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Form **990EZ**

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.

▶ Go to *www.irs.gov/Form990EZ* for the latest information.

OMB No 1545-1150

**2018**

**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018**

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

**C** Name of organization
JCI MINNESOTA

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1405 N LILAC DRIVE STE 125

City or town, state or province, country, and ZIP or foreign postal code
GOLDEN VALLEY, MN 55422

**D Employer identification number**
41-0734969

**E** Telephone number
(952) 890-8000

**F** Group Exemption Number ▶ 7040

**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 JCIMN ORG

**J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)( 4) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**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 . . . ▶ $ 135,240

## 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 | 23,823 |
| | 2 | Program service revenue including government fees and contracts | | | 2 | 33,336 |
| | 3 | Membership dues and assessments | | | 3 | 73,786 |
| | 4 | Investment income | | | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | | |
| | b | Less cost or other basis and sales expenses | 5b | | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | 5c | |
| | 6 | Gaming and fundraising events | | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | | |
| | b | Gross income from fundraising events (not including $ ______ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b | | | |
| | c | Less direct expenses from gaming and fundraising events | 6c | | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | 4,295 | | |
| | b | Less cost of goods sold | 7b | 1,906 | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | 2,389 |
| | 8 | Other revenue (describe in Schedule O) | | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | | 9 | 133,334 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | | 10 | 1,335 |
| | 11 | Benefits paid to or for members | | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | | 12 | 45,105 |
| | 13 | Professional fees and other payments to independent contractors | | | 13 | 1,045 |
| | 14 | Occupancy, rent, utilities, and maintenance | | | 14 | 6,851 |
| | 15 | Printing, publications, postage, and shipping | | | 15 | 3 |
| | 16 | Other expenses (describe in Schedule O) | | | 16 | 62,570 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | | 17 | 116,909 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | 18 | 16,425 |
| | 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 | 119,836 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | 20 | 39,388 |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | | | 21 | 175,649 |

**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 | 152,461 | **22** | 161,941 |
| **23** Land and buildings | | **23** | |
| **24** Other assets (describe in Schedule O) | 6,763 | **24** | 13,965 |
| **25** **Total assets** | 159,224 | **25** | 175,906 |
| **26** **Total liabilities** (describe in Schedule O) | 39,388 | **26** | 257 |
| **27** **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 119,836 | **27** | 175,649 |

**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, optional for others )

What is the organization's primary exempt purpose?
LEADERSHIP DEVELOPMENT & COMMUNITY SERVICE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | | |
|---|---|---|
| **28** See Additional Data Table<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | **28a** | |
| **29**<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | **29a** | |
| **30**<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | **30a** | |
| **31** Other program services (describe in Schedule O)<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | **31a** | |
| **32** **Total program service expenses** (add lines 28a through 31a) ▶ | **32** | 116,909 |

**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 |
|---|---|---|---|---|
| ANNIE REGAN<br>PRESIDENT | 2 00 | 0 | | |
| BRIAN KLOUSE<br>ADMINISTRATI | 2 00 | 0 | | |
| DAVID WALDORF<br>MEMBERSHIP V | 2 00 | 0 | | |
| CLINT MEYER<br>COMMUNITY DE | 2 00 | 0 | | |
| KAYLEE WILKE<br>MGMT VP | 2 00 | 0 | | |
| EVA FISHER<br>INDIVID DEVE | 2 00 | 0 | | |
| AMIE KLOUSE<br>EXECUTIVE DI | 20 00 | 3,300 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) | 34 | | No |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | No |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | No |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ______, section 4912 ▶ ______, section 4955 ▶ ______ | | | |
| b | Section 501(c)(3), 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 | 40b | | No |
| c | 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 sections4912, 4955, and 4958 ▶ | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ | | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | No |

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ AMIE KLOUSE Telephone no ▶ (952) 890-8000

