

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



DLN: 93493317045997 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 

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

Department of the Treasury

foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public

									<u> </u>
			alendar year, or tax year begind	ning 07-01-2016 , and endi	ng 06-30	-2017			
		pplicable change	MICHIGAN CHAMBER OF COMMERCE						ication number
□ Na		-					38-162	6029	
☐ Ini		turn	Doing business as						
		minated	Number and street (or P O box if ma	all is not delivered to street address)	Room/suit	e	E Telephor	ne number	
_		d return	600 SOUTH WALNUT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		(517) 3	71-2100	
⊔ Ар	piicati	on pending	City or town, state or province, coun	try, and ZIP or foreign postal code					
			LANSING, MI 48933				<b>G</b> Gross re	eceıpts \$ 7,	393,441
			F Name and address of principal RICHARD K STUDLEY	officer		H(a) Is	this a group re	turn for	
			600 SOUTH WALNUT				ibordinates? re all subordina	tos	☐Yes ☑No
T Tax		mpt status	LANSING, MI 48933		_		cluded?	tes	☐ Yes ☐No
		,	☐ 501(c)(3) ☐ 501(c)(6) ◀(	(insert no )	527		"No," attach a	•	•
J W	ebsit	te:► WW	VW MICHAMBER COM			n(c) G	roup exemption	number	•
<b>K</b> Forr	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ Associ	ciation Other ►		<b>L</b> Year of f	ormation 1959	M State	of legal domicile MI
Pa	rt I	Sum	marv						
	1	 Briefly des	scribe the organization's mission or						
e C	'	We promo	ote conditions favorable to job crea	tion and business success in Mic	higan				
Governance	:								
/en	.								
Ġ S			is box <b>&gt;</b>				25% of its net a	ssets   <b>3</b>	81
	l		of independent voting members of					4	80
Activities &	5	Total num	mber of individuals employed in cal	endar year 2016 (Part V, line 2a	a)			5	53
₹	6	Total num	mber of volunteers (estimate if nec	essary)				6	441
¥	7a	Total unre	related business revenue from Part	VIII, column (C), line 12				7a	92,000
	Ь	Net unrel	lated business taxable income from	Form 990-T, line 34				7b	-29,135
							Prior Year		Current Year
ξ	l		tions and grants (Part VIII, line 1h)		•		21,	_	729,920
Rəvenue	l	-	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), l	4,533,	550 550	6,442,415 6,892			
æ	l		venue (Part VIII, column (A), lines	•	•		331,		214,214
	l		enue—add lines 8 through 11 (mus		ne 12)		4,896,		7,393,441
	_		nd sımılar amounts paıd (Part IX, c		· · · · · · · · · · · · · · · · · · ·		6,	800	372,529
	14	Benefits p	paid to or for members (Part IX, co	olumn (A), line 4)	•			0	0
82	15	Salaries,	other compensation, employee bei	nefits (Part IX, column (A), lines	5-10)		3,008,	246	3,121,312
Expenses	<b>16</b> a	Professio	onal fundraising fees (Part IX, colur	nn (A), line 11e)	-			0	0
œ.	Ь	Total fundr	raising expenses (Part IX, column (D), lir	ne 25) ▶ <u>0</u>					
ш	l		penses (Part IX, column (A), lines	,	•		1,509,	_	3,762,016
	l	·	penses Add lines 13-17 (must equal	, ,,			4,524,	-	7,255,857
۳	19	Revenue	less expenses Subtract line 18 fro	ım ııne 12	•	Regins	371, ning of Current Y		137,584 End of Year
Net Assets or Fund Balances									
Bak	20	Total asse	ets (Part X, line 16)				7,826,	329	7,904,307
2 E	21	Total liab	oilities (Part X, line 26)				2,566,	814	2,507,208
		_	ts or fund balances Subtract line 2	1 from line 20	•		5,259,	515	5,397,099
Par Under			ature Block erjury, I declare that I have exami	ned this return, including accom	nanvina s	chedules	and statement	s. and to	the best of my
knowl	edge	and belie	ef, it is true, correct, and complete						
any k	HOWE	euge							
		* * * * * * *	* ure of officer				2017-11-02 Date		
Sign Here		, -					Dute		
пете	•		RD K STUDLEY PRESIDENT & C E O or print name and title						
		17	Print/Type preparer's name	Preparer's signature	Da			PTIN	
Paid	t		TNÁ PÉTERS CPA	TINA PETERS CPA		17-11-02		P00904574	1
Pre		ר ויד	irm's name PLANTE & MORAN PLLC				Firm's EIN ► 38		
Use		1 -	Firm's address ► 1111 Michigan Ave Ste				Phone no (517)	332-6200	
			East Lansing, MI 48823	3					
			this return with the preparer show	· · · · · · · · · · · · · · · · · · ·				✓ Υ	es No
ror P	aper	work Red	duction Act Notice, see the sepa	arate instructions.		Cat N	o 11282Y		Form <b>990</b> (2016)

Form	990 (2016)				Page <b>2</b>
Par	t IIII Stateme	nt of Program Service Acc	omplishments		
	Check if So	chedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe th	e organization's mission			
We p	romote conditions f	avorable to job creation and bus	iness success in Michigan		
2	_		gram services during the year which w	vere not listed on	
		0 or 990-EZ?			☐ Yes ☑ No
_	•	these new services on Schedule			
3	_		gnificant changes in how it conducts, a	any program	☐ Yes ☑ No
		the control of the delta O			⊔ Yes ⊻ No
4	•	these changes on Schedule O			
4	Section $501(c)(3)$		plishments for each of its three larges required to report the amount of gran ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	(0000	, (ENPOLICES Q	moraumy grante or ¢	, (	,
4d	Other program as	rvices (Describe in Schedule O )			
4u	(Expenses \$	( including ( including )	grants of \$	(Revenue \$	)
4e		ervice expenses >	, ,	- т	
	p o				

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

No

No

Nο

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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

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

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

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

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

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

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

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

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

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

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

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

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization 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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

for public office? If "Yes," complete Schedule C, Part I 💆 . . . . . . . . . . . . . .

