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

Department of the Treasury Internal Revenue Service

▶ 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

A For	r the 2	017 calendar year, or tax year beginning	and endir	g		
B Che	ck if	C Name of organization			D Employer identifi	cation number
	licable	MINNESOTA AMERICAN INDIAN CHAMBER OF				
c	Address :hange	COMMERCE				
	lame hange	Doing business as			41-156	3420
	nitial eturn	Number and street (or P.O. box if mail is not delivered to street address)	Room	/suite	E Telephone numbe	r
□ F	inal eturn/	1308 E. FRANKLIN AVENUE	203		(612)8	77-2117
te a	ermin- ited	City or town, state or province, country, and ZIP or foreign postal code	е		G Gross receipts \$	319,798.
☐ A	mended eturn	MINNEAPOLIS MN 55404			H(a) Is this a group re	eturn
tı	Applica-	F Name and address of principal officer JOANNE WHITERABBIT	-)	for subordinates	s? <u></u> Yes <u>X</u> No
P	ending	SAME AS C ABOVE	-2	\supset	H(b) Are all subordinates in	ncluded? Yes No
I Tax	k-exem	pt status _x 501(c)(3) 501(c)() ◀ (insert no) 4947((a)(1) ok【 <u>人</u>	527	If "No," attach a	list (see instructions)
J We	bsite:	▶ WWW.MAICC.ORG			H(c) Group exemption	n number
	- 1 -	ganization, x Corporation Trust Association Other		Year	of formation: 1986 M	// State of legal domicile: MIN
Part	t I S	ummary				
ا ہو	1 Br	lefly describe the organization's mission or most significant activities $\underline{ ext{ t TO}}$	PROMOTE	ADV	OCATE, AND CREATE	<u> </u>
Governance	EC	ONOMIC PROSPERITY ON BEHALF OF AMERICAN INDIAN BUSINESS				
- E	2 Ch	neck this box 🕨 📖 if the organization discontinued its operations or o	disposed of	more	than 25% of its net as	ssets
	3 Nu	imber of voting members of the governing body (Part VI, line 1a)			3	15
3 8	4 Ni	imber of independent voting members of the governing body (Part VI, line	1b)		4	15
~ <u>.</u> .	5 To	tal number of individuals employed in calendar year 2017 (Part V, line 2a)			5	6
·=		tal number of volunteers (estimate if necessary)			6	22
\text{\frac{1}{2}} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	tal unrelated business revenue from Part VIII, column (C), line 12			<u> 7a</u>	0.
	b Ne	et unrelated business taxable income from Form 990-T, line 34		-1	<u> 7b</u> _	0.
、					Prior Year	Current Year
ជ្ញា ទួ វ		ontributions and grants (Part VIII, line 1h)			540,294.	218,693.
		ogram service revenue (Part VIII, line 2g)	6,593.	9,593.		
ANNED		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		_	37.	31.
္တဲ့		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			23 244.	<24,992 <u>.</u> >
-		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	-	570,168.	203,325.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0,
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
ο I		laries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)		465,479.	261,528.
~ ~ ~ 1		ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
\ <u>\times_1</u>		tal fundraising expenses (Part IX, column (D), line 25)	0.	_	1	
1	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	=W/ED		80,952,	37,334.
- 1	18 To	tal expenses Add lines 13-17 (must equal Part IX, column (A)-line 25 C	EIVED	76	546 431.	298,862,
<u> </u>	19 Re			+ + -	23,737. ginning of Current Year	<95,537.>
ance c	ю т.	VOV.	20 2018	10		End of Year
Sale a		4 = 1		_	104,743. 14,442.	48,458. 53,694.
च⊏।		et assets or fund balances Subtract line 21 from line 20	DEN.	ا† ر	90 301.	<5,236,>
Part		Signature Block			30,301.	<u> </u>
		s of perjury, I declare that I have examined this return, including accompanying sch	hedules and	statem	ents, and to the best of m	v knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information				,,
1100,00	3.1.00t, t	Common the total of	, oror <u>p</u> .	<u> </u>	11115	-118
Sıgn		Signature of officer			Date	-119
Here		JOANNE WHITERABBIT EXECUTIVE DIRECTOR				
		Type or print name and title				
	T _P	rint/Type preparer's name Preparer's signature,		[Date Check	PTIN
Paid		LIE R. KLAWITTER WWW. R. K.	willer	ا د	11/14/18 ff self-employ	P01816942
Prepar		rm's name BWK ROGERS PC			Firm's EIN	27-1375413
Use On		rm's address \(\) 431 SOUTH 7TH STREET, SUITE 2424				,
	· ·	MINNEAPOLIS MN 55415			Phone no.612	-332-5446 whi
Mav th	ne IRS	discuss this return with the preparer shown above? (see instructions)				x Yes •• No
	11-28-1		tructions.			Form 990 (2017)

