(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	4 F	or un	e 20 is calendar year, or tax year beginning and	ending				
E	3 C ap	heck if oplicab	C Name of organization		D Employer identific	cation number		
		Addre	GREAT LAKES SPORTS COMMISSION					
		Name			82-09544	93		
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
		Final return	V L IIO W. MICHIGAM AVE.	100	517-853-1236			
		termii ated	, i i i i i i i i i i i i i i i i i i i		G Gross receipts \$ 10,131,465.			
	느	Amen	1 LANSING, MI 40933-1050	H(a) Is this a group return				
		Application pendi			for subordinates	••••		
-			110 W MICHIGAN AVE STE 100, LANSING, MI	<del>- 1</del>	H(b) Are all subordinates in			
-			tempt status: 501(c)(3) X 501(c) (6) (1) (insert no.) 4947(a)(1) (ite: WWW.GREATLAKESSPORTSCOMMISSION.ORG	or) 527	7	list. (see instructions)		
_			f organization: X Corporation Trust Association Other	I Vear	of formation: 2.0.1.71	n number ►  1 State of legal domicile: MI		
		rt I		J E 1681	or tormation, 2017 N	1 State of legal domiche, 171		
_		1	Briefly describe the organization's mission or most significant activities. TO P	ROMOTE	MICHIGAN AS	A PREMIER		
	Governance			OURIS				
_	rna	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
202	0.0	3				8		
	& G	4	Number of independent voting members of the governing body (Part VI, line 1b)			8		
0 5			Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0		
	ctivities				6	8		
JAN	Act	7 a	Total unrelated business revenue from Part VIII, column (C), lineัส2 mail. ครางกาม	e-Servic <del>e</del>	7a	0.		
-	-	D	Net unrelated business taxable income from Form 990-T, line 399caivad. U.S. R.			0.		
SCANNED		8	Contributions and grants (Part VIII, line 1h)	ろト	Prior Year 0.	Current Year 10,000,000.		
Z	2	9	Program service revenue (Part VIII, line 2g)	TÚZÜ 🗀	0.	0.		
€	evenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0.	131,465.		
ပ္ထ	æ				0.	0.		
(C)		12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	יידט 🗀	0.	10,131,465.		
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	န္		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	,	0.	0.		
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.		
	å		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>				
	۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	79,965.		
	ŀ		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	··· ·-	0.	79,965.		
-	5 5 5	19	Revenue less expenses. Subtract line 18 from line 12					
	sets o	20	Total assets (Part X, line 16)	BE	ginning of Current Year 0 .	End of Year 10,051,500.		
	<u>se</u>		Total liabilities (Part X, line 26)	·····	0.	0.		
;			Net assets or fund balances. Subtract line 21 from line 20	····	0.	10,051,500.		
[	Pa	rt II						
l	Indo	r pena	altics of perjury. I declare that,I have examined this return, including accompanying schedule:	s and stateme	ents, and to the best of my	knowledge and helief, it is		
ţ	rue,	corre	ct, and complete Declaration of preparer (other than officer) is based on all information of wi	nich preparer	has any knowledge.			
			Stanting of officer	<u>.</u>	<u> ///3/8</u>	oo ( Signit		
	Sign		8Ignature of efficer		Date -			
•	lere	•	KEVIN W KORPI, EXECUTIVE DIRECTOR  Type or print name and title		- · · <u> </u>	<del></del>		
-					Date Check	PTIN		
	aid		Print/Type preparer's name  DANIELLE M. MCGEE, CPA  DANIELLE M. MCGE		.1/10/20 if self-employs	<b>_</b>		
		arer	Firm's name REHMANN ROBSON LLC			38-3635706		
	•	Only	Firm's address 675 ROBINSON RD					
		_ •	JACKSON, MI 49203		Phone no. 51	7-787-6503		
1	Иay	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
_		11 01-2		nns /	$\triangle 1C$	Form <b>990</b> (2019)		

Form 990 (2019) GREAT LAKES SPORTS COMMISSION | Part | V | Checklist of Required Schedules

