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A For the 2012 calendar year, or tax year beginning 01-01-2012

DLN: 93492248006013

OMB No 1545-1150

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

, and ending 12-31-2012

Open to Public Inspection

		f applicable	C Name of organization UNITED STATES JUNIOR CHAMBER OF COM		D Employ	er ide	ntification number	
		change	MINNESOTA JAYCEES		41-073	1969		
Name change Initial return		-	Number and street (or P O box, if mail is not delivered to street address) Room/s 2101 WESY HIGHWAY 13	suite	E Telepho	E Telephone number		
Teminated						(952) 8	890-8000	
	Amended return Application pending City or town, state or country, and ZIP + 4 BURNSVILLE, MN 55337 F Group Ex Number							
		nting Method	Cash	required	If the to attach	Sched		
			s only one)— 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527					
		_		<u> </u>				
norr inst L A	mally ruction dd line	not more than ons) But if the es 5b, 6c, and	anization is not a section 509(a)(3) supporting organization or a section \$50,000 A Form 990-EZ or Form 990 return is not required though Forganization chooses to file a return, be sure to file a complete return 7b, to line 9 to determine gross receipts If gross receipts are \$200,0 \$500,000 or more, file Form 990 instead of Form 990-EZ	orm 990-N (e-	postcard)	may beets (I	Part II, line 25,	
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balanc					
		Check if th	e organization used Schedule O to respond to any question in this Par	tI				
	1	Contributions	s, gifts, grants, and similar amounts received			1	15,352	
	2	Program serv	vice revenue including government fees and contracts			2	36,740	
	3	Membership	dues and assessments			3	143,793	
	4	Investment	ncome			4		
	 5a	Gross amoun	nt from sale of assets other than inventory	5a				
<u>o</u>	ь	Less cost or	rother basis and sales expenses	5b				
Revenue	_c	Gain or (loss		5c				
ě	6	Gaming and f						
_	a	Gross income						
	ь	Od						
	ן ו		ing events reported on line 1) (attach Schedule G if the	1115				
		sum of such (gross income and contributions exceeds \$15,000)	6b				
	c		expenses from gaming and fundraising events	6с				
	d	Net income o	or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract line 6 c)	6d		
	7a	Gross sales	of inventory, less returns and allowances	7a	499			
	ь	Less cost of	fgoods sold	7b	1,016			
	c	Gross profit o	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	-517	
	8	O ther revenu	ie (describe in Schedule O)			8		
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	195,368	
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O)			10	63,157	
	11	Benefits paid	to or for members			11		
	12	Salaries, othe	er compensation, and employee benefits			12	32,395	
Š	13	Professional	fees and other payments to independent contractors			13	1,100	
Expenses	14	Occupancy, i	rent, utilities, and maintenance			14	10,931	
훘	15	Printing, publ	lications, postage, and shipping			15	981	
	16	O ther expens	ses (describe in Schedule O)			16	67,436	
	17	Total expens	es. Add lines 10 through 16		•	17	176,000	
<u>–</u>	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18	19,368	
NetAssets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must a	gree with				
4		end-of-year f	igure reported on prior year's return)			19	26,946	
ž	20	O ther change	es in net assets or fund balances (explain in Schedule O)			20		
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20		•	21	46,314	
	-							

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

Check if the organization used	Schedule O to respond to	any question in th	nis Part II		
		Г	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			45,746	5 22	56,795
23 Land and buildings				23	
24 Other assets (describe in Schedule O		[24,514	1 24	22,186
25 Total assets		[70,260	25	78,981
26 Total liabilities (describe in Schedule	0)	[43,314	1 26	32,667
27 Net assets or fund balances (line 27 of	column (B) must agree w	th line 21) [26,946	5 27	46,314
Part III Statement of Program	-	·	· · · · · · · · · · · · · · · · · · ·	(Re	Expenses equired for section 501
What is the organization's primary exempt		ally question in ti	iis rait 111 . j		(3) and 501(c)(4)
LEADERSHIP DEVELOPMENT & COMMU					janizations and section
Describe the organization's program service measured by expenses. In a clear and cond benefited, and other relevant information for	ise manner, describe the				47(a)(1) trusts, tional for others)
28 THE MINNESOTA JAYCEES PROVIDE THE LEADERSHIP SKILLS, SOCIAL RESPONDED TO CREATE POSITIVE CHARACTERIST CONTRACTOR OF THE PROPERTY OF THE PRO	ONSIBILITY, ENTREPRE	NEURSHIP AND	FELLO WSHIP		
(Grants \$) If the	s amount includes foreign	grants, check here	<u> ▶ ┌</u>	28a	176,000
30 (Grants \$) If the	s amount includes foreign s amount includes foreign	-	·	29a 30a	
31 Other program services (describe in Sci (Grants \$) If thi	nedule O) s amount includes foreign	grants, check here	e ▶ ┌	31a	
32 Total program service expenses (add line	es 28a through 31a) .			32	176,000
Part IV List of Officers, Directors, Tru Check If the organization used					
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportabl compensatio (Forms W-2/10 MISC) (if not p enter -0-)	n contributions 99- employee benefit	to plans, I	(e) Estimated amount of other compensation
See Additional Data Table					