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

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

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

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

Yes

3 4 5

Yes 6 7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Nο No No

Νo

Nο

Νo

Nο

Nο

No

Nο

No

Νo

No

No

Νo

Form **990** (2016)

Yes

Yes

Yes

Yes

29

Checklist of Required Schedules (continued)

Yes No

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

20a No

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . .

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

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

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

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

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

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

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

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

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

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

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

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

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

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

21

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

Yes

Yes

Yes

Form 990 (2016)

20b

Yes

Yes

No

Page 4

No

Nο

Nο

No

Nο

Νo

Νo

Nο

No

Nο

Nο

Nο

	990 (2016)			Page <b>5</b>
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 19			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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	2b	Yes	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	162	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
L1	Section 501(c)(12) organizations. Enter	]		
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	†		
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
С	_	14a		No

Par	t VI	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	No" respo	nse to l	ines
		Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction	A. Governing Body and Management			ı
_				Yes	No
la	Enter	the number of voting members of the governing body at the end of the tax year	81		
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent	80		
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other rr, director, trustee, or key employee?	2		No
3		he organization delegate control over management duties customarily performed by or under the direct supervis icers, directors or trustees, or key employees to a management company or other person?	on 3		No
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		he organization have members or stockholders?	6	Yes	
7a		he organization have members, stockholders, or other persons who had the power to elect or appoint one or mo	re		
		bers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b		No
8		he organization contemporaneously document the meetings held or written actions undertaken during the year b ollowing	У		
а	The g	governing body?	8a	Yes	
		committee with authority to act on behalf of the governing body?	8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Rever	nue Code		
10-	D-4 +h	he everywation basic local shapters, branches, or affiliates?	10a	Yes Yes	No
		he organization have local chapters, branches, or affiliates? 25," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		165	
	and b	oranches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
lla	form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
		ribe in Schedule O the process, if any, used by the organization to review this Form 990			
		he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13		he organization have a written whistleblower policy?	13	Yes	
14		he organization have a written document retention and destruction policy?	14	Yes	
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		organization's CEO, Executive Director, or top management official	15a	Yes	
Ь		r officers or key employees of the organization	15b	Yes	
		es" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
Ь	ın joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemp s with respect to such arrangements?			
Se	ction	C. Disclosure		<u> </u>	<u> </u>
17		he States with which a copy of this Form 990 is required to be filed▶			
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onliable for public inspection. Indicate how you made these available. Check all that apply	/)		
19	Descr	Own website  Another's website  Upon request  Other (explain in Schedule O)  ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest  ,, and financial statements available to the public during the tax year			
20		the name, address, and telephone number of the person who possesses the organization's books and records GUN ZUBAIR 600 SOUTH WALNUT LANSING, MI 48933 (517) 371-2100			
					0 /2015

Form 990 (2016)

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

and Independent Contractors

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

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

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

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

Comparison   Com	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, in of tor/t	t ch unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
1)		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related
22   Raymond Biggs			Х		x				446,604	0	65,713
X		0 00	Х		x				0	0	0
X			Х		х				o	0	0
A			Х		х				О	0	0
X		l	Х						O	0	0
X		l	х						0	0	0
X			Х						0	0	0
Vice Chairperson of the Board			Х						0	0	0
X   X   X   X   X   X   X   X   X   X			Х						o	0	0
X   253,663   0   55,24			Х						О	0	0
X   224,331   0   55,74						x			253,663	0	55,244
X   147,496   0   30,08						×			224,331	0	55,745
X		40 00					x		147,496	0	30,085
X 115,445 0 31,29							х		117,958	0	30,252
	(15) Philip Guyeskey Director, Political Finance						х		115,445	0	31,290

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F) Reportable Name and Title Average Position (do not check more Reportable Estimated

Name and Title	hours per week (list any hours	than o	ne b	ox, u n off	ınles fıcer	and a	on	compensation from the organization (W-	compensation from related organizations (W-	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
					$\Box$					

1b Sub-Total					<b>&gt;</b>				
d Total (add lines 1b and 1c)	 				▶		1,305,497	0	268,329
2 Total number of individuals (including of reportable compensation from the		e list	ed al	bove	e) who	rece	eived more than \$1	00,000	

1b :	Sub-Total			
c T	Total from continuation sheets to Part VII, Section A ▶			
_ d	Total (add lines 1b and 1c)			268,329
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 6			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on		İ	
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	3		No
4	Inne 1a? If "Yes," complete Schedule J for such individual	3	Yes	No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) (B)