Form	990 (2017) COMMERCE	41-1563420	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	TO PROMOTE ADVOCATE AND CREATE ECONOMIC PROSPERITY ON BEHALF OF		
	AMERICAN INDIAN BUSINESSES, ORGANIZATIONS, PROFESSIONALS, AND TRIBAL		
	ENTERPRISES IN A GLOBAL MARKET.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	.?	x Yes No
3	If "Yes," describe these changes on Schedule O	, .	
	Describe the organization's program service accomplishments for each of its three largest program services, a	e measured by	Sesnanya
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
		ners, the total e	cperises, and
	revenue, if any, for each program service reported		0 070 \
4a	(Code) (Expenses \$) (Rev	enue \$	9,010.
	TO CONNECT MEMBERS OF THE CHAMBER TO POTENTIAL CLIENTS AS WELL AS		
	RAISING THE VISIBILITY OF SUCCESSFUL AMERICAN INDIAN BUSINESSES WITHIN		
	THE LARGER MINNESOTA BUSINESS COMMUNITY.		
			· ·····
			
			
4b	(Code) (Expenses \$) (Rev	enue \$)
	ENTERED INTO A COOPERATIVE AGREEMENT WITH THE DEFENSE LOGISTICS AGENCY		
	TO MANAGE THE NATIVE DIVERSIFICATION NETWORK - PROCUREMENT TECHNICAL		
	ASSISTANCE CENTER, THE PROGRAM ENDED IN JUNE 2017,		
		-	
4c	(Code) (Expenses \$) (Rev	enue \$)
			
4d	Other program services (Describe in Schedule O)		,
7U	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 215_646.		
76	MAN TO A TO THE TOTAL THE TOTAL TO THE TOTAL		Form 990 (2017)



Part IV Checklist of Required Schedules

				+
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	 	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ĺ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ł
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			}
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e_		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х.
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b_		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	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	441		
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> x</u> _
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	45		
40	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	40		
47	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,	ا ہے ا		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	.	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	_х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		
	complete Schedule G, Part III		990	(2017)

Part IV	Checklist of	Required Schedules (continued)	 	
Form 990 (2	2017)	COMMERCE	 	41-1563420

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	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		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ī	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	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			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	ļ ,		
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
50	contributions? If "Yes," complete Schedule M	30		х
21	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<i>.</i>	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- 21
~	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		
	Note, All Form 990 filers are required to complete Schedule O	38	y	
	Trace, 7 til 1 om 1 oco mora die required to complete concedio C		990	(2017)
			1	

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	n 990 (2017) COMMERCE 41-1563	420	P	age 5
Pa	rt V 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	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_	_
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l	ĺ	İ
	filed for the calendar year ending with or within the year covered by this return	6		L .
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	x_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	ļ	х
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_	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<u> </u>	<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	, , , , , , , , , , , , , , , , , , , ,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	-	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		i 1	
а			-	Х
b		7b		
С				
	to file Form 8282?	7c		_ X
	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	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	-	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required'		<u> </u>	
	, , , , , , , , , , , , , , , , , , , ,	.C?	 	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
	Political and the second secon	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
-	amounts due or received from them.)			
12a	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.			
а	the state of the s	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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			
С				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