Section 501c(13) and 501c(14) reparts and enter the total amount of the transcendence of the companion merger in any significant activity in Schedule 2 33 No No 33 No No 33 No No		instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>
A Were any supportant changes made to the organizations are of the department of the amended documents if they reflect a change to the organizations are Otherwise, explain the change on Schedule 0 (see instructions) 34 No. 35 Did the organization have unrelisted business gross income of \$1,000 or more during the year form business activities (such as those reported on lines 2, 64, and 79, among others) 35 Did the organization have unrelisted business gross income of \$1,000 or more during the year form business activities (such as those reported on lines 2, 64, and 79, among others) 36 Did the organization and proxy tax requirements during the year? If Yes, complete Schedule C, Part III 37 Order of the year? If Yes, complete schedule 0, Part III order of the year? If Yes, complete Schedule C, Part III 38 Did the organization of pickal expertations, ded or index, sessioned in the matuations by the year? If Yes, complete schedule 1, Part II and enter the total amount involved 38 Section 501(c)(3) and 501(c)(4) organizations included on line 9 39 Section 501(c)(3) and 501(c)(4) organizations included on line 9 30 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 Purely organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on organization managers or discussified persons during the year under sections \$212,4955, and 4958. 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or discussified persons during the year organization and year that the section 501(c)(4) organizations. Enter amount of tax impos				Yes	No
of the amended documents if they reflect a change to the organization's name of therwise, explain the change on Schedule () (see instructions) 33	33		33		No
be 1111-yes, 1 to interest and interest of Schedule 1, Pert II and enter the total amount involved 1 Section 501(c)(3) and 501(c)(4) organizations Did the organization did and the section 501(c)(4) organization and the section 501(c)(3) and 501(c)(4) organization and any office expendings of the section 501(c)(3) and 501(c)(4) organization and any office expendings of the section 501(c)(3) and 501(c)(4) organization and provided on the organization office organization office organization the section 501(c)(3) and 501(c)(4) organizations. Did the organization office organization before the year office organization of the section 501(c)(3) and 501(c)(4) organizations. Did the organization office organization of the year office organization of the year office organization office organizations included on line 9 10 Section 501(c)(7) organizations included on line 9 11 Section 501(c)(7) organizations included on line 9 12 Section 501(c)(8) and 501(c)(4) organizations Did the organization engage in any section 4918 excess benefit transaction of any office forms 90 or 990 excess benefit transaction or any office organization	34	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change			No
c Was the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization subject to section 6033(e) and content properting, and proxy tax recoursements during the year "If" yes," complete schedule (? APILITI 1976). Complete spiricable parts of 50 cellular in the year "If" yes," complete spiricable parts of 50 cellular in the year "If" yes," complete spiricable parts of 50 cellular in the year "If" yes," complete spiricable parts of 50 cellular in the year "If" yes," complete spiricable parts of 50 cellular in the manufactor of political rependence, deed and with the year and year the new of the tax year covered by this return? 370	35a		35a		Νo
an ottice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c No 1 No 1 Start amount of political expendituring dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Co	35b		
The special policy of policy alegorations of the policy alegorations of the policy of policy alegorations of poli	C		35c		Νo
D Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return? 38b No b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b III and the fees and capital contributions included on line 9 39 Section 501(c)(?) organizations Enter 39b III and included on line 9, for public use of club facilities 39b III and included on line 9, for public use of club facilities 39b III and included on line 9, for public use of club facilities 39b III and included on line 9, for public use of club facilities 39b III and section 501(c)(?) organizations Enter amount of tax imposed on the organization during the year under section 4910 III and enter the reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 40b No Section 501(c)(?) and 501(c)(4) organizations DII the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 40b No Section 501(c)(?) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 4 Section 501(c)(?) and 501(c)(?) organizations Enter amount of tax on line 40c reimbursed by the organization 4 In the 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 4 Loa the states with which a copy of this letture is fall the organization and probable tax shelter 4 In organization shocks are in care of the "ARAQUICK Telephone no by (352)890-8000 5 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 by a secti	36		36		Νo
