

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](http://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  
 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  
 SAINT PAUL, MN 551012098

**D** Employer identification number  
 41-6037491

**E** Telephone number  
 (651) 292-4650

**F** 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](http://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** 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. ▶ \$ 74,339

**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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																4,157											
	2	Program service revenue including government fees and contracts . . . . .																38,692											
	3	Membership dues and assessments . . . . .																30,900											
	4	Investment income . . . . .																490											
	5a	Gross amount from sale of assets other than inventory . . . . .																											
	5b	Less cost or other basis and sales expenses . . . . .																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																											
	6b	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) . . . . .																											
6c	Less direct expenses from gaming and fundraising events . . . . .																												
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances . . . . .																												
7b	Less cost of goods sold . . . . .																												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																												
8	Other revenue (describe in Schedule O) . . . . .																100												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																74,339												
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																8,953											
	11	Benefits paid to or for members . . . . .																											
	12	Salaries, other compensation, and employee benefits . . . . .																9,000											
	13	Professional fees and other payments to independent contractors . . . . .																1,785											
	14	Occupancy, rent, utilities, and maintenance . . . . .																											
	15	Printing, publications, postage, and shipping . . . . .																1,908											
	16	Other expenses (describe in Schedule O) . . . . .																66,287											
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																87,933												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																-13,594											
	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) . . . . .																130,665											
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																0											
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .																117,071											

**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 . . . . .	86,395	<b>22</b> 85,551
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	58,070	<b>24</b> 82,255
<b>25</b> Total assets . . . . .	144,465	<b>25</b> 167,806
<b>26</b> Total liabilities (describe in Schedule O). . . . .	13,800	<b>26</b> 50,735
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	130,665	<b>27</b> 117,071

**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 ADVANCES THE EFFECTIVENESS OF CHAMBER PROFESSIONALS BY PROVIDING CAREER DEVELOPMENT, COMMUNICATIONS, AND NETWORKING TO ENSURE PROFESSIONAL AND ORGANIZATIONAL GROWTH THEN ORGANIZATIONS SERVES APPROXIMATELY 110 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

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

**28** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **28a**

**29** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32** Total program service expenses (add lines 28a through 31a) . . . . . **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 EXECUTIVE DIRECTOR	12 00	9,000	0	0
AUDRA SHANEMAN CHAIR	1 00	0	0	0
KRISTY BARSE BOARD DIRECTOR	1 00	0	0	0
TERESA BOHNEN BOARD DIRECTOR	1 00	0	0	0
BRAD GRUHOT BOARD DIRECTOR	1 00	0	0	0
MARY HODSON BOARD DIRECTOR	1 00	0	0	0
ED KEARNEY BOARD DIRECTOR	1 00	0	0	0
JOHN KIRCHNER BOARD DIRECTOR	1 00	0	0	0
MATT KILIAN BOARD DIRECTOR	1 00	0	0	0
DOUG LOON BOARD DIRECTOR	1 00	0	0	0
BRAD MEIER BOARD DIRECTOR	1 00	0	0	0
ANGIE WHITCOMB 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 . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<b>46</b>	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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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.

<b>Sign Here</b> Signature of officer	2019-11-12 Date
JENNIFER BYERS SECRETARY/TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name KACIE MCEWEN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01599614
	Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
	Firm's address ▶ 801 NICOLLET MALL WEST TOWER STE 1100 MINNEAPOLIS, MN 554022526			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 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.)	
<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 2018, TWELVE SCHOLARSHIPS WERE AWARDED FOR VARIOUS CONFERENCE AND PROGRAMS</p> <p>(Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	0

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

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<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 SUMMER REFRESH IS A ONE-DAY CONFERENCE ATTRACTING OVER 90 CHAMBER PROFESSIONALS FROM AROUND THE STATE MCCE MEMBERS ARE ABLE TO PARTICIPATE IN WEBINARS COVERING A WIDE VARIETY OF BUSINESS ISSUES                      (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span></p>	<p><b>29a</b></p>	<p style="text-align: right;">0</p>

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

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<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 AN ELECTRONIC EMAIL SYSTEM AND SOCIAL MEDIA                      (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span></p>	<p><b>30a</b></p>	<p style="text-align: right;">0</p>

## **TY 2018 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)**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

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 490

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION DIRECTORY/LIST SALES AMOUNT 100

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONFERENCE EXPENSE AMOUNT 38,429 DESCRIPTION BOARD/PRESIDENT EXPENSE AMOUNT 369 DESCRIPTION BANK FEES AMOUNT 146 DESCRIPTION MEMBERSHIP DUES AMOUNT 1,530 DESCRIPTION MISCELLANEOUS AMOUNT 3,502 DESCRIPTION CREDIT CARD SERVICE FEES AMOUNT 573 DESCRIPTION CHAMBERNET AMOUNT 756 DESCRIPTION INSURANCE AMOUNT 1,440 DESCRIPTION MANAGEMENT FEE AMOUNT 9,000 DESCRIPTION INTERN PROGRAM AMOUNT 6,590 DESCRIPTION REBRAND LOGO AMOUNT 3,952 TOTAL TO FORM 990-EZ, LINE 16 66,287

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 7,769 END OF YEAR AMOUNT 28,639 DESCRIPTION WELLS FARGO INVESTMENT BEG OF YEAR AMOUNT 50,301 END OF YEAR AMOUNT 50,7 91 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,825

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION DEFERRED INCOME BEG OF YEAR AMOUNT 13,800 END OF YEAR AMOUNT 50,735