

Form **990**
Department of the Treasury
Internal Revenue Service

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/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020

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 AND INDUSTRY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
400 ROBERT ST N NO 1500

City or town, state or province, country, and ZIP or foreign postal code
ST PAUL, MN 551014901

D Employer identification number
41-0417210

E Telephone number
(651) 292-4650

G Gross receipts \$ 10,485,368

F Name and address of principal officer:
DOUG LOON
400 ROBERT ST N NO 1500
ST PAUL, MN 551014901

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.MNCHAMBER.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1909

M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ADVANCE PUBLIC POLICY & JOB GROWTH STRATEGIES TO CREATE AN ENVIRONMENT FOR BUSINESSES TO PROSPER

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | |
|--|-----------|-----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 50 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 50 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 38 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 150 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | Prior Year | Current Year |
|--|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 0 | 27,235 |
| 9 Program service revenue (Part VIII, line 2g) | 6,209,084 | 5,955,305 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 50,787 | 178,541 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 176,673 | 172,092 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,436,544 | 6,333,173 |

| | | |
|---|-----------|-----------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 3,718,529 | 3,619,124 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,695,545 | 2,306,282 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 5,414,074 | 5,925,406 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,022,470 | 407,767 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 5,741,019 | 6,135,535 |
| 21 Total liabilities (Part X, line 26) | 2,670,311 | 2,774,380 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,070,708 | 3,361,155 |

Part II Signature Block

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: 2021-07-29
Type or print name and title: DOUG LOON PRESIDENT

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-07-29
Check if self-employed PTIN: P00294068
Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749
Firm's address: 220 S 6TH STREET SUITE 300 Phone no. (612) 376-4500
MINNEAPOLIS, MN 55402

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE MINNESOTA CHAMBER WILL PROACTIVELY LEAD THE BUSINESS COMMUNITY STATEWIDE TO: -ADVANCE PRO-BUSINESS, RESPONSIBLE MINNESOTA PUBLIC POLICY THAT CREATES JOBS AND GROWS THE ECONOMY; -PROVIDE MEMBER SERVICES TO ADDRESS EVOLVING BUSINESS NEEDS; -BE NON PARTISAN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

SPECIAL PROGRAMS AND EVENTS: TO EDUCATE OUR MEMBERS ON LEGISLATIVE AND OTHER KEY ISSUES THAT MAY AFFECT THEIR BUSINESS. THESE PROGRAMS ALSO OFFER NETWORKING OPPORTUNITIES AMONG BUSINESS LEADERS.OUR LARGER EVENTS ARE SESSIONS WITH PRIORITIES WITH 1800 ATTENDEES, ANNUAL MEETING AND ISSUE CONFERENCE WITH 500 ATTENDEES AND BUSINESS DAY AT THE CAPITOL WITH 550 ATTENDEES. WE OFFER SMALLER EVENTS SUCH AS INSIDER ISSUE BRIEFINGS AND WEBINARS WHICH ATTRACT 30 -75 ATTENDEES EACH.OBJECTIVE: TO GIVE OUR MEMBERS AN OPPORTUNITY TO NETWORK WITH OTHER BUSINESS LEADERS AND TO HEAR FIRST-HAND FROM LAWMAKERS AND OTHER KEY AUTHORITIES ON BUSINESS ISSUES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question has a corresponding box for the answer.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (50), 1b (50), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | 27,235 | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| | g Noncash contributions included in lines 1a - 1f: \$ | 1g | | | |
| | h Total. Add lines 1a-1f | | 27,235 | | |

| Program Service Revenue | | | Business Code | | | |
|--------------------------------|---|--|---------------|-----------|-----------|--|
| | 2a MEMBERSHIP DUES | | 813910 | 4,925,064 | 4,925,064 | |
| | b SPONSORSHIP INCOME | | 813910 | 412,408 | 412,408 | |
| | c EDUCATION PROGRAMS | | 813910 | 315,239 | 315,239 | |
| | d OTHER SPECIAL PROGRAMS | | 813910 | 283,851 | 283,851 | |
| | e GROW MN! | | 813910 | 18,743 | 18,743 | |
| | f All other program service revenue. | | | | | |
| | g Total. Add lines 2a-2f. | | | 5,955,305 | | |