	· ·		163	140
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		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	∤	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		l	**
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		ľ	37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8	$\rightarrow$	<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا 🗚 ا		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	. AL		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	440		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u></u>
a	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	11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		$\frac{1}{x}$
	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	116		<del></del>
1		11f		X
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
128		12a		X
_	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
J	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	- 1	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
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		<u>X</u>
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_
20a	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		
21	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	21	لـــــا	<u> </u>
32003	3 01-20-20	Form	990 (	2019)

82-0954493 GREAT LAKES SPORTS COMMISSION Page 4 Form 990 (2019) Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 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 X 24a Schedule K If "No." go to line 25a 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 25b Schedule L. Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 28a "Yes," complete Schedule L, Part IV Х 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R. Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes." complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X 38 Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No

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

b	Enter the number	of Forms	W-2G included in lin	e 1a. Entei	r-0- if not a	pplicable
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

0 0 1c X Form 990 (2019)

				_	· 1	
	Enterthe work and Tour Statements	l	ſ		Yes	No ·
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a	0		~	, , [
	filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax return			- <u></u> 2b		
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				4	-
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-)		 3a		$\overline{\mathbf{x}}$
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	^		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
h	If "Yes," enter the name of the foreign country		. 7.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Air	ccoun	ts (FBAR).			· . ·
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
c	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 th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?	Ů		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u></u>	<u> </u>	· ·	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?					` 44Çr
9	Sponsoring organizations maintaining donor advised funds.					<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b_		<del> </del>
10	Section 501(c)(7) organizations. Enter	١	I	2	2.	•
а	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				
11	Section 501(c)(12) organizations. Enter	ء م	I		•	,
a	Gross income from members or shareholders	11a	-		,	,
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11b		-		;,
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	j			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		-		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.					
h	Enter the amount of reserves the organization is required to maintain by the states in which the					ĺ
_	organization is licensed to issue qualified health plans	13b	<u> </u>	.,	•	
С	Enter the amount of reserves on hand	13c		٠,		
14a	The state of the s			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunei		or			
	excess parachute payment(s) during the year?			15_		X
	If "Yes," see instructions and file Form 4720, Schedule N.			<u>,                                     </u>		
16	is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.			<u>`</u> -		
		_		Form	990	(2019

Form 990 (2019) GREAT LAKES SPORTS COMMISSION 82-0954493 Pag
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 on Schedule O. See instructions										
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management	_								
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8									
	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 on Schedule O.			1						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8									
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									
Ū	of officers, directors, trustees, or key employees to a management company or other person?	з		X						
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						
	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	6		X						
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	Ť								
7a		7a		Х						
	more members of the governing body?	/a								
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х						
_	persons other than the governing body?	76								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		$\overline{\mathbf{x}}$							
a	The governing body?	8a	X	<del></del>						
b	Each committee with authority to act on behalf of the governing body?	8b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		х						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	and the second s		Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>						
b	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		<u> X</u>						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a		12a_	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u>X</u>						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c		<u>X</u>						
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	<u> </u>						
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?									
	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	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	Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b		X						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶MI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaılal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	LAUREN MARTIN - 517-853-1236									
	110 W. MICHIGAN AVE. STE. 100, LANSING, MI 48933									
		r	200	(2010)						

# 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 year.
- 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. See instructions for the order in which to list the persons above.