MINNESOTA AMERICAN INDIAN CHAMBER OF Form 990 (2017) COMMERCE Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: R 8a a The governing body? b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 X 13 14 Did the organization have a written document retention and destruction policy? Х 14 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? a The organization's CEO, Executive Director, or top management official 15a 15b X Other officers or key employees of the organization 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 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MN 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply _x_ Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records -20

THE ORGANIZATION - (612)877-2117

1308 E. FRANKLIN AVENUE NO. 203 MINNEAPOLIS MN 55404

Form **990** (2017)

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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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ROLAND HILL	2.00										
BOARD CHAIR		x		х				0.	0.	0.	
(2) JEROME LHOTKA	2.00										
TREASURER		x		х				0.	0.	0.	
(3) DAVID GLASS	2.00										
TRUSTEE		х						0.	_0.	0.	
(4) ASHLEY TANNER TRUSTEE	2.00	x						0.	0.	0.	
(5) TAMMY LOEFFLER	2.00	<u> </u>									
SECRETARY	_,	x		x				0.	0.	0,	
(6) ANTHONY GOZE	2.00										
VICE CHAIR		x		x				0.	0.	0,	
(7) HARRY E GALLAHER	2,00										
TRUSTEE		x		ļ				0.	0.	0,	
(8) JOSEPH BROWN THUNDER	2.00										
TRUSTEE		х						0.	0,	0.	
(9) LEROY FAIRBANKS	2.00		l								
TRUSTEE		x	L				_	0.	0.	0,	
(10) MIKE GOZE	2.00										
TRUSTEE		X_			_	<u> </u>	_	0.	0.	0.	
(11) SHENA MATRIOUS	2.00										
TRUSTEE	ļ	Х	_		_	ļ		0.	0,	0.	
(12) VIVIAN GUERRA	2.00										
TRUSTEE	ļ	Х			ļ	ļ		0.	0.	0,	
(13) MICHAEL NEUSSER	2.00	ļ									
TRUSTEE		Х	├	<u> </u>			-	0.	0.	0.	
(14) TIMOTHY JOHNSON	2.00	1									
TRUSTEÉ		х	\vdash	├-	_	\vdash	-	0.	0.	0	
(15) LISA OWEN	2.00	1					1			_	
TRUSTEE	-	Х	\vdash			\vdash	<u> </u>	0.	0.	0	
(16) JOANNE WHITERABBIT	40.00	1							_		
EXECUTIVE DIRECTOR		_	<u> </u>	Х	<u> </u>	-	_	113,269.	0.	12,486,	

Form **990** (2017)

Form	900 (0017)	MINNESOTA AM	ERICAN INDI	AN	CHA	MBE	R O	F			44 45	- 2 4 0 0		п	age 8
Pa	990 (2017) t VII Section A. Officer	COMMERCE	toos Kou Em				а U:	abo	-+ C	Compensated Employ	41-156	3420			age o
	(A) Name and titl		(B) Average hours per week	(do	not c	Pos heck	C) sition more erson		one h an	(D) Reportable compensation	(E) Reportable compensate from relate	on	l	(F) stimate nount other	
<u></u>			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-Mi		compensa from the organizati and relati organizatio		
						-									
	- .													_	
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							<u> </u>								
		_													
										<u> </u>	_				
	Sub-total								<u> </u>	113,269		0.		12,	486.
d	Total from continuation Total (add lines 1b and	1c)							<u>></u>	113,269		0.	 		0. 486.
2	Total number of individua compensation from the o		ot limited to th	ose ——	liste	ed al	DOVE	e) wh	o re	eceived more than \$10	UU,UUU of reportar			Yes	<u>1</u> N o
3	Did the organization list a line 1a? If "Yes," complet	•			e, ke	y er	nplo	yee,	or l	highest compensated	employee on		3		x
4	For any individual listed of and related organizations	on line 1a, is the su	ım of reportabl	e cc						•	n the organization		4	-	х
5	Did any person listed on rendered to the organizat	tion? If "Yes," com	•						elat	ed organization or ind	vidual for services	,	5	,	х
<u>Sec</u> 1	tion B. Independent Con Complete this table for you		mnensated inc		ende	nt c	ontr	racto	rs t	hat received more tha	n \$100,000 of cor	noens	ation f	rom	
	the organization Report	_	-	-											
	Na	(A) ame and business	address	NOI	NE_					(B) Description of	services	С	ompe		n
									\downarrow						
_	<u> </u>														
		<u>.</u>						- "	-						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