Located at ▶ 1405 N LILAC DRIVE STE 125 GOLDEN VALLEY , MN ZIP + 4 ▶ 55422

| | | | Yes | No |
|---|---|---|---|---|
| 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)? | 42b | | No |
| | 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) | | | |
| 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 ▶ | | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here . . . . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | No |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | No |

| | | | Yes | No |
|---|---|---|---|---|
| **46** | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | **46** | | No |

**Part VI** **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| **47** | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | **47** | | |
| **48** | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | **48** | | |
| **49a** | Did the organization make any transfers to an exempt non-charitable related organization? | **49a** | | |
| **b** | If "Yes," was the related organization a section 527 organization? | **49b** | | |

**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 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**

****** | 2019-09-11
Signature of officer | Date

AMIE KLOUSE EXECUTIVE DIRECTOR
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| THADDEUS F JOHNSON CPA | | 2019-10-25 | | P00867068 |
| Firm's name ▶ B JOHNSON & ASSOC LTD | | | Firm's EIN ▶ 41-1927189 | |
| Firm's address ▶ 11610 ANDREW ST BRAINERD, MN 56401 | | | Phone no (218) 829-3501 | |

May the IRS discuss this return with the preparer shown above? See instructions . . . ▶ ☐ **Yes** ☐ **No**

# Additional Data

**Software ID:**
**Software Version:**
**EIN:** 41-0734969
**Name:** JCI MINNESOTA

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

| 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. | Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|---|---|
| **28**<br>JCI MINNESOTA PROVIDES THE OPPORTUNITY FOR YOUNG INDIVIDUALS TO DEVELOP THE LEADERSHIP SKILLS, SOCIAL RESPONSIBILITY, ENTREPRENEURSHIP AND FELLOWSHIP NECESSARY TO CREATE POSITIVE CHANGE<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | **28a** | 116,909 |

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# 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 990-EZ or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization
JCI MINNESOTA

**Employer identification number**
41-0734969

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 10 | NATIONAL DUES PAID 1,335 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES OFFICE SUPPLIES 1,170 BANKING FEES 1,225 OFFICE/COMPUTER SUPPLIES 1,271 PRES TRAVEL, MEETINGS, CONVEN 3,492 PRESIDENT ELECT EXPENSES 2,620 SHIRTS, NAMETAGS & JACKETS 6,186 ON-TO SHIRTS/OTHERS 714 SAS CONVENTION EXPENSES 8,473 FAS CONVENTION EXPENSES 9,709 ANNUAL CONVENTION EXPENSES 12,272 CHAIRMAN'S NATIONAL CONVENTIO 1,190 SHIRTS & NAME TAGS -1,065 TOYM REGISTRATIONS -1,402 TOYM SPONSORS -2,550 JCLA INCOME -120 STATE BID BONDS -200 ON-TO REGISTRATIONS -637 OTHER INSURANCE 2,043 LIQUOR LIAB INSURANCE 35,439 LIQUOR LIABILITY INSURANCE -37,625 MID AMERICA DUES 750 EXEC STAFF TRAINING 350 GOPHER PRODUCTION & POSTA 220 TOYM PROGRAM 6,125 COST OF STATE AWARDS 1,418 JOTS EXPENSES 973 PROMOTIONS & INCENTIVES 3,250 BAD DEBT EXPENSE 108 PRESIDENTIAL MEDALLIONS 1,300 I D EXPENSES - JCI AND O 3,800 YOUTH CONVENTION 94 EXECUTIVE DIRECTOR TRAINI 1,915 NON-INVESTMENT DEPRECIATION 62 TOTAL 62,570 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 20 | PRIOR PERIOD ADJUSTMENT - DEFERRED REVENUE 39,388 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART II, LINE 24 | ACCOUNTS RECEIVABLE 5,029 9,561 LESS ALLOWANCE 2,580 0 NET 2,449 9,561 PREPAID EXPENSES AN D DEFERRED CHARGES 4,252 4,404 643 0 LESS ACCUMULATED DEPRECIATION 581 0 TOTAL 6,763 13,96 5 |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| FORM 990-EZ, PART II, LINE 26 | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 257 DEFERRED REVENUE 39,388 0 |