| | | | | | | | | |
|---|---|---|---|-----------|--------|---------|--|---------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 67,466 | | 67,466 | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | 65,000 | | 65,000 | | |
| | 6a Gross rents | 6a | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | | 101,162 | | | | |
| | | | | | | | | |
| | b Less: rental expenses | 6b | | 21,428 | | | | |
| | c Rental income or (loss) | 6c | | 79,734 | | | | |
| | d Net rental income or (loss) | | | 79,734 | | 79,734 | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | | |
| | | | (ii) Other | | | | | |
| | | | | 4,226,345 | | | | |
| | | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | 4,115,270 | | | | |
| | c Gain or (loss) | 7c | | 111,075 | | | | |
| | d Net gain or (loss) | | | 111,075 | | 111,075 | | |
| | 8a Gross income from fundraising events (not including \$ 27,235 of contributions reported on line 1c). See Part IV, line 18 | 8a | | | 920 | | | |
| | | | b Less: direct expenses | 8b | | 15,497 | | |
| | | | c Net income or (loss) from fundraising events | | | -14,577 | | -14,577 |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | | |
| | | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | | |
| | | b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a MISCELLANEOUS | | 813910 | 41,935 | | 41,935 | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d All other revenue | | | | | | | | |
| e Total. Add lines 11a-11d | | | 41,935 | | | | | |
| 12 Total revenue. See instructions | | | 6,333,173 | 5,955,305 | 0 | 350,633 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,187,460 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,979,628 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 76,717 | | | |
| 9 Other employee benefits | 178,282 | | | |
| 10 Payroll taxes | 197,037 | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 3,380 | | | |
| c Accounting | 48,454 | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 19,567 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 140,181 | | | |
| 12 Advertising and promotion | 3,492 | | | |
| 13 Office expenses | 68,867 | | | |
| 14 Information technology | 47,229 | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 294,107 | | | |
| 17 Travel | 38,405 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 16,572 | | | |
| 20 Interest | 48,810 | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 52,753 | | | |
| 23 Insurance | 41,924 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a POLITICAL ACTIVITIES AND | 853,968 | | | |
| b EDUCATION/SEMINARS | 312,939 | | | |
| c SPECIAL PROJECTS | 125,626 | | | |
| d | | | | |
| e All other expenses | 190,008 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 5,925,406 | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 1,104,637 | 1 | 1,809,062 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 263,985 | 4 | 269,396 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 120,032 | 9 | 56,085 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 954,824 | | |
| | b Less: accumulated depreciation | 10b 837,754 | 166,801 | 10c 117,070 |
| | 11 Investments—publicly traded securities | 3,664,724 | 11 | 3,577,764 |
| | 12 Investments—other securities. See Part IV, line 11 | 420,840 | 12 | 306,158 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,741,019 | 16 | 6,135,535 | |
| Liabilities | 17 Accounts payable and accrued expenses | 592,335 | 17 | 719,161 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 2,053,145 | 19 | 2,045,812 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 24,831 | 25 | 9,407 |
| | 26 Total liabilities. Add lines 17 through 25 | 2,670,311 | 26 | 2,774,380 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 2,888,088 | 27 | 3,243,466 |
| | 28 Net assets with donor restrictions | 182,620 | 28 | 117,689 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 3,070,708 | 32 | 3,361,155 | |
| 33 Total liabilities and net assets/fund balances | 5,741,019 | 33 | 6,135,535 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,333,173 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,925,406 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 407,767 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,070,708 |
| 5 | Net unrealized gains (losses) on investments | 5 | 7,460 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -124,780 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,361,155 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 41-0417210

Name: MINNESOTA CHAMBER OF COMMERCE AND
INDUSTRY

Form 990 (2019)

Form 990, Part III, Line 4a:

LEGISLATIVE: TO BE AN ADVOCATE FOR MINNESOTA BUSINESSES BY LOBBYING AT THE STATE CAPITOL, TESTIFYING IN COURTS AND INTERVENING BEFORE STATE REGULATORY AGENCIES. WE ALSO CONDUCT AND SPONSOR A BROAD RANGE OF RESEARCH WHICH SUPPORTS OUR WORK ON SPECIFIC POLICY ISSUES. OBJECTIVE: TO MAKE MINNESOTA A COMPETITIVE PLACE TO DO BUSINESS. MEMBERS SERVED: 2,400

Form 990, Part III, Line 4b:

GRASSROOTS: TO KEEP OUR MEMBERS INFORMED ON ISSUES THAT MAY AFFECT THEIR BUSINESS. COMMUNICATIONS INCLUDE A MONTHLY NEWSLETTER, BIMONTHLY LEGISLATIVE EMAIL UPDATES, ISSUE ALERTS AND A DAILY E-NEWSLETTER ON CURRENT EVENTS. OBJECTIVE: TO GIVE OUR MEMBERS THE NECESSARY INFORMATION FOR THEM TO CONTACT THEIR LAWMAKERS AND TO KEEP UPDATED ON BUSINESS ISSUES. MEMBERS SERVED: 2,400

Form 990, Part III, Line 4c:

GROW MINNESOTA: BUSINESS RETENTION AND JOB GROWTH. GROW MINNESOTA! IS A PRIVATE-SECTOR INITIATIVE OF THE MINNESOTA CHAMBER AND SELECTED LOCAL CHAMBERS. THE PROGRAM FOCUSES ON RETAINING AND EXPANDING COMPANIES IN MINNESOTA. OBJECTIVE: TO THANK EMPLOYERS FOR THEIR COMMITMENT TO MINNESOTA AND TO ASSIST WITH ISSUES THAT IMPEDE THEIR GROWTH. COMPANIES SERVED: 10,000+ VISITS HAVE BEEN HELD WITH OWNERS OR TOP MANAGEMENT OF COMPANIES IN MINNESOTA, WITH ASSISTANCE PROVIDED TO OVER 1,700 BUSINESSES.

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DOUG LOON PRESIDENT | 40.00 4.00 | X | | X | | | | 527,283 | 0 | 46,066 |
| LAURA BORDELON SR VICE PRESIDENT | 40.00 3.00 | | | | X | | | 261,507 | 0 | 35,520 |
| JENNIFER BYERS EXECUTIVE DIRECTOR MN CHAMBER FDN | 1.00 42.00 | | | | | X | | 168,690 | 0 | 13,461 |
| BENTLEY GRAVES DIRECTOR HEALTH CARE & TRANSPORTATION POLICY | 40.00 2.00 | | | | | X | | 154,113 | 0 | 18,558 |
| ANNETTE KOJETIN VICE PRESIDENT, CFO | 40.00 3.00 | | | X | | | | 145,633 | 0 | 30,455 |
| ELIZABETH KADOUN VICE PRESIDENT | 40.00 0.00 | | | | | X | | 142,679 | 0 | 11,715 |
| JENNY MUNYER VICE PRESIDENT | 40.00 1.00 | | | | | X | | 131,964 | 0 | 13,432 |
| VICTORIA STUTE VICE PRESIDENT | 40.00 0.00 | | | | | X | | 130,857 | 0 | 14,881 |
| DEB BROBERG EXECUTIVE DIRECTOR REAL TIME TALENT | 1.00 41.00 | X | | | | | | 114,369 | 0 | 7,501 |
| ROBERT FRIEND EXECUTIVE DIRECTOR WASTE WISE FDN | 1.00 40.00 | X | | | | | | 81,056 | 0 | 32,046 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MOLLY JUNGBAUER BOARD CHAIR | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| DAVID AHLERS PAST CHAIR | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| MIKE MCMAHAN CHAIR ELECT | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| STEPHANIE LAITALA-RUPP SECRETARY/TREASURER | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| JAROD ALLERHEILIGEN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| LESTER BAGLEY DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GEOFF BAKER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| FRED BOBICH DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ALYZA BOHBOT DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| JILL BOLLETTIERI DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| LISA BORGEN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| TOBY BROBERG DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| LINNEA BURMAM DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| KRISTI CARLSON DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| INGRID CHRISTENSEN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER CLARK DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PAUL DOTTLER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MICELE ENGDAHL DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| BOB GARDNER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| JOHN GIBBS DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JEFF GREV DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM HALE DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ANGELA HEIKES DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ALISSA HENRIKSEN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| TODD HOFHEINS DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MERCEDES JACKSON DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MARK JANUSCHKA DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MIKE JORGENSEN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| JEAN KANE DIRECTOR | 1.00 1.00 | X | | | | | | 0 | 0 | 0 |
| PHILIP KAUFMAN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BILL KEEGAN DIRECTOR | 1.00 0.50 | X | | | | | | 0 | 0 | 0 |
| MATT KILLIAN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| KELLY LARSON DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| SHARI LAVEN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| BROOKE LEE DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MATTHEW LEMKE DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MIKE MARTINY DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DAN MARVIN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DAMU MCCOY DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| LAURA OBERST DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BART PRINS DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AL RUDECK DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CARLOS SEOANE DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AMEET SHAH DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| BOB SOLFELT DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DOUG STANG DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| LARRY SUTHERLAND DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| BRET WEISS DIRECTOR | 1.00 1.00 | X | | | | | | 0 | 0 | 0 |
| ANGI WHITCOMB DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MARY JO WILLIAMSON DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|--|
| Name of the organization MINNESOTA CHAMBER OF COMMERCE AND INDUSTRY | Employer identification number 41-0417210 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 853,968

