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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: MINNESOTA CHAMBER OF COMMERCE EXECUTIVES. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 400 ROBERT STREET NORTH NO 1500. City or town, state or country, and ZIP + 4: ST PAUL, MN 551012098

D Employer identification number: 41-6037491. E Telephone number: (651) 292-4650. F Group Exemption Number

G Accounting method: Accrual. I Website: WWW.MNCHAMBER.COM/MCCE. J Tax-Exempt status: 501(c)(3)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$98,592

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 98,592 and total expenses is 96,962.

Part II Balance Sheets

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

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	48,367	22	54,342
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	6,735	24	485
25 Total assets	55,102	25	54,827
26 Total liabilities (describe in Schedule O)	1,905	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,197	27	54,827

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose?

THE MINNESOTA CHAMBER OF COMMERCE EXECUTIVES ADVANCES THE EFFECTIVENESS OF CHAMBER PROFESSIONALS BY PROVIDING CAREER DEVELOPMENT, COMMUNICATIONS, AND NETWORKING TO ENSURE PROFESSIONAL AND ORGANIZATIONAL GROWTH THE ORGANIZATION SERVES APPROXIMATELY 130 MEMBERS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 SCHOLARSHIPS ARE OFFERED TO EACH OF THE MCCE EVENTS TO ENCOURAGE ATTENDANCE AND PARTICIPATION SCHOLARSHIPS ARE ALSO OFFERED TO A NATIONAL PROFESSIONAL DEVELOPMENT PROGRAM, INSTITUTE FOR ORGANIZATIONAL MANAGEMENT IN ADDITION, SCHOLARSHIPS ARE PROVIDED TO THE U S CHAMBER GOVERNMENT AFFAIRS CONFERENCE, AND FOR PROFESSIONAL DEVELOPMENT INCLUDING CONTINUING EDUCATION AND ECONOMIC DEVELOPMENT COURSES (Grants \$ 0) If this amount includes foreign grants, check here

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28a 0

29 MCCE SPONSORS SEVERAL EDUCATION AND TRAINING EVENTS EACH YEAR THE ANNUAL MEETING AND FALL CONFERENCE ARE BOTH TWO-DAY CONFERENCES ATTRACTING ABOUT 75 PARTICIPANTS EACH MINI INSTITUTE IS A ONE-DAY AFFAIR ATTRACTING NEARLY 150 CHAMBER PROFESSIONALS FROM AROUND THE STATE MCCE ALSO COORDINATES AN ANNUAL TRIP TO WASHINGTON D C TO MEET WITH MINNESOTA CONGRESSIONAL DELEGATION ABOUT 75 BUSINESS PEOPLE ATTEND THIS EVENT MCCE BEGAN HOSTING TRAINING WEBINARS TO MCCE MEMBERS IN 2010 ONE WEBINAR WAS HELD IN 2010 WITH OVER 30 ATTENDEES AND AN ADDITIONAL FOUR WEBINARS ARE SCHEDULED FOR 2011 (Grants \$ 0) If this amount includes foreign grants, check here

29a 0

30 ANOTHER MAJOR SERVICE IS THE RESOURCES AND TOOLS WE OFFER LOCAL CHAMBER LEADERS THROUGH OUR WEBSITE AND RESOURCE LIBRARY, AS WELL AS OUR REFERRAL NETWORK, WE PROVIDE ACCESS TO A WIDE RANGE OF MATERIALS FINALLY, WE COMMUNICATE KEY TRENDS, BEST PRACTICES AND EVENT INFORMATION THROUGH REGULAR COMMUNICATION VEHICLES SUCH AS NEWSLETTERS AND EMAIL INTERACTION AMONG MEMBERS IS PROVIDED THROUGH AN ELECTRONIC EMAIL SYSTEM (Grants \$ 0) If this amount includes foreign grants, check here

30a 0

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
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)	34		No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
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	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> _____ 37a _____ 0			
b Did the organization file Form 1120-POL for this year?	37b		
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?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		
c <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e <i>All organizations.</i> 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		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> MN			
42a The organization's books are in care of <input type="checkbox"/> JENNIFER BYERS Telephone no <input type="checkbox"/> (651) 292-4673 Located at <input type="checkbox"/> 400 ROBERT STREET NORTH <input type="checkbox"/> ST PAUL, MN ZIP + 4 <input type="checkbox"/> 55101			
b 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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a		No
b 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		No
c Did the organization receive any payments for indoor tanning services during the year?	44c		No
d 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		

Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (Yes/No)

45a 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 must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (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

Table with 2 columns: Question ID, Answer (Yes/No)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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? If "Yes," complete Schedule C, Part II

Table with 2 columns: Question ID, Answer (Yes/No)

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

Table with 2 columns: Question ID, Answer (Yes/No)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Question ID, Answer (Yes/No)

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Question ID, Answer (Yes/No)

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"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances

50(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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation

51(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 and 4947(a)(1) nonexempt charitable trusts 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 (*****), Date (2011-05-05), Type or print name and title (JENNIFER BYERS SECRETARY/TREASURER)

Paid Preparer's Use Only: Preparer's signature (COLLIN F BUZZELL), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (RSM MCGLADREY INC), address (801 NICOLLET MALL SUITE 1100 MINNEAPOLIS, MN 55402), EIN, Phone no ((612) 573-8750)

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

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

MINNESOTA CHAMBER OF COMMERCE EXECUTIVES

Employer identification number

41-6037491

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 86

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION DIRECTORY/LIST SALES AMOUNT 250 DESCRIPTION CHAMBERNET AMOUNT 75 TOTAL TO FORM 990-EZ, LINE 8 325

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCE EXPENSE AMOUNT 61,290 DESCRIPTION BOARD/PRESIDENT EXPENSE AMOUNT 1,615 DESCRIPTION BANK FEES AMOUNT 1,759 DESCRIPTION INSURANCE AMOUNT 3,309 DESCRIPTION MANAGEMENT FEES AMOUNT 6,500 DESCRIPTION MN CHAMBER DUES AMOUNT 835 DESCRIPTION WEBSITE AMOUNT 906 DESCRIPTION MISCELLANEOUS AMOUNT 697 DESCRIPTION CHAMBERNET EXPENSES AMOUNT 275 TOTAL TO FORM 990-EZ, LINE 16 77,186

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 6,735 END OF YEAR AMOUNT 0 DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 485

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION DEFERRED INCOME BEG OF YEAR AMOUNT 1,905 END OF YEAR AMOUNT 0

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: MINNESOTA CHAMBER OF COMMERCE EXECUTIVES

EIN: 41-6037491

Declaration: 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.

Additional Data**Software ID:****Software Version:****EIN:** 41-6037491**Name:** MINNESOTA CHAMBER OF COMMERCE EXECUTIVES**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JENNIFER BYERS 400 ROBERT STREET NORTH ST PAUL, MN 551012098	SECRETARY/TREASURER 10 00	6,500	0	0
BRAD MEIER 400 ROBERT STREET NORTH ST PAUL, MN 551012098	PAST CHAIR 1 00	0	0	0
DEE SCHUTTE 400 ROBERT STREET NORTH ST PAUL, MN 551012098	CHAIR 1 00	0	0	0
BILL CORBY 400 ROBERT STREET NORTH ST PAUL, MN 551012098	BOARD DIRECTOR 1 00	0	0	0
MIKE LUNDSTROM 400 ROBERT STREET NORTH ST PAUL, MN 551012098	BOARD DIRECTOR 1 00	0	0	0
TERESA BOHNEN 400 ROBERT STREET NORTH ST PAUL, MN 551012098	BOARD DIRECTOR 1 00	0	0	0
CONI MCKAY 400 ROBERT STREET NORTH ST PAUL, MN 551012098	BOARD DIRECTOR 1 00	0	0	0
DOUG LOON 400 ROBERT STREET NORTH ST PAUL, MN 551012098	BOARD DIRECTOR 1 00	0	0	0
KELLIE SITES 400 ROBERT STREET NORTH ST PAUL, MN 551012098	BOARD DIRECTOR 1 00	0	0	0
JENNIFER SEVERSON 400 ROBERT STREET NORTH ST PAUL, MN 551012098	BOARD DIRECTOR 1 00	0	0	0
BRUCE NUSTAD 400 ROBERT STREET NORTH ST PAUL, MN 551012098	CHAIR-ELECT 1 00	0	0	0
DAVID OLSON 400 ROBERT STREET NORTH ST PAUL, MN 551012098	BOARD DIRECTOR 1 00	0	0	0