**(C)** Compensation Name and business address Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 990 (2016)

Part	VII	I Statement of	Revenue								rage 3
				a respo	onse or note to any	line in t	hıs Part VII	I			🗆
				·		(	<b>A)</b> revenue	Rela exe fun	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campaig	ns	1a				rev	enue		512-514
nts Ints		<b>b</b> Membership dues		1b	<u>                                       </u>						
3ra∣ nou		c Fundraising events		1c							
IS. (		<b>d</b> Related organizatio		1d							
13 E	١,	e Government grants (c	ontributions)	1e							
ns,	1	F All other contributions									
itio er S		and similar amounts n above	ot included	1f	729,920						
년 된 등	9	g Noncash contribution	ons included								
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$									
ت ھ	<u> </u>	Total.Add lines 1a-1	lf				729,920				
글	_				Business			127.045	6.40	1.045	
۲. د ۲.		MEMBERSHIP DUES PROGRAM SERVICES				900099	6,4	5,400	6,437	5,400	
Service Revenue		PROGRAM SERVICES				300033		3,100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
∑. Ā	c d										
Σ,	e										
Program	f	All other program se	rvice revenue	<u>:</u>							
<b>₽</b>	g	<b>Total.</b> Add lines 2a-2i	f		▶ 6,4	442,415					
	3	Investment income (i	ncluding divid	lends, i	nterest, and other	1					
		similar amounts) .				<u> </u>	6,89	2			6,892
		Income from investm Royalties	ent of tax-exe	-	ond proceeds  • • • •	-					
		Noyaldes ! !	(ı) Rea		(II) Personal						
	6a	Gross rents									
	h	Less rental expenses		99,748		-					
		, Less Terred expenses		Ü							
	c	Rental income or (loss)		99,748							
	d	Net rental income o	r (loss)		· · · •		99,74	8		92,0	7,748
			(ı) Securi	ties	(II) Other						
	7a	Gross amount from sales of									
		assets other than inventory									
	<b>.</b>	Less cost or				_					
		other basis and sales expenses									
	c	Gain or (loss)									
		Net gain or (loss)			<b>•</b>						
ø.	8a	Gross income from f (not including \$		ents of							
Other Revenue		contributions reporte	ed on line 1c)	_							
eve	h	See Part IV, line 18		.a b		-					
F.		Less direct expense : Net income or (loss)			ents 🕨						
ţ	9a	Gross income from g	jaming activit	ıes							
O		See Part IV, line 19		а							
	b	Less direct expense	s	b		1					
		: Net income or (loss)		activit	ies	_					
	10a	Gross sales of invent returns and allowand	tory, less								
		returns and anowand	.es	a							
	b	Less cost of goods s	sold	b							
	c	Net income or (loss)	from sales of	invent	ory						
		Miscellaneous			Business Code						
	11	aINCOME FROM SUB	SIDIARY		90000	1	114,46	6			114,466
					•						
	b	•									
								1			
	С	:									
		All other revenue .   Total. Add lines 11a			<u> </u>						
					•		114,46	6			
	12	Total revenue. See	Instructions	• •	• • • •		7,393,44	1	6,442,415	92,0	000 129,106
											Form <b>990</b> (2016)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	372,529			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,101,300			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,452,358			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	128,892			
9 Other employee benefits	281,049			
<b>10</b> Payroll taxes	157,713			
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	40,794			
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	197,625			
13 Office expenses	103,193			
14 Information technology	254,000			
15 Royalties				
<b>16</b> Occupancy	353,267			
17 Travel	86,566			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	50,188			
<b>20</b> Interest	9,345			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	168,151			
23 Insurance	31,618			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Issue Advocacy Program	2,219,096			
b RESEARCH PROJECT EXPENS	90,316			
c DUES AND SUBSCRIPTIONS	74,487			
d Other Expenses	32,075			

51,295

Form **990** (2016)

7,255,857

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

	2	Savings and temporary cash investments	1,290,475	2	1,287,611
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	449,938	4	345,001
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	183,829	9	186,768

ets	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	ations o	if section 501(c)(9)		6	
88	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			183,829	9	186,768
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,421,894			
	b	Less accumulated depreciation	10b	4,592,874	1,959,176	10c	1,829,020
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .		2,798,173	12	2,912,639
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		15			
	16	Total assets.Add lines 1 through 15 (must equ	ial line	34)	7,826,329	16	7,904,307

17

32

33

34

Net

Accounts payable and accrued expenses

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	18	Grants payable		18	
	19	Deferred revenue	2,224,286	19	2,194,171
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
iab		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,566,814	26	2,507,208
1	Ī				

313,037

5,397,099

7,904,307 Form **990** (2016)

342,528

17

32

33

34

5,259,515

7,826,329

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.

5.259.515 5,397,099 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28

29 29 Permanently restricted net assets

Assets or Fund Balances 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 . . . 30 31 Paid-in or capital surplus, or land, building or equipment fund . 31

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	,393,441
2	Total expenses (must equal Part IX, column (A), line 25)	2			,255,857
3	Revenue less expenses Subtract line 2 from line 1	3			137,584
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,259,515
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5	,397,099
	t XII Financial Statements and Reporting				<del></del>
	Check if Schedule O contains a response or note to any line in this Part XII				<b>✓</b>
	Check if Schedule o contains a response of flote to any line in this Part AII	•	• •	Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle			

За

3b

Νo

Form **990** (2016)

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

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

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID:

Software Version: EIN: 38-1626029

Name: MICHIGAN CHAMBER OF COMMERCE

Form 990 (2016)

101111 330 (2010)

Form 990, Part III, Line 4a:

Significant activities include business advocacy, member services, and educational and compliance services. Business advocacy involves the support of pro business legislation that encourages job creation and economic growth in Michigan. Member services involves cost savings programs such as insurance benefits, discounted credit card.

processing and utility savings. Educational and compliance services involves offering labor law publications and providing educational seminars on business related topics.

efil	e GRAPHIC pri	nt - DO NOT I	PROCESS	As Filed Data -		DLN	N: 93493317	045997
SC	HEDULE C	Р	olitical	Campaign an	d Lobbying A	Activities	OMB No 1	545-0047
(For EZ)	rm 990 or 990-	<b>▶</b> Complete if	the organiza	ntion is described be Schedule C (Form 9	low. ►Attach to For 990 or 990-EZ) and i	501(c) and section 52 m 990 or Form 990-EZ. ts instructions is at	Open to	Public
•	al Revenue Service			<u>www.irs.go</u>	<u>v/form990</u> .		Inspe	ction
• S • S If the • S • S If the (Pro)	section 501(c)(3) org Section 501(c) (other Section 527 organizer organizer organization ans Section 501(c)(3) organizer organization ans Section 501(c)(3) organization ans xy Tax) (see sepai	ganizations Corer than section 5 cations Complet wered "Yes" or ganizations that ganizations that wered "Yes" or tate instruction	nplete Parts I 501(c)(3)) orgate Part I-A onle form 990, I t have filed Fot t have NOT fil form 990, I s), then	-A and B Do not companizations Complete F y Part IV, Line 4, or Foiler   orm 5768 (election und  led Form 5768 (election Part IV, Line 5 (Proxy	olete Part I-C Parts I-A and C below rm <b>990-EZ, Part VI, I</b> in der section 501(h)) Co on under section 501(h	Do not complete Part I-B e 47 (Lobbying Activities mplete Part II-A Do not co )) Complete Part II-B Do in nstructions) or Form 990	s), then omplete Part II-B not complete Pa	irt II-A
	Section 501(c)(4), ( me of the organizat	,, , , <u>, , , , , , , , , , , , , , , ,</u>	zations Comp	olete Part III		Employer ider	ntification num	ber
	HIGAN CHAMBER OF (					38-1626029		
Par	t I-A Complet	e if the orga	nization is	exempt under se	ction 501(c) or is	a section 527 organi	zation.	
1 2 3	Provide a descript Political expendition Volunteer hours		nzation's direc	ct and indirect politica	l campaign activities in	Part IV ▶	\$	
Par		e if the orga	nization is	exempt under se	ction 501(c)(3).			
1	Enter the amount	of any excise ta	ax incurred by	the organization und	er section 4955	<b>&gt;</b>	\$	
2		•	-		rs under section 4955	<b>&gt;</b>	\$	
3	If the organization	n incurred a sec	tion 4955 tax	, did it file Form 4720	for this year?		☐ Yes	□ No
4a	Was a correction	made?					☐ Yes	□ No
b	If "Yes," describe				-1: =04(-)			
						ept section 501(c)(3)		
1 2		of the filing org	•		tion 527 exempt funct er organizations for se		\$ \$	2,217,069
3	Total exempt fund	tion expenditur	es Add lines	1 and 2 Enter here ar	nd on Form 1120-POL,	line 17b ►	<u></u>	2,217,069
4	Did the filing orga	nızatıon file <b>For</b> ı	m 1120-POL	for this year?			<sup>Ψ</sup>	□ No
5	organization mad of political contrib	e payments For outions received	each organiz that were pro	ation listed, enter the omptly and directly del	amount paid from the	litical organizations to whith filing organization's funds olitical organization, such as in in Part IV	ch the filing Also enter the	amount
	(a) Nam	e		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of contributions and prompt directly deliver separate programment of the control of t	received tly and ered to a olitical If none,
(1) N	1ICHIGAN REPUBLICAI	N PARTY	520 SEYMOU LANSING, M		38-1221185	140,000		
	ENCAPITAL		PAEONIAN S	MORE COURT PRINGS, VA 20129	20-2743400	1,976,000		
(3) (	CROSSVOTER		335 EAST MA BIRMINGHA	APLE M, MI 48009	47-4236204	100,000		
4								
5								
6								
For P	aperwork Reduction	Act Notice, see	ı the ınstructıor	s for Form 990 or 990-	EZ. Cat	No 50084S Schedule C (	 Form 990 or 990	-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