41-1563420

Form 990 (2017)
Part VIII S

COMMERCE Statement of Revenue

1 a Federated campaigns 1a 13 a Federated campaigns 1a 1a 1a 1a 1a 1a 1a 1			Check if Schedule O cont	ains a resp	onse or note to any lin		C		
1						(A) Total revenue	exempt function	business	
2 a SERVICES	ts st	1 a	Federated campaigns	1:	a	_			
2 a SERVICES	iran		, -						
2 a SERVICES	S,E		•						
2 a SERVICES	ar /		-						
2 a SERVICES	S, (ions) 1	e 114,562.				
2 a SERVICES	ion	f	· · · · · · · · · · · · · · · · · · ·	· -					
2 a SERVICES	돌		similar amounts not included abo	ve 11	F 50,025.				
2 a SERVICES	들임	g	Noncash contributions included in lines	1a-1f \$					
2 a SERVICES 90099 9,593 9,593 d d	<u>ನಿ ೯</u>	h	Total. Add lines 1a-1f		<u></u>	218,693.			
Section Sect			===		Business Code			Mar. 201 Mar. 10	
Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) f a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less direct expenses c Net income or (loss) from fundraising events (not including \$ 14, 250, of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from gaming activities 11 a OTHER INCOME b C Mall other revenue e Total. Add lines 11a-11d 285. 9,878, 0, <25,246,> 12 Total revenue See instructions.	8	2 a	SERVICES		900099	9,593.			
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b c d All other revenue e Total. Add lines 11a-11d									1
b c d All other revenue e Total. Add lines 11a-11d		11 a	OTHER INCOME		900099	285.	285.		_
d All other revenue ■ 285. e Total. Add lines 11a·11d ■ 285. 12 Total revenue See instructions. ■ 203 325. 9 878. 0 <25 246.>									
e Total. Add lines 11a-11d		С							
12 Total revenue See instructions. ▶ 203,325, 9,878, 0, <25,246,>		d	All other revenue						
		е	Total. Add lines 11a-11d		▶ [285.			
Form QQQ (0047)		12_	Total revenue See instructions.			203,325,	9,878.	0	

Form 990 (2017) COMMERCE Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons 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		САРСПОСС	general expenses	<u> </u>
	and domestic governments. See Part IV, line 21				_
2	Grants and other assistance to domestic				<u>-</u>
	ındıvıduals 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	125,755.	62,878.	62,877.	
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	85,441.	85,441.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,308.	30,308.		
10	Payroll taxes	20,024.	14,317.	5.707.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	3,992.		3,992.	<u>_</u> _
d	Lobbying Professional fundaments on the last IV line 17				
e 4	Professional fundraising services. See Part IV, line 17		-		
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	3.874.	3.874.		
12	Advertising and promotion		3,0/4.	1,165.	
13	Office expenses	1,165. 4,948.	3,711.	1,185.	· <u>-</u>
14	Information technology	659.	,,,	659.	
15	Royalties				
16	Occupancy	11,587.	8,690.	2,897.	
17	Travel	4.508.	3,606.	902.	
18	Payments of travel or entertainment expenses	4,300.			
	for any federal, state, or local public officials	J			
19	Conferences, conventions, and meetings	621.	621.		
20	Interest	1,142,		1,142.	
21	Payments to affiliates			-,	
22	Depreciation, depletion, and amortization				
23	Insurance	1,588.			
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.)				
а	MEMBERSHIPS	2,200.	2,200.		
b					
С					
d					
е	All other expenses	1,050.		1,050.	
25	Total functional expenses Add lines 1 through 24e	298,862.	215,646.	83,216.	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)				

