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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>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MINNESOTA CHAMBER OF COMMERCE EXECUTIVES	<b>D</b> Employer identification number 41-6037491
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 400 ROBERT STREET NORTH NO 1500	<b>E</b> Telephone number (651) 292-4650
	City or town, state or country, and ZIP + 4 ST PAUL, MN 551012098	<b>F</b> Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

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

**I Website:** WWW.MNCHAMBER.COM/MCCE

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c)(6) (insert no)  4947(a)(1) or  527

**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 not 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. **\$ 91,341**

**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		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)
<b>2</b>	Program service revenue including government fees and contracts	<b>11</b>	Benefits paid to or for members	<b>19</b>	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)
<b>3</b>	Membership dues and assessments	<b>12</b>	Salaries, other compensation, and employee benefits	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)
<b>4</b>	Investment income	<b>13</b>	Professional fees and other payments to independent contractors	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>14</b>	Occupancy, rent, utilities, and maintenance		
<b>5b</b>	Less cost or other basis and sales expenses	<b>15</b>	Printing, publications, postage, and shipping		
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>16</b>	Other expenses (describe in Schedule O)		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16		
<b>6b</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)				
<b>6c</b>	Less direct expenses from gaming and fundraising events				
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
<b>7a</b>	Gross sales of inventory, less returns and allowances				
<b>7b</b>	Less cost of goods sold				
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
<b>8</b>	Other revenue (describe in Schedule O)				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

**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
<b>22</b> Cash, savings, and investments . . . . .	62,317	<b>22</b> 82,299
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	4,635	<b>24</b> 1,175
<b>25 Total assets</b> . . . . .	66,952	<b>25</b> 83,474
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	2,055	<b>26</b> 3,326
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	64,897	<b>27</b> 80,148

**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

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

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 THEN ORGANIZATIONS SERVES APPROXIMATELY 130 MEMBERS

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

<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b>		
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>	<b>32</b>	

**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				

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 . . . . .

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of JENNIFER BYERS Telephone no (651) 292-4673 Located at 400 ROBERT STREET NORTH ST PAUL, MN ZIP + 4 55101
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42c 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
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

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

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?

b 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"

Table with 5 columns: (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

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.

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

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 (JENNIFER BYERS SECRETARY/TREASURER) and Date (2013-05-08)

Paid Preparer Use Only: Print/Type preparer's name (TODD A JACKSON), Date, Check self-employed, PTIN (P00092672), Firm's name (MCGLADREY LLP), Firm's EIN (42-0714325), Firm's address (801 NICOLLET MALL SUITE 1100 MINNEAPOLIS, MN 55402), Phone no (612) 332-4300

May the IRS discuss this return with the preparer shown above? See instructions

**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  
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 23
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION DIRECTORY/LIST SALES AMOUNT 150
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCE EXPENSE AMOUNT 45,526 DESCRIPTION BOARD/PRESIDENT EXPENSE AMOUNT 449 DESCRIPTION BANK FEES AMOUNT 521 DESCRIPTION INSURANCE AMOUNT 2,165 DESCRIPTION MANAGEMENT FEES AMOUNT 7,500 DESCRIPTION MEMBERSHIP DUES AMOUNT 1,185 DESCRIPTION WEBSITE AMOUNT 1,050 DESCRIPTION MISCELLANEOUS AMOUNT 991 DESCRIPTION POSTAGE/COPIES AMOUNT 788 DESCRIPTION ACCOUNTING/LEGAL FEES AMOUNT 1,706 DESCRIPTION CONFERENCE CALLS/WEBINARS AMOUNT 586 DESCRIPTION CREDIT CARD SERVICE FEES AMOUNT 956 TOTAL TO FORM 990-EZ, LINE 16 63,423
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 2,260 END OF YEAR AMOUNT 0 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 2,375 END OF YEAR AMOUNT 1,175
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION DEFERRED INCOME BEG OF YEAR AMOUNT 805 END OF YEAR AMOUNT 1,950 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,250 END OF YEAR AMOUNT 1,376