	rt II-B	rm 990 or 990-EZ) 2016  Complete if the organization is exempt under section	n 501(c)(3) and has NOT file	ed			Page <b>3</b>		
		Form 5768 (election under section 501(h)).		(a)		(	b)		
or e ctivi		response on lines 1a through 1i below, provide in Part IV a detailed	description of the lobbying	Yes	No				
ı		ne year, did the filing organization attempt to influence foreign, nation at the state of the st							
а	Volunteer	rs?							
b	Paid staff	f or management (include compensation in expenses reported on lir	les 1c through 1ı)?						
С	Media adv	vertisements?	· · · · · · · · · · · · · · · · · · ·						
d	Mailings t	to members, legislators, or the public?							
е	Publicatio	ons, or published or broadcast statements?							
f		o other organizations for lobbying purposes?							
g		ntact with legislators, their staffs, government officials, or a legislat	ive body?						
h		demonstrations, seminars, conventions, speeches, lectures, or any s							
i	Other act								
j	Total Add	ld lines 1c through 1i							
2a	Did the a	activities in line $f 1$ cause the organization to be not described in secti	on 501(c)(3)?		F				
b	If "Yes," e	enter the amount of any tax incurred under section 4912	,						
С	If "Yes," e	enter the amount of any tax incurred by organization managers und	der section 4912		ŀ				
d	If the filin	ng organization incurred a section 4912 tax, did it file Form 4720 fo	r this year?		ŀ				
Par	t III-A	Complete if the organization is exempt under section	n 501(c)(4), section 501(c)	(5), o	r sectio	n 50:	1(c)		
		(6).							
					_		es No		
1		ostantially all (90% or more) dues received nondeductible by memb				1	No		
2		organization make only in-house lobbying expenditures of \$2,000 or				2	No		
3		organization agree to carry over lobbying and political expenditures t				3	No		
Par	t III-B	Complete if the organization is exempt under sectio and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."					1(c)(6)		
1	Dues, ass	sessments and similar amounts from members		1			4,342,230		
2		L62(e) nondeductible lobbying and political expenditures (do not in es for which the section 527(f) tax was paid).	clude amounts of political						
a	Current y	year er from last year		2a 2b			2,451,867		
b	Total	er Hom last year		2c			2,451,867		
с 3		te amount reported in section 6033(e)(1)(A) notices of nondeductible	e section 163(e) dues	3			3,382,669		
<i>3</i> 4		s were sent and the amount on line 2c exceeds the amount on line 3	• •				3,302,003		
•	the organ	nization agree to carryover to the reasonable estimate of nondeduct ure next year?		4					
5	Taxable a	amount of lobbying and political expenditures (see instructions)		5			-930,802		
P	art IV	Supplemental Information							
		escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line and Part II-B, line 1 Also, complete this part for any additional info		Part II-	A, lines 1	L and 2	(see		
	<u> </u>	urn Reference	Explanation						

Return Reference	Explanation
Part I-A, Line 1	The Michigan Chamber PAC I and the Michigan Chamber Federal PAC operate as separate segregated funds from the Michigan Chamber of Commerce These two PACs have a tax exempt status as a 527 organization. The Michigan Chamber of Commerce pays for all administrative and solicitation expenses of these two PACs Michigan Chamber PAC III has been established as an independent expenditure only political committee. It has a tax exempt status as a 527 organization. The Michigan Chamber PAC III makes individual expenditures that expressly advocate the election or defeat of candidates. The Michigan Chamber of Commerce also has an ongoing ballot question committee called the Michigan Chamber PAC II. This ballot question committee has a separate tax exempt status as a 501(c)4 organization. The Michigan Chamber PAC II is used to pay for ballot question activities, ballot question litigation expenses, polling, and voter education. The Michigan Chamber of Commerce from its general treasury makes issue advocacy advertising expenditures. None of these ads expressly advocate the election or defeat of candidates. The Michigan Chamber of Commerce files an 1120-POL and pays a tax on its net investment income.