X Check this box if neither the organizati	-	Jiga	ııızd			npen	oatt	(D)	(E)	(F)
(A)	(B)	(C) Position								
Name and title	Average		(do not check more than one					Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	ē						the	organizations	compensation
	hours for	a a				ا جا	1	organization	(W-2/1099-MISC)	from the
	related	10 aa	stee			nsate		(W-2/1099-MISC)	`	organization
	organizations	Individual trustee or director	institutional trustee		Key employee	e e	l	•		and related
	below	lg ng	tution	et	d wa	est c	듈			organizations
	line)	įμ	Insti	Officer	Key	Highest compensated employee	Former			
(1) DOUG LUCIANI	1.00									
CHIARMAN		X		X				0.	0.	0.
(2) DENNIS WEST	1.00									
SECRETARY		X		X		<u> </u>		0.	0.	0.
(3) GINA THORNSEN	1.00									
COMMISSONER		Х						0.	0.	0.
(4) BILLY DEMONG	1.00								_	_
COMMISSONER		X					<u> </u>	0.	0.	0.
(5) FRITZ ERIKSON ,	1.00							_	_	
COMMISSONER		X			L	Ц.	L_	0.	0.	0.
(6) STEVE VERRETTE	1.00	1						, ,		
COMMISSONER		X			_		╙	<u> </u>	0.	0.
(7) STACIE STACHOWIZ BYTWORK	1.00							_	_	
COMMISSONER	0.00	X					L	0.	0.	0.
(8) KEVIN KORPI	3.00							_		
EXECUTIVE DIRECTOR	0.00	X		Х	L			0.	0.	0.
							1			
		_				ļ	_			
		<u> </u>	Ш			ļ				
		<u> </u>	Щ			ļ	<u> </u>			
		ļ								
		<u> </u>	Щ		<u> </u>	ļ	<u> </u>			
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		<u> </u>	Щ		_	<u> </u>	<u> </u>			
		ļ								
		<u> </u>	_		_	_	<u> </u>			
		<u> </u>	$\vdash$		<u> </u>	<b> </b> _	<u> </u>			
		├—	$\vdash$		<u> </u>	<b> </b>	<u> </u>	_		
		1			1					
		<u> </u>				<u>L</u>	<u> </u>	<u> </u>	L	

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
· (A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do			ition	) than o	one.	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss pe	rson I	s both	an	compensation	compensation	amount of
	week	$\vdash$	cer an	a a a	irecto	r/trus	(66)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		gg gg	ш		(W-2/1033-WIICO)		and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	stco	늄			organizations
	line)	Indivi	Instit	Officer	Keye	Highest compensated employee	<b>F</b> ormer			1
										1
-	-									
									-	
									<del></del> -	
										_
1b Subtotal							<u> </u>	0.	0.	0.
c Total from continuation sheets to Part VI	I. Section A						<b>•</b>	0.	0.	
d Total (add lines 1b and 1c)	., 000						•	0.	0.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	) wh	o re	ceived more than \$100.	000 of reportable	
compensation from the organization						,		,		0
componential transfer and								-		Yes No
3 Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	hıa	hest compensated empl	ovee on	
line 1a? If "Yes," complete Schedule J for s		,	, .		-,-	-,	3			3 X
4 For any individual listed on line 1a, is the su		e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization	
and related organizations greater than \$150	•									4 X
5 Did any person listed on line 1a receive or a			-						lual for services	
rendered to the organization? If "Yes," com										5 X
Section B. Independent Contractors	piete ochedule		<i>71</i> _30		3673	<u> </u>				
Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of compens	ation from
the organization. Report compensation for										
(A)								(B)		(C)
Name and business	address	NC	NE	C				Description of s	ervices	Compensation
							╛	-		
•										
							ヿ			
2 Total number of independent contractors (i	ncludina but no	ot lin	nited	i to	thos	e lis	ted	above) who received mo	ore than	+
\$100,000 of compensation from the organic					C		-	•		
										Form <b>990</b> (2019)

