

Short Form Return of Organization Exempt From Income Tax

2022

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.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning _____, 2022, and ending _____							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%;">C Name of organization CLARE CHAMBER OF COMMERCE</td> <td style="width: 35%;">D Employer identification number 38-1804240</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 W. FOURTH STREET</td> <td>E Telephone number (989) 386-2442</td> </tr> <tr> <td>City or town, state or province, country, and ZIP or foreign postal code CLARE, MI 48617</td> <td>F Group Exemption Number</td> </tr> </table>	C Name of organization CLARE CHAMBER OF COMMERCE	D Employer identification number 38-1804240	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 W. FOURTH STREET	E Telephone number (989) 386-2442	City or town, state or province, country, and ZIP or foreign postal code CLARE, MI 48617	F Group Exemption Number
C Name of organization CLARE CHAMBER OF COMMERCE	D Employer identification number 38-1804240						
Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 W. FOURTH STREET	E Telephone number (989) 386-2442						
City or town, state or province, country, and ZIP or foreign postal code CLARE, MI 48617	F Group Exemption Number						
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____							
I Website: WWW.CLAREMICHIGAN.COM							
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other NONPROFIT CORPORATION							
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ _____ \$ 157,102.							

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received 1
	2 Program service revenue including government fees and contracts 2 50.
	3 Membership dues and assessments 3 60,550.
	4 Investment income 4
	5a Gross amount from sale of assets other than inventory 5a
	b Less: cost or other basis and sales expenses 5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c
	6 Gaming and fundraising events:
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 96,484.	
c Less: direct expenses from gaming and fundraising events 6c 52,004.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 44,480.	
7a Gross sales of inventory, less returns and allowances 7a	
b Less: cost of goods sold 7b	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c	
8 Other revenue (describe in Schedule O) SEE SCHEDULE O 8 18.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 105,098.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10
	11 Benefits paid to or for members 11
	12 Salaries, other compensation, and employee benefits 12 64,807.
	13 Professional fees and other payments to independent contractors 13 5,800.
	14 Occupancy, rent, utilities, and maintenance 14 3,113.
	15 Printing, publications, postage, and shipping 15 3,881.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 16,721.
17 Total expenses. Add lines 10 through 16 17 94,322.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 10,776.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 47,324.
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O 20 8,000.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 66,100.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	83,560.	22	67,099.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,000.	24	6,604.
25 Total assets	84,560.	25	73,703.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	37,236.	26	7,603.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,324.	27	66,100.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 THE CLARE AREA CHAMBER OF COMMERCE IS ORGANIZED FOR THE PURPOSE OF ADVANCING THE COMMERCIAL, INDUSTRIAL, CIVIC AND GENERAL INTEREST OF CLARE COUNTY AND THE TRADE AREA		28a	64,837.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	64,837.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SCOTT MERTES				
MID MICHIGAN COLLEGE REPRE	1.00	0.	0.	0.
JUSTIN COLE				
TRUSTEE	1.00	0.	0.	0.
JIM WALTER				
CLARE PUBLIC SCHOOLS REPRE	1.00	0.	0.	0.
JENNIFER DANCER				
VICE PRESIDENT	1.00	0.	0.	0.
GREG RYNEARSON				
TRUSTEE	1.00	0.	0.	0.
DEAN DOHERTY				
TRUSTEE	1.00	0.	0.	0.
JEREMY HOWARD				
SECRETARY	1.00	0.	0.	0.
SHELLY BROWNING				
TREASURER	2.00	0.	0.	0.
SHARI BUCCILLI				
PRESIDENT	1.00	0.	0.	0.
JIM PAETSCHOW				
TRUSTEE	5.00	0.	0.	0.
LORI SCHUH				
CLARE COUNTY CVB REPRESENT	1.00	0.	0.	0.
DAVID COKER JR				
EXECUTIVE DIRECTOR	30.00	36,000.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 N/A; section 4912 N/A; section 4955 N/A
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b N/A
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X
41 List the states with which a copy of this return is filed MI
42a The organization's books are in care of DAVE COKER Telephone no. 989-386-2442
Located at 201 W. FOURTH STREET, CLARE, MI ZIP + 4 48617
42b 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)? 42b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X
If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here []
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
44c Did the organization receive any payments for indoor tanning services during the year? 44c X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
		46	

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **N/A**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SHARI BUCCILLI, PRESIDENT	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SHELLY BROWNING, CPA	Preparer's signature SHELLY BROWNING, CPA	Date 04/28/23	Check <input type="checkbox"/> if self-employed	PTIN P01316605
	Firm's name WEINLANDER FITZHUGH PC	Firm's EIN 38-2272300		Phone no. (989) 386-3481	
	Firm's address 601 BEECH ST. CLARE, MI 48617				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FIREWORKS (event type)	IRISH FESTIVAL (event type)	1 (total number)	
1	Gross receipts	38,132.	18,116.	8,450.	64,698.
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	38,132.	18,116.	8,450.	64,698.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	25,136.	11,774.	6,589.
10	Direct expense summary. Add lines 4 through 9 in column (d)				43,499.
11	Net income summary. Subtract line 10 from line 3, column (d)				21,199.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **CLARE CHAMBER OF COMMERCE** Employer identification number **38-1804240**

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST	18.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	756.
FEES	1,263.
SUPPLIES	5,413.
MISCELLANEOUS	3,609.
DUES AND SUBSCRIPTIONS	759.
LICENSES AND PERMITS	480.
COMPUTER REPAIRS/COPY MACHINE	1,801.
MANAGER ALLOWANCE	2,301.
SEMINARS / CONFERENCES	339.
TOTAL TO FORM 990-EZ, LINE 16	16,721.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
RECONCILIATION ADJUSTMENTS MADE TO PY	8,000.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	1,000.	2,025.
UNDEPOSITED FUNDS	0.	4,500.
EMPLOYEE RECEIVABLE	0.	79.

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

Schedule O (Form 990) 2022

Name of the organization CLARE CHAMBER OF COMMERCE	Employer identification number 38-1804240
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TOTAL TO FORM 990-EZ, LINE 24 1,000. 6,604.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	21,618.	5,529.
ACCRUED LIABILITIES	2,397.	2,074.
PPP LOAN	13,221.	0.
TOTAL TO FORM 990-EZ, LINE 26	37,236.	7,603.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CLARE AREA CHAMBER OF COMMERCE IS ORGANIZED FOR THE PURPOSE OF ADVANCING THE COMMERCIAL, INDUSTRIAL, CIVIC AND GENERAL INTEREST OF CLARE COUNTY AND THE TRADE AREA

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