SCHEDULE D

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

# **Supplemental Financial Statements**

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

DLN: 93493317045997 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** MICHIGAN CHAMBER OF COMMERCE 38-1626029 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes 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? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 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, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2016

Par	t III	Organizations M	aintaining Col	lections o	f Art, Hi	istori	cal Tı	easu	res, or	Other	Similar	Assets (	continued	)
3	_	the organization's acq (check all that apply)	uisition, accessio	n, and other	records, o	check a	any of	the fol	llowing t	hat are a	sıgnıfıcan	t use of it	s collectioi	٦
a		Public exhibition				d		Loan	or excha	inge prog	ırams			
b		Scholarly research				е		Other	r					
С		Preservation for future	e generations											
4	Provid Part X	le a description of the	organızatıon's col	lections and	explain h	ow the	y furtl	ner the	organız	ation's ex	kempt pur	pose in		
5		g the year, did the org s to be sold to raise fui									ular	□ <b>Y</b> €	es 🗆	No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			' on Forn	n 990	, Part	IV, lıı	ne 9, or	reporte	ed an am	ount on I	Form 990	), Part
1a		organization an agent ed on Form 990, Part		an or other i	ntermedia	ary for	contri	butions	s or othe	r assets	not	□ <b>Y</b> €	es 🗆	No
ь	If "Yo	s," explain the arrange	ement in Part XIII	and comple	te the foll	lowina	table					Amount		
c		ning balance	inche in rate XIII	. and comple	ice the foll	ownig	cabic			1c		7.111041110		
d	_	ons during the year							-	1d				
e		outions during the yea	r						-	1e				
f		g balance	•						-	1f				
<b>2</b> a		e organization include	an amount on Fo	rm 990 Pari	t X line 2	1 for	escrow	or cu	ו stodial a	ccount lia	ability?			
b		s," explain the arrange		,	•	•					•	□ <b>Y</b> •		No ]
Pa	art V	Endowment Fun	<b>ds.</b> Complete ıf	the organi	zation ai	nswer	ed "Y	es" or	ı Form	990, Par	t IV, line	10.		
				(a)Current	t year	<b>(b)</b> Pr	rior yea	r	<b>(c)</b> Two ye	ears back	(d)Three	years back	(e)Four ye	ears back
1a	Beginni	ng of year balance .												
b	Contrib	utions												
С	Net inv	estment earnıngs, gaıı	ns, and losses											
d	Grants	or scholarships	•											
е		expenditures for faciliting and second secon	es											
f	Admini	strative expenses .												
g	End of	year balance												
2	Provid	le the estimated perce	ntage of the curre	ent year end	balance (	(line 1g	g, colu	mn (a)	)) held a	5				
а	Board	designated or quasi-e	ndowment 🟲											
b	Perma	anent endowment 🕨												
С	Temp	orarily restricted endo	wment <b>&gt;</b>											
	The p	ercentages on lines 2a	, 2b, and 2c shou	ıld equal 100	)%									
3а		ere endowment funds ization by	not in the posses	ssion of the c	organizatio	on that	are h	eld and	d admını	stered fo	r the		Yes	s No
	(i) un	related organizations										_	a(i)	
b		elated organizations is a second organizations is a second or a				 n Sche	 dule R	· .				<u> </u>	a(ii) 3b	
4	Descr	ibe in Part XIII the into	ended uses of the	organization	n's endow	ment f	unds							
Pa	rt VI	Land, Buildings,					Devis	r) ( '	_	- 	000		- 10	
	Descri	Complete If the or prion of property	ganization ansv (a) Cost or oti (investme	ner basis	(b)Cost o						m 990, P epreciation	<del></del>	<u>e 10.</u> ( <b>d)</b> Book va	lue
1a	Land						69	3,094						693,094
b	Building	gs					5,72	28,800			4,592,87	4		1,135,926
С	Leaseh	old improvements												
		ent												
		ines 1a through 1e (C	olumn (d) must e	aual Form 99	90. Part X	'. colur	nn (B)	. line 1	10(c)) -		<b>&gt;</b>	+		1 829 020

	Investments—Other Securities. Complete if	the or	ganization ansv	vered 'Yes' on F	orm 990, Pa	rt IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category	1 (	( <b>b)</b> Book value		(c)Method of v	aluation
(1)Einancia	(including name of security)			Cost	or end-of-year	market value
(2)Closely-l	held equity interests					
	MENT IN SUBSIDIARY		2,912,639		С	
(A)						
(B) 						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col (B) line 12)	•	2,912,639			
Part VIII	<b>Investments—Program Related.</b> Complete See Form 990, Part X, line 13.	if the o	organization ans	swered 'Yes' on	Form 990, P	art IV, line 11c.
	(a) Description of investment		(b) Book value		c) Method of voor end-of-year	
(1)					·	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 13 )		_			
Part IX	Other Assets. Complete if the organization answer		on Form 990, Pa	art IV, line 11d Se	ee Form 990, F	
(1)	(a) Descripti	ion				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ımn (b) must equal Form 990, Part X, col (B) line 15 )				•	
Part X	Other Liabilities. Complete if the organization	answ		orm 990, Part IV		
1.	See Form 990, Part X, line 25.  (a) Description of liability		(b) B	look value		
	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7) ————						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 25 )	ا مو دا	footpata to the or	ranning to the C		a that yew auto the
	or uncertain tax positions. In Part XIII, provide the text					

1

2

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b

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d

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3

4

1

2

b

d

Schedule D (Form 990) 2016

2e

3

4c

Page 4

Part	XIII	Rec	oncili	atio	on c
5	Total revenue	Add lines	<b>3</b> and	4c.	(Thi
C	Add lines <b>4a</b> a	nd <b>4b .</b>			
b	Other (Describ	e in Part >	(III)	•	•

Subtract line 2e from line 1 .

Add lines 4a and 4b	4c	I
Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	
<b>TXII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses  Complete if the organization answered 'Yes' on Form 990, Part IV, Iir		
Total expenses and losses per audited financial statements	1	<u>'</u>
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities 2a		1
Prior year adjustments		I
Other losses	Ī	1
Other (Describe in Part XIII )	Ī	1
Add lines <b>2a</b> through <b>2d</b>	2e	1
Subtract line <b>2e</b> from line <b>1</b>	3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:		

Total revenue, gains, and other support per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Donated services and use of facilities . .

Add lines 2a through 2d . . . .