Form 990 (2017)
Part X | Balance Sheet COMMERCE

Ра	<u>rt X</u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		Г	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	43,617.	1	16,115.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	40,518.	3	0.
	4	Accounts receivable, net	20,608.	4	32,343.
	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			
	ľ	employers and sponsoring organizations of section 501(c)(9) voluntary			
şts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	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 34)	104.743.	16	48 458
	17	Accounts payable and accrued expenses	2,738.	17	28,544.
	18	Grants payable	- -	18	
	19	Deferred revenue		19	650.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	-	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ē		key employees, highest compensated employees, and disqualified persons			
E.		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	04.500
	24	Unsecured notes and loans payable to unrelated third parties	11,704.	24	24,500.
	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	14.442.	26	
	_20	Organizations that follow SFAS 117 (ASC 958), check here	14,442.		53,694,
w		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	90,301.	27	<5,236.>
alar	28	Temporarily restricted net assets		28	<u> </u>
Ä	29	Permanently restricted net assets	··-	29	
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
F		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	-
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	90,301.	33	<5,236.>
	34	Total liabilities and net assets/fund balances	104,743.	34	48,458,

Form **990** (2017)

MINNESOTA AMERICAN INDIAN CHAMBER OF

	1 990 (2017) COMMERCE	41-156342)	Pag	ge 12
Pa	rt XI Reconciliation 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		203	325.
2	Total expenses (must equal Part IX, column (A), line 25)	2			. <u>323</u> . .862.
3	Revenue less expenses Subtract line 2 from line 1	3			. <u>002.</u> . <u>537.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-	301.
5	Net unrealized gains (losses) on investments	5			301.
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			0.
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	236.>
Pa	rt XII Financial Statements and Reporting	_			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 <u>a</u>		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			į
	separate basis, consolidated basis, or both				į
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			1 .
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		ŀ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
L.	Act and OMB Circular A-133?		3a		<u> </u>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, evaluate evaluate and the second describe any eterns taken to undergo such audits.	rea audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990	2017

SCHEDULÉ A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization MINNESOTA AMERICAN INDIAN CHAMBER OF 41-1563420 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (I) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-08-17 Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	134,809.	489,292.	506,577.	540,294.	218,693.	1,889,665.
2	Tax revenues levied for the organ-		,				
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	134,809.	489,292.	506,577.	540,294.	218,693.	1,889,665.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						25,532.
6	Public support. Subtract line 5 from line 4		-				1 864 133
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	134,809.	489,292.	506,577.	540,294.	218,693.	1,889,665.
8	Gross income from interest,			·			
	dividends, payments received on		·				
	securities loans, rents, royalties,		ĺ	ľ		1	,
	and income from similar sources	_ 100.		_	37,	31.	168.
9	Net income from unrelated business	_					
	activities, whether or not the						
	business is regularly carried on				_		
10	Other income Do not include gain			-	-		
	or loss from the sale of capital						
	assets (Explain in Part VI)		l		781.	285.	1 066.
11	Total support. Add lines 7 through 10						1,890,899.
	Gross receipts from related activities,	etc (see instruction	ons)			12	175 345.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2017 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	98.58 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	98.32 %
16a	33 1/3% support test - 2017. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				►x
t	33 1/3% support test - 2016. If the	organization did no	t check a box on li	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check t	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop he	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"						
Ł	10% -facts-and-circumstances tes	t - 2016. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and s	top here. Explair	in Part VI how the	_
	organization meets the "facts-and-circ						ightharpoons

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					İ	
	membership fees received (Do not	ı					/
	ınclude any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				İ	/	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					/	
	or expended on its behalf					/	
5	The value of services or facilities	,				/	
	furnished by a governmental unit to					Y	
	the organization without charge			1	/		
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support				<u>' </u>	<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
	regularly carried on			-			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)			l		<u> </u>	
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,						
	check this box and stop here	/				<u></u>	<u>▶</u>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2017 (li		•	column (f))		15	<u>%</u>
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					<u> </u>	
	17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))					17	%
	nvestment income percentage from 2016 Schedule A, Part III, line 17				18	<u>%</u>	
19a	33 1/3% support tests - 2017. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
b	b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						
7320	23 10-98-17				Sch	edule A (Form 990	or 990-EZ) 2017

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

scotion A. An oupporting organizations	ting Organizations	Supi	A. All	Section A
--	--------------------	------	--------	-----------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
44		
AL		
4b		
4c	ļ	
5a	<u> </u>	
5b		
5c		
6		
,		
7		
8		
9a		
9b		;
9c		
_		-
10a	<u> </u>	
10b_		
n 990 or 9	90-F7	2017

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2017

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

trustees of each of the supported organizations? Provide details in Part VI.