			2019) GRE	ΑT	LAKE	s s	PORTS COL	MISSION		82-0954	493 Page <b>9</b>
Pa	τ ν	/111									
	•		Check if Schedule O c	onta	ains a resp	onse	or note to any lin		(B)	(C)	(5)
								(A) Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
								<u>-</u>			sections 512 - 514
হ হ	1	а	Federated campaigns		1a						
E d		ь	Membership dues		1b					•	
호림			Fundraising events		1c						
Pitts			Related organizations		1d					1	
<u>o</u> :			Government grants (contri	buti			10,000,000.				
Sig			All other contributions, gifts, g								
흊눩		•	similar amounts not included		1						
뜮혐		_				¢					
Contributions, Gifts, Grants and Other Similar Amounts		•	Noncash contributions included in li	ines i	a-11 [19	ΙΨ		10,000,000.			
OR		<u>n</u>	Total. Add lines 1a-1f				Business Code	20,000,000.			
	_						Dusiness Code				
<u>8</u>	2	a									
e e		b			<u> </u>						
일		С					<u> </u>				
F S		d									
Program Service Revenue		e									
<u>-</u>			All other program service r	revei	nue						<del></del> 1
-	_		Total, Add lines 2a-2f		<del></del>					<u> </u>	
	3		Investment income (includ	ing (	dividends,	intere	est, and	131,465.			131,465.
			other similar amounts)					131,403.			131,403.
	4		Income from investment of	f tax	-exempt b	ond p	roceeds				<u> </u>
	5		Royalties		() Da	-1	(v) Derechel				
			_	_	(i) Re	aı	(II) Personal				
	6		Gross rents	<u>6a</u>			ļ				
			Less rental expenses	6b							
			Rental income or (loss)	6с					-		
			Net rental income or (loss)	$\overline{}$	(4) Coo		(v) Othor				
	7	а	Gross amount from sales of	l_	(ı) Secu	ities	(ıı) Other				
			assets other than inventory	<u>7a</u>							
		þ	Less cost or other basis	l							İ
enne			and sales expenses	7b							ĺ
eve			Gain or (loss)	7с							
Other Rev	_		Net gain or (loss)		anta (m.a.t						
ţ.	8	а	Gross income from fundraising								- ]
٥			including \$								
			contributions reported on	iine	ic). See						
			Part IV, line 18 Less direct expenses			8a 8b					İ
			Net income or (loss) from f	fund	raicina ov						<u> </u>
	^		Gross income from gaming				· · · · · ·				
	9	d	Part IV, line 19	y ac	uvides. Se	ິ    9a					
		<b>.</b>	Less direct expenses			9b	T T	•			
			Net income or (loss) from (	nami	ina activiti		<u> </u>				
	10		Gross sales of inventory, le				T				-
	.0	æ	and allowances			10a					
		ь	Less cost of goods sold			10t					
Ì			Net income or (loss) from s	sales	of invent	_	<b>•</b>				
							Business Code				
Sno	11	а									
fiscellaneous Revenue		b									
eke ek		С									
Jis G		d	All other revenue								

10,131,465.

e Total, Add lines 11a-11d

Total revenue. See instructions

	Check if Schedule O contains a respon		this Part IX	1 - 15	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			, -	
	and domestic governments. See Part IV, line 21				·
2	Grants and other assistance to domestic			· ·	; ·
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			ļ <u>.</u>	
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	<del>-</del>		<del>                                     </del>	
8	Pension plan accruals and contributions (include				}
_	section 401(k) and 403(b) employer contributions)		· · ·		
9	Other employee benefits			<del> </del>	
10	Payroll taxes Fees for services (nonemployees)	-		<del>                                       </del>	
11	· · · · · · · · · · · · · · · · · · ·				
a b	. *	10,483.	<del></del>	10,483.	
C	Legal Legal Accounting	1,010.		1,010.	_
d	· · ·			1,010.	
<u>د</u>	Professional fundraising services. See Part IV, line 17			1 .	
f	Investment management fees		<del></del>		<del>-</del>
g			<del></del>		
9	column (A) amount, list line 11g expenses on Sch O.)	_38,254.		38,254.	
12	Advertising and promotion	9,106.		9,106.	
13	Office expenses	480.		480.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	4,657.		4,657.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<u> </u>	
19	Conferences, conventions, and meetings	2,151.		2,151.	
20	Interest			<u></u>	
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization				
23	Insurance	838.		838.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If	, ,	•		
	line 24e amount exceeds 10% of line 25, column (A)	; · ·	,		
	amount, list line 24e expenses on Schedule 0.)	10.016		10 016	
а	OUTSIDE CONTRACTED SERV	12,216.		12,216.	ļ
b	BANK FEES	750.	<u> </u>	750.	<del> </del>
C	BUSIENSS REGISTRATION F	20.	·	20.	
d		<del></del>		<del>                                     </del>	
	· · · · · · · · · · · · · · · · · · ·	70 065	0.	70 065	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	79,965.	0.	79,965.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)				,

