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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 private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

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): 400 ROBERT STREET NORTH NO 1500
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: ST PAUL, MN 551012098

D Employer identification number

41-6037491

E Telephone number

(651) 292-4650

F Group Exemption Number

G Accounting Method: [] Cash [x] Accrual Other (specify)

H Check [x] 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) [x] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [] Corporation [] Trust [x] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$80,369

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 [x]

Table with 21 rows and 2 columns. Rows include Revenue (Contributions, Program service, Membership dues, Investment income, etc.), Expenses (Grants, Salaries, etc.), and Net Assets (Excess or deficit, Net assets at beginning/end of year).

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	82,299	22 79,442
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,175	24 50
25 Total assets	83,474	25 79,492
26 Total liabilities (describe in Schedule O)	3,326	26 1,157
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,148	27 78,335

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 (MCCE) 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 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 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	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 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		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		
48		
49a		
49b		

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 "

(a) Name and title of each employee	(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 "

(a) Name and business address of each independent contractor	(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 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 2014-05-01
JENNIFER BYERS SECRETARY/TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: TODD A JACKSON
Preparer's signature: _____
Date: _____
Check if 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 Yes No

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>28 SCHOLARSHIPS ARE OFFERED FOR 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 COURSE OPPORTUNITIES INCLUDING CONTINUING EDUCATION AND ECONOMIC DEVELOPMENT COURSES IN 2013, SEVEN SCHOLARSHIPS WERE AWARDED FOR VARIOUS CONFERENCES AND PROGRAMS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0
<p>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 CONFERENCE ATTRACTING OVER 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 40 BUSINESS PEOPLE ATTEND THIS EVENT MCCE MEMBERS ARE ABLE TO PARTICIPATE IN WEBINARS OFFERED BY THE MINNESOTA CHAMBER COVERING A WIDE VARIETY OF BUSINESS ISSUES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	29a	0
<p>30 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 AN ELECTRONIC EMAIL SYSTEM AND SOCIAL MEDIA (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	0
<p>ADVANCED LEADERSHIP TRAINING IS A TWO-YEAR OLD PROGRAM DESIGNED TO HELP CHAMBER PROFESSIONALS ADVANCE IN THEIR CAREER THERE WERE 8 PARTICIPANTS IN 2013 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 A NEW EXECUTIVE TRAINING SESSION WAS ALSO OFFERED TO CHAMBER EXECUTIVES NEW TO THE PROFESSION AND THERE WERE 14 PARTICIPANTS IN 2013 (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		0

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 SECRETARY/TREASURER	12 00	7,500	0	0
BILL CORBY PAST CHAIR	1 00	0	0	0
SANDY FORSTNER CHAIR	1 00	0	0	0
GORDY ANDERSON BOARD DIRECTOR	1 00	0	0	0
CAL BRINK BOARD DIRECTOR	1 00	0	0	0
LORI HIGGINGS BOARD DIRECTOR	1 00	0	0	0
CARRIE JOHNSTON BOARD DIRECTOR	1 00	0	0	0
DOUG LOON BOARD DIRECTOR	1 00	0	0	0
DAVID OLSON BOARD DIRECTOR	1 00	0	0	0
SANDY SUCHY BOARD DIRECTOR	1 00	0	0	0
JONATHAN ZIERDT BOARD DIRECTOR	1 00	0	0	0

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
MINNESOTA CHAMBER OF COMMERCE EXECUTIVES

Employer identification number

41-6037491

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 21
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION DIRECTORY/LIST SALES AMOUNT 50
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONFERENCE EXPENSE AMOUNT 52,540 DESCRIPTION BOARD/PRESIDENT EXPENSE AMOUNT 632 DESCRIPTION BANK FEES AMOUNT 488 DESCRIPTION INSURANCE AMOUNT 1,868 DESCRIPTION MANAGEMENT FEES AMOUNT 7,500 DESCRIPTION MEMBERSHIP DUES AMOUNT 1,410 DESCRIPTION WEBSITE AMOUNT 1,851 DESCRIPTION MISCELLANEOUS AMOUNT 271 DESCRIPTION POSTAGE/COPIES AMOUNT 754 DESCRIPTION ACCOUNTING/LEGAL FEES AMOUNT 1,791 DESCRIPTION CONFERENCE CALLS/WEBINARS AMOUNT 83 DESCRIPTION CREDIT CARD SERVICE FEES AMOUNT 574 TOTAL TO FORM 990-EZ, LINE 16 69,762
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,175 END OF YEAR AMOUNT 0 DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 50
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION DEFERRED INCOME BEG OF YEAR AMOUNT 1,950 END OF YEAR AMOUNT 750 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,376 END OF YEAR AMOUNT 407

**TY 2013 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.