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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

UNITED STATES JUNIOR CHAMBER OF COM MINNESOTA JAYCEES

Number and street (or P O box, if mail is not delivered to street address)Room/suite

2101 WESY HIGHWAY 13

City or town, state or country, and ZIP + 4

BURNSVILLE, MN 55337

D Employer identification number

41-0734969

E Telephone number

(952) 890-8000

F Group Exemption Number

7040

G Accounting Method

Cash

Accrual

Other (specify)

I Website: WWW.MNJAYCEES.ORG

J Tax-exempt status

501(c)(3)

501(c)(4)

(insert no)

4947(a)(1)

527

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 or a section 527 organization and its gross receipts are normally more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,352
	2	Program service revenue including government fees and contracts	2	36,740
	3	Membership dues and assessments	3	143,793
	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	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	499
	b	Less cost of goods sold	7b	1,016
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-517
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	195,368
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	63,157
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	32,395
	13	Professional fees and other payments to independent contractors	13	1,100
	14	Occupancy, rent, utilities, and maintenance	14	10,931
	15	Printing, publications, postage, and shipping	15	981
	16	Other expenses (describe in Schedule O)	16	67,436
	17	Total expenses. Add lines 10 through 16	17	176,000
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,368
	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	26,946
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	46,314

For Paperwork Reduction Act Notice, see the separate instructions.

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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	45,746	22	56,795
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	24,514	24	22,186
25 Total assets	70,260	25	78,981
26 Total liabilities (describe in Schedule O)	43,314	26	32,667
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,946	27	46,314

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?

LEADERSHIP DEVELOPMENT & COMMUNITY SERVICE

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.

28

THE MINNESOTA JAYCEES PROVIDE THE OPPORTUNITY FOR YOUNG INDIVIDUALS TO DEVELOP THE LEADERSHIP SKILLS, SOCIAL RESPONSIBILITY, ENTREPRENEURSHIP AND FELLOWSHIP NECESSARY TO CREATE POSITIVE CHANGE

(Grants \$)

If this amount includes foreign grants, check here

28a

176,000

29

(Grants \$)

If this amount includes foreign grants, check here

29a

30

(Grants \$)

If this amount includes foreign grants, check here

30a

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

176,000

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) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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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 Schedule O to respond to any question in this Part V

		Yes	No
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	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
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)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	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	35c	No
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	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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	Section 501(c)(7) organizations 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	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) 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	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	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	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of SARA QUICK Telephone no (952) 890-8000 Located at 2101 W HWY 13 BURNSVILLE, MN ZIP + 4 55337		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
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	
		Yes	No
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	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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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	No

		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		No

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 Schedule 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 paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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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 "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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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
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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		2013-08-13 Date			
	KRIS WILKE OFFICER Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature THADDEUS F JOHNSON CPA	Date 2013-08-29	Check ☐ if self-employed	PTIN	
	Firm's name ▶ B JOHNSON & ASSOC LTD			Firm's EIN ▶		
	Firm's address ▶ 11610 ANDREW ST BRAINERD, MN 56401			Phone no (218) 829-3501		
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

2012**Open to Public
Inspection**Name of the organization
UNITED STATES JUNIOR CHAMBER OF COM
MINNESOTA JAYCEES**Employer identification number**

41-0734969

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	US JAY CEES DUES TO US JCS 63,157
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 794 BANKING FEES 291 OFFICE/COMPUTER SUPPLIES 139 PRES TRAVEL, MEETINGS, CONVEN 1,404 PRESIDENT ELECT EXPENSES 1,619 JCLA EXPENSE 355 SHIRTS, NAMETAGS & JACKETS 474 ON-TO SHIRTS/OTHERS 4,237 SAS CONVENTION EXPENSES 7,418 FAS CONVENTION EXPENSES 6,149 ANNUAL CONVENTION EXPENSES 11,520 LESS REIMBURSED EXPENSES -8,727 WORK COMP INSURANCE 309 OTHER INSURANCE 11,915 BLDG & LIAB INSURANCE 8,635 LIQUOR LIAB INSURANCE 6,411 PRESIDENTIAL MEDALLIONS 540 MID AMERICA DUES 750 EXEC STAFF TRAINING 649 MISCELLANEOUS 1,516 GOPHER PRODUCTION & POSTA 3,652 TOYM PROGRAM 1,595 MISCELLANEOUS 788 PROGRAM EXPENSES 15 COST OF STATE AWARDS 2,154 EXECUTIVE DIRECTOR TRAINI 103 EQUIPMENT RENTS 2,731 TOTAL 67,436
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 21,008 13,542 LESS ALLOWANCE 1,709 1,170 NET 19,299 12,372 INVENTORIES FOR SALE OR USE 200 0 PREPAID EXPENSES AND DEFERRED CHARGES 5,015 9,814 TOTAL 24,514 22,186
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 42,323 32,628 PAYROLL TAXES AND W/H PAYABLE 991 39

TY 2012 Compensation Explanation

Name: UNITED STATES JUNIOR CHAMBER OF COM
MINNESOTA JAYCEES

EIN: 41-0734969

Person Name	Explanation
JASON BENTON	
MARY DEVINE	
MEREDITH BLACK	
KRIS WILKE	
KATHLEEN SPROLE	
ROBIN GROETSCH	
DREW NERDAHL	
DAWN IMGRUND	
JUANITA BEAUCHAMP	
KRISTEN LLOYD	
KEVIN REDISKE	
CASSI JOHNSON	
JESSI HIEMER	
SPENCER SOKOLY	
MANDY HARRISON	
SARA QUICK	

Additional Data

Software ID:

Software Version:

EIN: 41-0734969

Name: UNITED STATES JUNIOR CHAMBER OF COM
MINNESOTA JAYCEES

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JASON BENTON  CHMN OF THE	2 00	0		
MARY DEVINE  PRESIDENT	2 00	0		
MEREDITH BLACK  ADMIN VP	2 00	0		
KRIS WILKE  COMMUNITY DE	2 00	0		
KATHLEEN SPROLE  INDIVIDUAL D	2 00	0		
ROBIN GROETSCH  MANAGEMENT V	2 00	0		
DREW NERDAHL  MEMBERSHIP V	2 00	0		
DAWN IMGRUND  SECRETARY	2 00	0		
JUANITA BEAUCHAMP  DIRECTOR	2 00	0		
KRISTEN LLOYD  DIRECTOR	2 00	0		
KEVIN REDISKE  DIRECTOR	2 00	0		
CASSI JOHNSON  DIRECTOR	2 00	0		
JESSI HIEMER  DIRECTOR	2 00	0		
SPENCER SOKOLY  DIRECTOR	2 00	0		
MANDY HARRISON  DIRECTOR	2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SARA QUICK  TREASSURER	2 00	0		