GREAT LAKES SPORTS COMMISSION

Part	X	Balance Sheet		
	•	Check if Schedule O contains a response or note to any line in this Par		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	1	0.106.600
	2	Savings and temporary cash investments	0. 2	9,126,699
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Loans and other receivables from any current or former officer, director	,	•
		trustee, key employee, creator or founder, substantial contributor, or 3	5%	- <del></del>
		controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as define		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(6)	6	
ا ي	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	
₹	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment cost or other	l l	
		basis. Complete Part VI of Schedule D 10a		
	b	Less accumulated depreciation 10b	10c	
	11	Investments - publicly traded securities	11	924,801
	12	Investments - other securities. See Part IV, line 11	12	
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets. See Part IV, line 11	15	
┙	16	Total assets. Add lines 1 through 15 (must equal line 33)	0 . 16	10,051,500
I	17	Accounts payable and accrued expenses	17	
	18	Grants payable	18	
	19	Deferred revenue		
	20	Tax-exempt bond liabilities	20_	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
,	22	Loans and other payables to any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 3	5%	
Liabilities		controlled entity or family member of any of these persons	22	
5	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_	
$\perp$	26_	Total liabilities. Add lines 17 through 25	0. 26	0
		Organizations that follow FASB ASC 958, check here		
S		and complete lines 27, 28, 32, and 33.		
	27	Net assets without donor restrictions	27	
	28	Net assets with donor restrictions		
[ [		Organizations that do not follow FASB ASC 958, check here	<u>X</u>	
[ ]		and complete lines 29 through 33.		
5	29	Capital stock or trust principal, or current funds	0. 29	0
į	30	Paid-in or capital surplus, or land, building, or equipment fund	0. 30	0
ĝ	31	Retained earnings, endowment, accumulated income, or other funds	0. 31	10,051,500
Net Assets of Fund balances	32	Total net assets or fund balances	0. 32	10,051,500
	33	Total liabilities and net assets/fund balances	0. 33	10,051,500

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

932012 01-20-20

### **SCHEDULE O**

(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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GREAT LAKES SPORTS COMMISSION

Employer identification number 82-0954493

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
QUALITY OF LIFE IN MICHIGAN COMMUNITIES. WE HOPE TO GROW THE MICHIGAN	
TOURISM AND SPORTS FUND INTO A SUSTAINABLE LOAN AND GRANT FUND TO	
ASSIST INFRASTRUCTURE AND EVENTS FROM ALL OVER THE STATE. WE STRIVE TO	
CREATE GLOBAL ATTENTION, ECONOMIC GROWTH, TALENT ATTRACTION, AND	
IMPROVED QUALITY OF LIFE IN OUR GREAT STATE. WITH THE NATURAL BEAUTY	
OF FOUR SEASONS AND AN INCREDIBLE INFRASTRUCTURE FOR SPORTING EVENTS,	
MICHIGAN HAS IT ALL. OPERATING WITH INTEGRITY, THE COMMISSION BELIEVES	
SPORT IS THE FOUNDATION FOR WHAT WE DO AND RECREATION RUNS THROUGH	
MICHIGAN'S DNA. IN COLLABORATION WITH VALUED PARTNERS, WE OFFER	
EVERYONE AN OPPORTUNITY TO PARTICIPATE IN WHAT PURE MICHIGAN HAS TO	
OFFER.	<u>-</u>
FORM 990, PART VI, SECTION B, LINE 11B:	
MANAGEMENT REVIEWS THE 990 AND COPIES ARE PROVIDED TO THE BOARD OF	
DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS	
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES 38,25	4.
	0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ)	2019)

932211 09-06-19

	ne organizati	on			S SPO	RTS C		SSION				Employer idea	rage ntification number 5 4 4 9 3
TOTAL	EXPEN	SES					'						38,254.
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	Α		38,254.
							-				_	_	
									<del></del>				· · · ·
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			<del></del>						<u> </u>				
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