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 388 No No bif "Yes," complete Schedule L, Part II and enter the total amount involved 399 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 300 Section 501(c)(3) organizations Enter a Initiation fees and capital contributions included on line 9 400 Gross recepts, included on line 9, for public use of club facilities 390 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 💮 37a			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? It is prives," complete Schedule L, Part II and enter the total amount involved Section 501(c(P)? organizations Enter Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Section 501(c(S)) and since a section 4915 Section 501(c(S)) and 501(c(H) organizations Did the organization during the year under section 4915 Section 501(c(S)) and 501(c(H) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did tengage in an excess benefit transaction during the year, or did tengage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I Ob Section 501(c(S)) and 501(c(H) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c(S)) and 501(c(H) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization aparty to a prohibited tax shelter Telephone no P(952)890-8000 Located at P(2101 W INW 13 BURNSVILLE, MN ZIP + 4 Section 4947(a)(I) in mixed and in the analysis of 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 in a foreign country (such as a bank account, securities account, or other financial accounts or a financial account in a foreign country (such as a bank account, securities account, or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. At any time during the calendar year, did the organization maintain an office outside the U S? No If "Yes," enter the name	b	Did the organization file Form 1120-POL for this year?	37b		Νo
b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c/Y) organizations. Enter a Initiation fees and capital contributions included on line 9 39 Section 501(c/Y) organizations. Enter 40a Section 501(c/Y) organizations. Enter amount of tax imposed on the organization during the year under section 4911 8 Section 501(c/Y) and 501(c/Y) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in any section 4958 excess benefit transaction during the year, or did it engage in any section 4958 excess benefit transaction during the year under sections 4912 6 Section 501(c/Y) and 501(c/Y) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c/Y) and 501(c/Y) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c/Y) and 501(c/Y) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year ender sections 4912, 4955, and 4958 6 Section 501(c/Y) and 501(c/Y) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year ender sections 4912, 4955, and 4958 6 Section 501(c/Y) and 501(c/Y) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year ender sections. 4912, 4955 6 Section 501(c/Y) and 501(c/Y) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year enders with which a complete enders with which a complete enders with which and the organization have an interest in or a signature or other unional account; or the foreign country because the union of tax imposed organization enders and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 6 At any time during the calend	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
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transaction? If "Yes," complete Form 8886-T Lost the states with which a copy of this return is filed The organization's books are in care of SARA QUICK Located at 2101 W HWY 13 BURNSVILLE, MN Total phone no 21P +4 55337 Yes No 42b	d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
The organization's books are in care of SARA QUICK Located at \$\begin{array}{c} 2101 W HWY 13 BURNSVILLE, MN \ 21P + 4 \ \begin{array}{c} 55337 \end{array} 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 \begin{array}{c} \ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S? At any time during the calendar year, did the organization maintain an office outside the U S? At any time during the calendar year, did the organization maintain any office outside the U S? At any time during the calendar year, did the organization maintain any office outside the U S? At any time during the calendar year, did the organization maintain any office outside the U S? At any time during the calendar year, did the organization maintain any office outside the U S? At any time during the calendar year, did the organization maintain any office outside the U S? At any time during the calendar year, did the organization flied organization maintain any office outside the U S? At any time during the calendar year, did the organization flied organization flied organization flied organization flied and org	e		40e		Νo
Located at \$\insert 2101 W HWY 13 BURNSVILLE, MN	41	List the states with which a copy of this return is filed 🕨			
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. 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 ▶ 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 Ves No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? 44b No To lid the organization receive any payments for indoor tanning services during the year? Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? The provided in the properties of the p	42a	The organization's books are in care of Fara QUICK Telephone no	(95	2)890-	8000
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. c At any time during the calendar year, did the organization maintain an office outside the U S? 42c No If "Yes," enter the name of the foreign country \(\)_ 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 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 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 \(\) 44b No 45b Did the organization have a controlled entity within the meaning of section 512(b)(13)? \(\) 45a No		Located at E 2101 W HWY 13 BURNSVILLE, MN ZIP + 4	<u>5</u>	5337	
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. c At any time during the calendar year, did the organization maintain an office outside the U S? 42c No If "Yes," enter the name of the foreign country \(\)_ 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 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 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 \(\) 44b No 45b Did the organization have a controlled entity within the meaning of section 512(b)(13)? \(\) 45a No	h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S? 42c No If "Yes," enter the name of the foreign country		over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	Yes	
