of Commerce Foundation | Page 2 Employer identification number 46-1561597 |
|---|--|
| Temp Salaries: | |
| Program service expenses | 132827. |
| Management and general expenses | 0. |
| Fundraising expenses | 0. |
| Total expenses | 132827. |
| Video production: | |
| Program service expenses | 15000. |
| Management and general expenses | 1852. |
| Fundraising expenses | 0. |
| Total expenses | 16852. |
| Total Other Fees on Form 990, Part IX, line 11g, Col A | 3213961. |
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Parti

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

Employer identification number 46-1561597

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. US Chamber of Commerce Foundation Name of the organization

Direct controlling entity End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

| (e) | (9) | (9) | (G) | (e) | © | (g) Section 512(b)(13) | 2(b)(13) |
|---|---------------------------|--------------------------------|-------------|--------------------|--------------------|---------------------------|----------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | controlled | þe |
| of related organization | | foreign country) | section | status (if section | entity | entity? | ~ |
| | | | | 501(c)(3)) | | Yes | ٩ ا |
| Chamber of Commerce of the USA - 53-0045720 | An advocate for the | | | | | | |
| 1615 H St NW | nation's businesses to | | | | | | |
| Washington, DC 20062 | national leaders | District of Columbia 501(c)(6) | 501(c)(6) | N/A | N/A | | X |
| National Chamber Foundation - 52-6073268 | Promotes understanding of | | | | Chamber of | | |
| 1615 H St NW | public affairs issues | | | | Commerce of the | | |
| Washington, DC 20062 | affecting business | District of Columbia 501(c)(3) | 501(c)(3) | 7 | USA | × | |
| Policy Forum Endowment Fund - 45-4612611 | | | | - | | | |
| 1615 H St NW | Supporting organization | | | | National Chamber | | |
| Washington, DC 20062 | for the benefit of NCF | Delaware | 501(c)(3) | 11a | Foundation | × | |
| Institute for a Competitive Workforce - | | | | | Chamber of | | |
| 52-1677141, 1615 H St NW, Washington, DC | Promotes education and | | | | Commerce of the | | |
| 20062 | workforce training | District of Columbia 501(c)(3) | 501(c)(3) | 7 | USA | × | |

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

Schedule R (Form 990) 2013

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46-1561597

US Chamber of Commerce Foundation

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) | (q) | (c) | (p) | (e) | ω) | (g) | 200V131 |
|--|---------------------------|---|---------------------|--------------------------------------|------------------------------|-----------------------------|---------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section | Direct controlling entity | controlled organization? | Med atlon? |
| • | | (f | | 501(c)(3)) | • | Yes | 2 |
| Center - | The voice of business for | | | | Chamber of | | |
| 16743, 1615 H St NW, Washington, DC | 1 philanthropic | | | · | Commerce of the | | |
| 20062 | interests | District of Columbia 501(c)(3) | 501(c)(3) | 7 | USA | × | |
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46-1561597 Page 2

Schedule R (Form 990) 2013 US Chamber of Commerce Foundation

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

| (g) (l) (g) | income assets Aes No K-1 (Form 1065) | | | | | on or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related | (t) (g) (h) | Type of entity Share of total Share of Percentage 512tb; (C corp, S corp, income end-of-year ownership centro or trust) | Yes No | | | |
|-------------|--|--|------|--|---|---|-------------|--|---------|--|--|--|
| (B) | end-of-year assets | | | | | vered "Yes" on Form 990, Part IV, | | | | | | |
| (e) | renorminant income (related, unrelated, excluded from tax under sections 512-514) | | | | |) Smplete if the organization ansv | | (state or foreign) Congress Controlling Congress Con | Conunty | | | |
| | domicile (state or foreign country) | | | | _ | a Corporation or Trust Cc | | Primary activity | | | | |
| | Primary activity of (a) | | | | | ganizations Taxable as reporation or trust during 1 | | <u></u> | | | | |
| (a) | Name, address, and EIN of related organization | | | | | Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year. | (a) | Name, address, and EIN of related organization | | | | |

Schedule R (Form 990) 2013

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
 - Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- 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 s Other transfer of cash or property from related organization(s)

| (a) Name of related organization | (b) Transaction type (a·s) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) Chamber of Commerce of the USA | N | •966669 | 699996. Cost allocation discounted 67% |
| (2) Chamber of Commerce of the USA | 0 | 4173155. | 4173155. Actual salaries & benefit alloc |
| (3) Chamber of Commerce of the USA | Д | 680828. | 680828. Alloc amt at 67% disc & act cost |
| (4) Chamber of Commerce of the USA | α | 71896. | 71896. Allocated costs |
| (s) Institute for Competitive Workforce | U | 80208 | 80598.Contribution |
| (6) Institute for Competitive Workforce | a | 21636. | 21636.Allocated costs |

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Schedule R (Form 990) 2013

46-1561597 3

US Chamber of Commerce Foundation

| Schedule R (Form 990) | $\mathbf{u}\mathbf{s}$ | Chamber | of | US Chamber of Commerce Foundation | Founda | tion | |
|--|------------------------|-----------------|-------|-----------------------------------|--------------|-----------------------|--|
| Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) | nsactio | ons With Relate | d Org | anizations (Schec | Jule R (Form | 1990), Part V, line 2 | |
| | | | | | | | |

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|----------------------------------|------------------------|---|
| (n)National Chamber Foundation | Q | 216798. | 216798.Allocated costs |
| (8) | | | |
| (6) | | | |
| (10) | | | |
| (11) | | | |
| (12) | | | |
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Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

| _ 96 ' G | 1 |] | | , | I | 1 | 1 | 12 |
|--|---|---|--|-------|----------|---|---|----------------------------|
| (k) ercenta wnersh | | | | | | | | 990) 20 |
| General or Popartner? | | | | | | | | For |
| Ger Pag | | | | | <u> </u> | | | <u>•</u> |
| (h) (i) (j) (k) | | | | | | | | Schedule R (Form 990) 2013 |
| (h) Disproportionate allocations? Yes No | | | | | | | | |
| Dispi tion alfoca | | | | | | | | |
| (g) Share of end-of-year assets | | | | | | | | |
| (f) Share of total | | | | | | | | |
| Are all partners sec 501(c)(3) | | | | | | | | |
| | | | | | <u> </u> | | | |
| Predominant income related, unrelated, excluded from tax under section 512-514) y | | | | | | | | |
| ej ie | | | | | | | | |
| (c) Legal domicile (state or foreign country) | | | | | | | | |
| (b) Primary activity | | | | | | | | |
| (a) (b) (c) (d) (d) (d) (e) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | | | | | | | | |

| Schedule R | (Form 990) 2013 | US Chamber of Commerce Foundati | on 46-1561597 _{Page 5} |
|------------|-----------------------------------|---|---------------------------------|
| gart VII | (Form 990) 2013 Supplemental Inf | ormation | |
| Α' | Provide additional info | mation for responses to questions on Schedule R (see instructions | s) |
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