Recoveries of prior year grants . . . . . Other (Describe in Part XIII ) . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4a 4b

Explanation

'es' or	For	n 99	90,	Part	IV, I	ne	12a
							1
2a							
2b							
2c							
2d							
							2e
							3
						ſ	
4a							
4b							
							4c

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}		
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ny	addıtıonal	ınformatıon

Schedule D (Form 990) 2015

See Additional Data Table

Page <b>5</b>		Schedule D (Form 990) 2015
	tal Information <i>(continued)</i>	Part XIII Supplemental Info
xplanation		Return Reference

Schedule D (Form 990) 2016

### **Additional Data**

Software ID:

**Software Version: EIN:** 38-1626029

Name: MICHIGAN CHAMBER OF COMMERCE

# Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Michigan Chamber of Commerce is exempt from income tax under provisions of Internal Re venue Code Section 501(c)(6) The net income from activities unrelated to the tax-exempt p urpose of the Michigan Chamber of Commerce is subject to taxation. Furthermore, the wholly owned subsidiary of the Michigan Chamber of Commerce is not tax exempt and is subject to taxation. As of June 30, 2017 and 2016, the Chamber's unrecognized tax benefits were not significant. There were no significant penalties or interest recognized during the year or accrued at year end. The Chamber files income tax returns in U.S. federal and various stat e jurisdictions. With few exceptions, the Chamber is no longer subject to U.S. federal or state income tax examinations by tax authorities for tax years before 2012. The Chamber is subject to tax in the state of Michigan for Michigan corporate income tax.

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -					DLN: 93493317045997
Grants and Other Assistance to C  Governments and Individuals in the Complete if the organization answered "Yes," on Form 9  Attach to Form 990.					d States , line 21 or 22.		OMB No 1545-0047  2016  Open to Public Inspection
Treasury Internal Revenue Service	► Infor	mation about Schedul	e I (Form 990) and its i	instructions is at <u>ww</u>	w.irs.gov/form990.		
Name of the organization MICHIGAN CHAMBER OF COMM	ERCE					38-1626029	entification number
Part I General Inform	nation on Grants	and Assistance				1	
			the grants or assistance, i		for the grants or assistance	e, and	☐ Yes ☑ No
2 Describe in Part IV the or	ganızatıon's procedur	es for monitoring the us	se of grant funds in the Ur	ited States			
		nestic Organizations a can be duplicated if add		nts. Complete if the or	ganızatıon answered "Yes"	on Form 990, Part I\	/, line 21, for any recipient
(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 non-cash assista	
		=					
						<u> ▶</u>	10
For Paperwork Reduction Act Not	ice, see the Instructio	ns for Form 990.		Cat No 50055	iP		Schedule I (Form 990) 2016

Schedule I (Form 990) 2016					Page <b>2</b>
	ince to Domestic Individu fadditional space is needed	als. Complete if the org	ganızatıon answered "Yes'	on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Info	rmation. Provide the inf	formation required in	Part I, line 2, Part III	, column (b), and any other a	idditional information.
Return Reference Exp	olanation	-			

Schedule I (Form 990) 2016

## **Additional Data**

Cohn

Suite 400

222 N Washington Square

9339 Cherry Valley Ave SE 78

east lansing, MI 48823 Bursch Law PLLC

caledonia, MI 49316

# Software ID: **Software Version:** EIN: 38-1626029 Name: MICHIGAN CHAMBER OF COMMERC

81-3342253

of in 350,5 chedule 1, 1 are 11, oranes and other Assistance to bolicate organizations and bolicate dovernments.									
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	_			
organization		l if applicable	l grant	l cash	l (book EMV appraisal l				

organization		if applicable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)
	I	l	I	l	l

or government	п аррпсавіе	grant	assistance	other)	
					$\overline{}$

24,960

or government		 J	assistance	other)
Honigman Miller Schwartz &	38-1407377	50,000		

organization	ıf applıcable	grant	cash	(book, FMV, apprais
or government			assistance	other)

CE			

Form 990 Schedule T. Part TI. Grants and Other Assistance to Domestic Organizations and Domestic Governments

(g) Description of (h) Purpose of grant non-cash assistance or assistance

General contribution to support the organization's mission General contribution to

support the

organization's mission

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

organization's mission

support the

Michigan Republican Party 520 Seymour Street lansing, MI 48933	38-1221185	20,000		General contribution to support the organization's mission

108,349

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

20-2743400

Ten Capitol Inc

6231 Leesburg Pike Suite 100

paeonian springs, VA 20129

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

organization's mission

support the

				I .
MICHIGAN CHAMBER PAC III 600 SOUTH WALNUT STREET falls church, VA 22044	27-2985750	70,000		General contribution to support the organization's mission

5,915

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Doster Law Offices PLLC

2145 Commons Parkway

okemos, MI 48864

47-1955151

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

organization's mission

support the

Falls Communications Inc	34-1601233	60,021		General contribution to
50 Public Square FL 25				support the
cleveland OH 44113				organization's mission

11.534

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Grand River Strategies LLC

2420 Mulberry Court

ANN ARBOR, MI 48104

47-4476479

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance Michigan Redistricting 20-2674360 10.000 General contribution to Resource Institute support the PO Box 15173 organization's mission

organization's mission

support the

7.000

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LANSING, MI 48901

Commerce

Council of State Chambers of

515 Kina Street Suite 300

ALEXANDRIA, VA 22314

35-0827885

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DLN: 93493317045997

**Employer identification number** 

OMB No 1545-0047

2015

### 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

MICHIGAN CHAMBER OF COMMERCE 38-1626029 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 1h Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a 5b Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Part II For each individual whose compensation must be reported on 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)(I)-(III) 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

Membership

Services

4 Jason Russell

Senior Director, Insurance

(ii)

(ii)

147,309

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	
		Base (1) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
Richard Studley President & CEO	(i)	410,000	25,000	11,604	37,090	28,623	512,317	0
	(ii)	0	0	0	0	0	0	0
2 James Holcomb Senior V P , Business	(i)	227,750	20,000	5,913	36,217	19,027	308,907	0
Advocacy & Gen	(ii)	0	0	0	0	0	0	0
3 Barry Robinson		175 000	40.040	4 2 4 2	0.005	20.010	000.075	

		(I) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990
Richard Studley President & CEO	(i)	410,000	25,000	11,604	37,090	28,623	512,317	0
	(ii)	0	0	0	0	0	0	0
2 James Holcomb Senior V P , Business	(i)	227,750	20,000	5,913	36,217	19,027	308,907	0
Advocacy & Gen	(ii)	0	0	0	0	0	0	0
3 Barry Robinson V P , Chamber Services &	(i)	175,000	43,018	6,313	31,835	23,910	280,076	0