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

emergency temporary reduction (see instructions)

	MINNESOTA AMERICAN I	INDIAN CHAMBER OF		
	dule A (Form 990 or 990-EZ) 2017 COMMERCE	(-\(\(\O\)\ \O + \(\dot\) \(\O\)		<u>-1563420 Page 7</u>
Par		(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	as of augustad arganization		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	<u> </u>		
7	Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the	ne organization is responsive		
8	(provide details in Part VI) See instructions	ne organization is responsive	5	
9	Distributable amount for 2017 from Section C, line 6			
9 10	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			. <u> </u>
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount	-		
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$		· · · · · · · · · · · · · · · · · · ·	
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount		-	
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2017

b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

MINNESOTA AMERICAN INDIAN CHAMBER OF

Schedule A	(Form 990 or 990-EZ) 2017 COMMERCE			41-1563420	Page 8
Part VI	Supplemental Information. Provi Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1, Part IV, Section D, lines 2 and 3, P. Section D, lines 5, 6, and 8, and Part V, S	lc, 5a, 6, 9a, 9b, 9c, 11a, 11b, and art IV, Section E, lines 1c, 2a, 2b, 3	11c, Part IV, Section B, line: a, and 3b, Part V, line 1, Par	or 17b, Part III, line 12, s 1 and 2, Part IV, Section t V, Section B, line 1e, Pa	ı C,
	(See instructions)				
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SCHEDULE G

(Form:990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047
2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.lrs.gov/Form990 for the latest instructions.

Name of the organization **Employer identification number** MINNESOTA AMERICAN INDIAN CHAMBER OF 41-1563420 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants e l b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? __ Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (III) Did fundraiser have custody or control of (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) contributions' Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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Schedule G (Form 990 or 990-EZ) 2017

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Schedule G (Form 990 or 990-EZ) 2017

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MINNESOTA AMERICAN INDIAN CHAMBER OF

Sch	edule G (Form 990 or 990-EZ) 2017 COMMERCE 41-1	1563420	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	i 🔲 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	i L No
13	Indicate the percentage of gaming activity conducted in	1 1	
а	The organization's facility	13a	<u>%</u>
b	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Garning manager compensation \$		
	Description of services provided	<u></u>	
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	1	
_	organization's own exempt activities during the tax year > \$		401 451
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part II 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	i, lines 9, 9b,	100, 150,
	100, 10, util 110, us applicable 7, like provide any additional montation. Geo matteriorie		
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MINNESOTA AMERICAN INDIAN CHAMBER OF

Schedule G (Form 990 or 990-EZ) COMMERCE	41-1563420 Page
Schedule G (Fòrm 990 or 990-EZ) COMMERCE Part IV Supplemental Information (continued)	
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	Schedule G (Form 990 or 990-E

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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 Inspection

Internal Revenue Service Name of the organization

MINNESOTA AMERICAN INDIAN CHAMBER OF

Employer identification number

COMMERCE	1 41-1563420
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
ORGANIZATIONS, PROFESSIONALS, AND TRIBAL ENTERPRISES IN A GLOBAL	
MARKET.	
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
THE PROCUREMENT TECHNICAL ASSISTANCE CENTER PROGRAM ENDED IN JUNE 2017.	
FORM 990, PART VI, SECTION A, LINE 2:	
MIKE GOZE AND ANTHONY GOZE ARE FATHER AND SON.	
FORM 990, PART VI, SECTION B, LINE 11B:	-
THE EXECUTIVE DIRECTOR AND THE BOARD CHAIR WILL REVIEW THE 990 BEFORE IT IS	
FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR MONITOR AND ENFORCE	
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS BASED ON INDUSTRY STANDARDS WITH BOARD APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
	

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Schedule O (Form 990 or 990-EZ) (2017)