**TY 2012 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.

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

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
JENNIFER BYERS SECRETARY/TREASURER	12 00	7,500	0	0
BRUCE NUSTAD PAST CHAIR	1 00	0	0	0
BILL CORBY CHAIR	1 00	0	0	0
GORDY ANDERSON BOARD DIRECTOR	1 00	0	0	0
RUTHE BATULIS CHAIR ELECT	1 00	0	0	0
CAL BRINK BOARD DIRECTOR	1 00	0	0	0
SANDY FORSTNER BOARD DIRECTOR	1 00	0	0	0
DOUG LOON BOARD DIRECTOR	1 00	0	0	0
SANDY SUCHY BOARD DIRECTOR	1 00	0	0	0
DAVID OLSON BOARD DIRECTOR	1 00	0	0	0
KELLIE SITES BOARD DIRECTOR	1 00	0	0	0
JONATHAN ZIERDT BOARD DIRECTOR	1 00	0	0	0

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-6037491

**Name:** MINNESOTA CHAMBER OF COMMERCE EXECUTIVES

## Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p><b>28</b> SCHOLARSHIPS ARE OFFERED TO EACH OF THE MCCE EVENTS TO ENCOURAGE ATTENDANCE AND PARTICIPATION SCHOLARSHIPS ARE ALSO OFFERED TO A NATIONAL PROFESSIONAL DEVELOPMENT PROGRAM CALLED INSTITUTE FOR ORGANIZATION MANAGEMENT IN ADDITION, SCHOLARSHIPS ARE PROVIDED FOR OTHER PROFESSIONAL DEVELOPMENT COURSES OPPORTUNITIES INCLUDING CONTINUING EDUCATION AND ECONOMIC DEVELOPMENT COURSES IN 2012, TWELVE SCHOLARSHIPS WERE AWARDED FOR VARIOUS CONFERENCE AND PROGRAMS</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	0
<p><b>29</b> MCCE SPONSORS SEVERAL EDUCATION AND TRAINING EVENTS EACH YEAR THE ANNUAL MEETING AND FALL CONFERENCE ARE BOTH TWO-DAY CONFERENCES ATTRACTING ABOUT 70 PARTICIPANTS EACH MINI INSTITUTE IS A ONE-DAY CONFERENCE ATTRACTING NEARLY 100 CHAMBER PROFESSIONALS FROM AROUND THE STATE MCCE ALSO COORDINATES AN ANNUAL TRIP TO WASHINGTON, D C TO MEET WITH THE MINNESOTA CONGRESSIONAL DELEGATION, AND ABOUT 50 BUSINESS PEOPLE ATTEND THIS EVENT MCCE BEGAN HOSTING TRAINING WEBINARS TO MCCE MEMBERS ONE WEBINAR WAS HELD IN 2012 WITH 15 ATTENDEES</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>29a</b>	0
<p><b>30</b> ANOTHER MAJOR SERVICE IS THE RESOURCES AND TOOLS WE OFFER LOCAL CHAMBER MEMBERS THROUGH OUR WEBSITE AND RESOURCE LIBRARY, AS WELL AS OUR REFERRAL NETWORK, WE OFFER 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 AND ELECTRONIC EMAIL SYSTEM</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>30a</b>	0
<p>ADVANCED LEADERSHIP TRAINING IS A NEW PROGRAM DESIGNED TO HELP CHAMBER PROFESSIONALS ADVANCE IN THEIR CAREER THERE WERE 8 PARTICIPANTS IN 2012-13 THERE ARE SIX DAY-LONG SESSIONS HOSTED BY DIFFERENT CHAMBERS ACROSS THE STATE, EACH FOCUSED ON KEY COMPONENTS OF A SUCCESSFUL CHAMBER OF COMMERCE, SUCH AS ECONOMIC DEVELOPMENT, ADVOCACY, FUNDRAISING AND MEMBERSHIP THE PARTICIPANTS COMPLETE THE PROGRAM WITH GREATER KNOWLEDGE AND EXPERIENCE TO ENHANCE THE SUCCESS OF THEIR ORGANIZATIONS</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		0