187

18,196

11,889

177,581

Page 2

Schedule J (Form 990) 2015	Page <b>3</b>					
Part III Supplemental Inform	mation					
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 informat						
1						
Return Reference	Explanation					

Schedule J (Form 990) 2015

DUES AND EXPENSES FOR BUSINESS PURPOSES

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLI	N: 93493317045997
SCHEDUL	ΕO	Supplement	al Informatio	n to Form 990 or 9	90-F7	OMB No 1545-0047
(Form 990 or EZ)		Complete to pro	ovide information for or 990-EZ or to provi	responses to specific questi ide any additional information 1990 or 990-EZ.	ions on	2016
Department of the T		► Information abou	t Schedule O (Form www.irs.go	990 or 990-EZ) and its instru v/form990.	ıctions is at	Open to Public Inspection
Internal Revenue See Name of the org MICHIGAN CHAMB	BER OF COMME	erce lemental Informatio	n		<b>Employer ider</b> 38-1626029	ntification number
Return Reference				Explanation		
Form 990, Part VI, Section A, line 6	es located partnershi	in each of Michigan's 83	counties Membership	6,750 employers of all sizes an is available to any corporation, r professional organization doin		

Return Explanation

990 Schedule O, Supplemental Information

line 7a

Form 990,
Part VI,
Section A,

Members from each of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the board of the following categories are eligible to elect members of the elect members of the following categories are eligible to elect members of the elect m

Return Explanation Reference

990 Schedule O, Supplemental Information

Form 990. The 990 is provided to the Executive Committee for review prior to filing the return. The Part VI. Executive Committee serves as the Finance Committee and has the authority to approve the 9 Section B. 90 on the board's behalf

line 11b

Return Explanation
Reference

Form 990,
Part VI,
Section B,
line 12c
Incoming Board of Director members are sent a copy of the conflict of interest policy is also dist
ributed at the first board meeting of each year Requests for disclosures of conflicts of
interest are included in the consent agenda for all meetings. If the board of directors de
termines that a conflict of interest exists, the interested person recuses themself from d
iscussion of, and the vote on, the transaction or arrangement involving the possible confli

990 Schedule O, Supplemental Information

ict of interest

Return Explanation

Form 990,
Part VI,
Section B,
Inne 15

Michigan Chamber salary and benefits are compared to compensation surveys conducted by nat compared to compensation surveys conducted by nat notations as members. The data is reviewed by to the Executive Committee and President and C E O in determining compensation levels. Compensation was last reviewed in June of 2017

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990, Part VI,	Copies of the governing documents, conflict of interest policy, and financial statements are available to the general public upon request
Section C, line 19	

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part XII, Line tements and selection of an independent accountant

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE R

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

# **Related Organizations and Unrelated Partnerships**

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

OMB No 1545-0047

DLN: 93493317045997

Open to Public Inspection

Schedule R (Form 990) 2016

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

Name of the organization **Employer identification number** MICHIGAN CHAMBER OF COMMERCE 38-1626029 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II 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. (a)
Name, address, and EIN of related organization (b) (c) (e) (f) (g) Section 512(b) Public charity status Direct controlling Primary activity Legal domicile (state Exempt Code section or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No (1)MICHIGAN CHAMBER FOUNDATION EDUCATIONAL AND ΜI 501(C)(3) 11A - TYPE I No 600 SOUTH WALNUT INFORMATIONAL PROGRAMS AND PROJECTS N/A LANSING, MI 48933 38-2647323 (2)MICHIGAN CHAMBER POLITICAL ACTION COMMITTEE I PROMOTE THE ELECTION OF ΜI 527 No 600 SOUTH WALNUT PRO BUSINESS CANDIDATES TO MICHIGAN PUBLIC OFFICE N/A LANSING, MI 48933 38-6357166 (3) MICHIGAN CHAMBER POLITICAL ACTION COMMITTEE II FUND PRO-BUSINESS ΜI 501(C)(4) No 600 SOUTH WALNUT POSITIONS RELATED TO **BALLOT QUESTIONS** N/A LANSING, MI 48933 20-8100621 (4) MICHIGAN CHAMBER LITIGATION CENTER ADVOCATE FAIR TREATMENT ΜI 501(C)(6) No 600 SOUTH WALNUT OF BUSINESS IN THE COURTS AND REGULATORY AGENCIES N/A LANSING, MI 48933 26-4231799 (5) MICHIGAN POLITICAL ACTION COMMITTEE III MAKE INDEPENDENT ΜI 527 No 600 SOUTH WALNUT EXPENDITURES RELATED TO CANDIDATES FOR STATE N/A LANSING, MI 48933 PUBLIC OFFICE 27-2985750 (6)MICHIGAN CHAMBER FEDERAL PAC TO ELECT PRO BUSINESS ΜI 527 No 600 SOUTH WALNUT CANDIDATES TO FEDERAL PUBLIC OFFICE N/A LANSING, MI 48933 57-1174487

