

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)

OMB No 1545-1150
2019
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- 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): 400 ROBERT STREET NORTH NO 1500
Room/suite: [blank]
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: [blank]

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

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 Form of organization: Corporation Trust Association Other [blank]
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. \$ 98,628

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	Line	Description	Amount
	1	Contributions, gifts, grants, and similar amounts received	6,288
	2	Program service revenue including government fees and contracts	59,335
	3	Membership dues and assessments	32,700
	4	Investment income	105
	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)	200
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	98,628

Expenses	Line	Description	Amount
	10	Grants and similar amounts paid (list in Schedule O)	6,479
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	9,500
	13	Professional fees and other payments to independent contractors	1,575
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	1,270
	16	Other expenses (describe in Schedule O)	80,105
	17	Total expenses. Add lines 10 through 16	98,929
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-301
	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)	117,071
	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	116,770

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	85,551	22 81,391
23 Land and buildings		23
24 Other assets (describe in Schedule O)	82,255	24 71,184
25 Total assets	167,806	25 152,575
26 Total liabilities (describe in Schedule O).	50,735	26 35,805
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,071	27 116,770

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 **29a**

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

30 See Additional Data Table **30a**

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

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 EXEC DIRECTOR JAN 1 - MAY 30, 2019	12 00	3,958	0	0
VICKI STUTE EXEC DIRECTOR JUN 1 - DEC 31, 2019	12 00	5,542	0	0
AUDRA SHANEMAN CHAIR	1 00	0	0	0
ROBIN ANTHONY BOARD DIRECTOR	1 00	0	0	0
KRISTY BARSE 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
MATT KILIAN BOARD DIRECTOR	1 00	0	0	0
JOHN KIRCHNER 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

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 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

42a The organization's books are in care of ANNETTE KOJETIN Telephone no (651) 292-4650
Located at 400 ROBERT STREET NORTH NO 1500 SAINT PAUL, MN ZIP + 4 551012098

Table with columns for question number, question text, and Yes/No columns. Rows include 42b, 42c.

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 44a, 44b, 44c, 44d, 45a, 45b.

		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 Signature of officer VICKI STUTE EXECUTIVE DIRECTOR Type or print name and title	Date 2020-07-07
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Paid Preparer Use Only	Print/Type preparer's name KACIE MCEWEN	Preparer's signature	Date 2020-07-07	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>28 SCHOLARSHIPS ARE OFFERED TO EACH OF THE MCCE CONFERENCES TO ENCOURAGE PROFESSIONAL DEVELOPMENT THE ANNUAL MEETING AND FALL CONFERENCE ARE HOSTED AND PLANNED BY MCCE AS TWO-DAY CONFERENCES ATTRACTING ABOUT 85 PARTICIPANTS EACH SUMMER REFRESH IS A ONE-DAY CONFERENCE ATTRACTING NEARLY 100 CHAMBER PROFESSIONALS FROM AROUND THE STATE SCHOLARSHIPS ARE ALSO OFFERED TO REGIONAL AND NATIONAL PROFESSIONAL DEVELOPMENT PROGRAMS THROUGH MID-AMERICAN CHAMBER EXECUTIVES, MINNESOTA CHAMBER, AND THE U S CHAMBER FOUNDATION INSTITUTE FOR ORGANIZATION MANAGEMENT IN 2019, 11 SCHOLARSHIPS WERE AWARDED FOR VARIOUS CONFERENCE AND PROGRAMS</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 RESOURCES AND TOOLS ARE OTHER MAJOR PROGRAM AREAS OFFERED TO LOCAL CHAMBER MEMBERS THROUGH OUR WEBSITE AND RESOURCE LIBRARY, AS WELL AS A REFERRAL NETWORK, MCCE OFFERS ACCESS TO A WIDE RANGE OF MATERIALS FINALLY, MCCE COMMUNICATES KEY TRENDS, BEST PRACTICES, AND EVENT INFORMATION THROUGH REGULAR COMMUNICATION VEHICLES SUCH AS E-NEWSLETTERS AND EMAIL INTERACTION AMONG MEMBERS IS PROVIDED THROUGH A DIGITAL PLATFORM AND SOCIAL MEDIA (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">0</p>

TY 2019 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

OMB No 1545-0047

2019

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.

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

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 105

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION DIRECTORY/LIST SALES AMOUNT 200

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONFERENCE EXPENSE AMOUNT 52,113 DESCRIPTION BOARD/PRESIDENT EXPENSE AMOUNT 407 DESCRIPTION MEMBERSHIP DUES AMOUNT 1,590 DESCRIPTION MISCELLANEOUS AMOUNT 571 DESCRIPTION INSURANCE AMOUNT 1,473 DESCRIPTION MANAGEMENT FEE AMOUNT 9,500 DESCRIPTION INTERN PROGRAM AMOUNT 4,090 DESCRIPTION REBRAND LOGO AMOUNT 9,911 DESCRIPTION TRAVEL EXPENSE AMOUNT 450 TOTAL TO FORM 990-EZ, LINE 16 80,105

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 28,639 END OF YEAR AMOUNT 19,287 DESCRIPTION WELLS FARGO INVESTMENT BEG OF YEAR AMOUNT 50,791 END OF YEAR AMOUNT 50,897 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 2,825 END OF YEAR AMOUNT 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION DEFERRED INCOME BEG OF YEAR AMOUNT 50,735 END OF YEAR AMOUNT 35,805