Financial Accounts. 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		If "Yes," enter the name of the foreign country 🕨			
If "Yes," enter the name of the foreign country 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 Yes No 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? If "No," provide an explanation in Schedule O 44d 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 may need to be completed instead of					
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	c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		Νo
and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign country 🕨			
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			▶ Γ
Form 990-EZ				Yes	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	44a		44a		No
c Did the organization receive any payments for indoor tanning services during the year?	b				
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	c				
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			-
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	45a	•			No
		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			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	012)					Yes	Page 4
46 Did the or	ganization engage, directly	or indirectly, in political c	ampaign activities on b	ehalf of or in opposition to			
candidate	s for public office? If "Yes,"	complete Schedule C, Pa	rt I		46		No
	ection 501(c)(3) orga l section 501(c)(3) orgai		augstions 47-40h an	nd 52 and complete the	a tables	for lu	nec 50
ar	nd 51					5 101 111	— —
CI	neck if the organization used	1 Schedule O to respond t	o any question in this P	art VI		Yes	l No
						163	110
	ganızatıon engage ın lobbyır :omplete Schedule C, Part I		tion 501(h) election in	<u>-</u>	. 47		
18 Is the ora	anızatıon a school as descri	ibed in section 170(b)(1)('A)(II)? If "Yes." comple	ete Schedule E	48		
	ganızatıon make any transfe				49a		
	vas the related organization				49b		
	this table for the organization				ıstees a	ind kev	
employee	s) who each received more t	han \$100,000 of comper	sation from the organiz	ation If there is none, ente	er "None	e "	
	itle of each employee paid 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	1 ' '		amoun ensatior
of comper	this table for the organization is ation from the organization and address of each indepe	n If there is none, enter "	None "	(b) Type of service		an \$10	
52 Did the	mber of other independent c organization complete Sche npt charitable trusts must a	edule A? NOTE: All Section	n 501(c)(3) organizatio	ns and 4947(a)(1)		√ Yes	s No
Did the nonexe	organization complete Sche	edule A? NOTE: All Section attach a completed Sched e examined this return, incl	n 501(c)(3) organizatioule A	ns and 4947(a)(1)		est of my	,
Did the nonexe	organization complete Sche mpt charitable trusts must a of perjury, I declare that I have	edule A? NOTE: All Section attach a completed Sched e examined this return, incl	n 501(c)(3) organizatioule A	ns and 4947(a)(1)		est of my	,
nder penalties on nowledge and be nowledge.	organization complete Schempt charitable trusts must a of perjury, I declare that I have elief, it is true, correct, and contact that it is true, correct, and contact the contact that it is true, correct that it is the co	edule A? NOTE: All Section attach a completed Sched e examined this return, incl	n 501(c)(3) organizatioule A	edules and statements, and t is based on all information of 2013-08-13		est of my	,
nder penalties on owledge and be nowledge.	organization complete Sche mpt charitable trusts must a of perjury, I declare that I have elief, it is true, correct, and co	edule A? NOTE: All Section attach a completed Sched e examined this return, incl	n 501(c)(3) organizatioule A	ns and 4947(a)(1) Edules and statements, and to is based on all information of		est of my	,
nder penalties on whedge and be nowledge.	organization complete Schempt charitable trusts must a of perjury, I declare that I have elief, it is true, correct, and contact with the series of officer true and true elief. RIS WILKE OFFICER ype or print name and title	edule A? NOTE: All Section attach a completed Sched seem accompleted Sched examined this return, inclination of preparation	n 501(c)(3) organizatio ule A	edules and statements, and to is based on all information of the based on the based of the based on the		est of my	,
nder penalties on nowledge and be nowledge.	organization complete Schempt charitable trusts must a of perjury, I declare that I have elief, it is true, correct, and contact with the contact and	edule A? NOTE: All Section attach a completed Sched examined this return, inclination of prepareties. Declaration of prepareties signature. THADDEUS F JOHN	n 501(c)(3) organizatio ule A uding accompanying sche parer (other than officer)	edules and statements, and to is based on all information of the based on all information of t		est of my	,
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As Filed Data -

DLN: 93492248006013

OMB No 1545-0047

2012

Open to Public
Inspection

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.

Name of the organization UNITED STATES JUNIOR CHAMBER OF COM MINNESOTA JAYCEES

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

41-0734969

ldentifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990- EZ, PART I, LINE 10	US JAYCEES 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 TOY M 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

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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	

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) A verage 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 amour 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 5 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) A verage 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		