Cat No 50135Y

one or more related organization															
(a) Name, address, and E related organizatio		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predom Income(nunrela excluded tax un sections	related, to related, to ated, d from nder 5 512-	(f) Share of total incon		(h Dispropi allocai	rtionate	Code V-U amount in 20 of Schedule (Form 106	box n	(j) Senera manag partne	lor Per	( <b>k)</b> rcentage rnership
					514	+)			Yes	No	1	Y	Yes	No	
					1			<b>I</b>	1					- 1	
Part IV Identification of Related Orgobecause it had one or more related one or more related to the second of the							tion ans	swered "Yes	s" on Fo	orm 9	90, Part	IV, lı	ine 3	4	
		as a corporation (control domination (state of	on or tru gal licile r foreign	st during th	(d)	ear. (e)	entity S corp,	(f) Share of total income	Share	(g) of end-oryear ssets	of- Pe	IV, II  (h) rcenta	age	Section (13) of	(i) on 512(le controlle ntity?
because it had one or more rela (a) Name, address, and EIN of	ated organizations treated a	as a corporation (control legislation)	on or tru  gal licile r foreign  htry)	st during th	ie tax ye (d) controlling ntity  AN ER OF	(e) Type of (C corp, S	entity S corp,	(f) Share of total	Share (	( <b>g)</b> of end-o	of- Pe	(h) rcenta	age nip	Section (13)	on 512(b controlle ntity?
because it had one or more related  (a)  Name, address, and EIN of related organization  (1)MICHIGAN CHAMBER SERVICES INC  600 SOUTH WALNUT LANSING, MI 48933	(b) Primary activity	as a corporation (c) Let dom (state or cour	on or tru  gal licile r foreign  htry)	st during th	ie tax ye (d) controlling ntity  AN ER OF	(e) Type of (C corp, S	entity S corp,	<b>(f)</b> Share of total Income	Share (	( <b>g)</b> of end-o year ssets	of- Pe	(h) rcenta vnersh	age nip	Section (13) of er	on 512(b controlle ntity?
because it had one or more related  (a)  Name, address, and EIN of related organization  (1)MICHIGAN CHAMBER SERVICES INC  600 SOUTH WALNUT LANSING, MI 48933	(b) Primary activity	as a corporation (c) Let dom (state or cour	on or tru  gal licile r foreign  htry)	st during th	ie tax ye (d) controlling ntity  AN ER OF	(e) Type of (C corp, S	entity S corp,	<b>(f)</b> Share of total Income	Share (	( <b>g)</b> of end-o year ssets	of- Pe	(h) rcenta vnersh	age nip	Section (13) of er	on 512(b controlle ntity?
because it had one or more related  (a)  Name, address, and EIN of related organization  (1)MICHIGAN CHAMBER SERVICES INC  600 SOUTH WALNUT LANSING, MI 48933	(b) Primary activity	as a corporation (c) Let dom (state or cour	on or tru  gal licile r foreign  htry)	st during th	ie tax ye (d) controlling ntity  AN ER OF	(e) Type of (C corp, S	entity S corp,	<b>(f)</b> Share of total Income	Share (	( <b>g)</b> of end-o year ssets	of- Pe	(h) rcenta vnersh	age nip	Section (13) of er	on 512(b controlle ntity?
because it had one or more related  (a)  Name, address, and EIN of related organization  (1)MICHIGAN CHAMBER SERVICES INC  600 SOUTH WALNUT LANSING, MI 48933	(b) Primary activity	as a corporation (c) Let dom (state or cour	on or tru  gal licile r foreign  htry)	st during th	ie tax ye (d) controlling ntity  AN ER OF	(e) Type of (C corp, S	entity S corp,	<b>(f)</b> Share of total Income	Share (	( <b>g)</b> of end-o year ssets	of- Pe	(h) rcenta vnersh	age nip	Section (13) of er	on 512(b controlle ntity?
because it had one or more related  (a)  Name, address, and EIN of related organization  (1)MICHIGAN CHAMBER SERVICES INC  600 SOUTH WALNUT LANSING, MI 48933	(b) Primary activity	as a corporation (c) Let dom (state or cour	on or tru  gal licile r foreign  htry)	st during th	ie tax ye (d) controlling ntity  AN ER OF	(e) Type of (C corp, S	entity S corp,	<b>(f)</b> Share of total Income	Share (	( <b>g)</b> of end-o year ssets	of- Pe	(h) rcenta vnersh	age nip	Section (13) of er	on 512(b controlle ntity?

(1)MICHIGAN CHAMBER SERVICES INC

(2)MICHIGAN CHAMBER SERVICES INC

(3)MICHIGAN CHAMBER FOUNDATION

(4)MICHIGAN CHAMBER POLITICAL ACTION COMMITTEE III

j Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid to related organization(s) for expenses . . . Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . . .

Name of related organization

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	•		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Eychange of accets with related organization(s)	1i		No

(b)

Transaction

type (a-s)

Q

Q

(c)

Amount involved

260,068

1,243,983

52,241

70.000

COST

COST

COST

CHECK AMOUNT

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

Page 3

No

No No

No

No

No

No

No

1q Yes

1k Yes

11

|1m|

1n

1r

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

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

			1				1			1 1			
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	l domicilo l	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite )	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	or Ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
									_	Schedul	e R (Forn	1 99	0) 2016



### **Additional Data**

(1)

(1)

(2)

(5)

600 SOUTH WALNUT LANSING, MI 48933 38-2647323

600 SOUTH WALNUT

LANSING, MI 48933

600 SOUTH WALNUT

LANSING, MI 48933 20-8100621 (3)

600 SOUTH WALNUT

LANSING, MI 48933

600 SOUTH WALNUT

LANSING, MI 48933 27-2985750

600 SOUTH WALNUT

LANSING, MI 48933 57-1174487

26-4231799 (4)

38-6357166

Software ID: **Software Version:** 

(c)

Legal domicile

(state

or foreign country)

ΜI

ΜI

ΜI

ΜI

ΜI

ΜI

(d)

Exempt Code

section

501(C)(3)

501(C)(4)

501(C)(6)

527

527

527

(e)

Public charity

status

(if section 501(c) (3))

111A - TYPE I

(f)

Direct controlling

entity

N/A

IN/A

N/A

IN/A

IN/A

N/A

(g)

Section 512

(b)(13)controlled

entity? Yes

No

No

No

No

No

Nο

No

(b)

Primary activity

PROGRAMS AND PROJECTS

PROMOTE THE ELECTION

MICHIGAN PUBLIC OFFICE

**EDUCATIONAL AND** 

INFORMATIONAL

OF PRO BUSINESS

FUND PRO-BUSINESS

BALLOT QUESTIONS

IN THE COURTS AND

MAKE INDEPENDENT

TO CANDIDATES FOR STATE PUBLIC OFFICE

PUBLIC OFFICE

ADVOCATE FAIR

POSITIONS RELATED TO

TREATMENT OF BUSINESS

REGULATORY AGENCIES

EXPENDITURES RELATED

TO ELECT PRO BUSINESS

CANDIDATES TO FEDERAL

CANDIDATES TO

EIN:	38-1626029
Name:	MICHIGAN C

(a)

Name, address, and EIN of related organization

Name:	MICHIGAN CHAMBER OF COMMERCE

Form 990	. Schedule	R. Part II - I	dentification	of Related 1	Tax-Exempt Ord	ianizations