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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 private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 MINNESOTA CHAMBER OF COMMERCE EXECUTIVES

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 400 ROBERT STREET NORTH NO 1500

City or town, state or province, country, and ZIP or foreign postal code
 ST PAUL, MN 551012098

D Employer identification number
 41-6037491

Telephone number
 (651) 292-4650

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

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

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

K Form of organization Corporation Trust 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. ▶ \$ 83,182

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	4,760
	2	Program service revenue including government fees and contracts	2	46,955
	3	Membership dues and assessments	3	31,435
	4	Investment income	4	32
	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		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	83,182	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	4,634
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,800
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,509
	16	Other expenses (describe in Schedule O)	16	52,961
17	Total expenses. Add lines 10 through 16	17	61,904	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21,278
	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	102,173
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	123,451

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	106,519	22 116,117
23 Land and buildings		23
24 Other assets (describe in Schedule O)	10,709	24 7,334
25 Total assets	117,228	25 123,451
26 Total liabilities (describe in Schedule O)	15,055	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,173	27 123,451

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?

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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
JENNIFER BYERS SECRETARY/TREASURER	12 00	0	0	0
SANDY FORSTNER BOARD DIRECTOR	1 00	0	0	0
LISA WORKMAN BOARD DIRECTOR	1 00	0	0	0
CAL BRINK CHAIR	1 00	0	0	0
LORI HIGGINS BOARD DIRECTOR	1 00	0	0	0
CARRIE JOHNSON BOARD DIRECTOR	1 00	0	0	0
DOUG LOON BOARD DIRECTOR	1 00	0	0	0
LORI ANDERSON BOARD DIRECTOR	1 00	0	0	0
BILL BLAZAR BOARD DIRECTOR	1 00	0	0	0
TERESA BOHNEN BOARD DIRECTOR	1 00	0	0	0
DELLA SCHMIDT BOARD DIRECTOR	1 00	0	0	0
AUDRA SHANEMAN BOARD DIRECTOR	1 00	0	0	0

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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 MN
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
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
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, (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 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 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 Type or print name and title

Paid Preparer Use Only Pmnt/Type preparer's name TODD A JACKSON Preparer's signature Date 2016-05-10 Check if self-employed PTIN P00092672 Firm's name RSM US 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 2015, SEVEN SCHOLARSHIPS WERE AWARDED FOR VARIOUS CONFERENCE 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>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 30 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

**TY 2015 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

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 32
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONFERENCE EXPENSE AMOUNT 48,645 DESCRIPTION BOARD/PRESIDENT EXPENSE AMOUNT 903 DESCRIPTION BANK FEES AMOUNT 556 DESCRIPTION MEMBERSHIP DUES AMOUNT 1,570 DESCRIPTION MISCELLANEOUS AMOUNT 56 DESCRIPTION CREDIT CARD SERVICE FEES AMOUNT 391 DESCRIPTION CHAMBERNET AMOUNT 600 DESCRIPTION WEBSITE EXPENSES AMOUNT 240 TOTAL TO FORM 990-EZ, LINE 16 52,961
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 10,709 END OF YEAR AMOUNT 7,334
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 15,055 END OF YEAR AMOUNT 0