3 Volunteer hours for political campaign activities (see instructions) 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 765,000

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ 765,000

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|-----------------------|--|------------|---|--|
| (1) PRO JOBS MAJORITY | 400 ROBERT STREET NORTH 1500 ST PAUL, MN 55101 | 27-3429040 | 765,000 | 0 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | No |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | No |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | Yes | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|-----------|
| 1 Dues, assessments and similar amounts from members | 1 | 4,925,064 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | 2,038,443 |
| b Carryover from last year | 2b | -369,982 |
| c Total | 2c | 1,668,461 |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | 2,664,137 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | -995,676 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|-------------------|--|
| PART I-A, LINE 1: | THE MINNESOTA CHAMBER OF COMMERCE SUPPORTS THE ELECTION OF PRO-BUSINESS CANDIDATES TO THE MINNESOTA LEGISLATURE. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
MINNESOTA CHAMBER OF COMMERCE AND INDUSTRY

Employer identification number
41-0417210

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 505,576 | 505,576 | 0 |
| d Equipment | | 449,248 | 332,178 | 117,070 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 117,070 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE | 9,407 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 9,407 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 41-0417210

Name: MINNESOTA CHAMBER OF COMMERCE AND
INDUSTRY

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2: | MCC IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. MCC IS SUBJECT TO TAX ON UNRELATED BUSINESS INCOME IN EXCESS OF RELATED EXPENSES. MCC IS ALSO SUBJECT TO TAX ON CERTAIN POLITICAL EXPENDITURES. THE CHAMBER REVIEWS INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS TO DETERMINE IF THERE ARE ANY INCOME TAX UNCERTAINTIES. THE CHAMBER RECOGNIZES TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITIONS. THE CHAMBER HAS IDENTIFIED NO SIGNIFICANT INCOME TAX UNCERTAINTIES. |

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|--|--------------|------------------|---------------------------------|
| | <u>GOLF TOURNAMENT</u> (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| 1 Gross receipts | 28,155 | | | 28,155 |
| 2 Less: Contributions | 27,235 | | | 27,235 |
| 3 Gross income (line 1 minus line 2) | 920 | | | 920 |
| 4 Cash prizes | 920 | | | 920 |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | 8,649 | | | 8,649 |
| 7 Food and beverages | 5,928 | | | 5,928 |
| 8 Entertainment | | | | |
| 9 Other direct expenses | | | | |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 15,497 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -14,577 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|---|---|---|---|--|
| | 1 Gross revenue | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

| | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MINNESOTA CHAMBER OF COMMERCE AND
INDUSTRY

Employer identification number
41-0417210

Part I Questions Regarding Compensation

| | | Yes | No | | |
|--|---|---|----|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | Yes | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p> | 2 | Yes | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | | No | | |
| | 4b | | No | | |
| | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | | | | |
| | 5b | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | | | | |
| | 6b | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 DOUG LOON PRESIDENT | (i) | 355,984 | 160,594 | 10,705 | 16,574 | 29,492 | 573,349 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 LAURA BORDELON SR VICE PRESIDENT | (i) | 220,009 | 36,357 | 5,141 | 13,201 | 22,319 | 297,027 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 JENNIFER BYERS EXECUTIVE DIRECTOR MN CHAMBER FDN | (i) | 146,830 | 11,688 | 10,172 | 8,810 | 4,651 | 182,151 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 BENTLEY GRAVES DIRECTOR HEALTH CARE & TRANSPORTATION POLICY | (i) | 147,885 | 6,228 | 0 | 9,045 | 9,513 | 172,671 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 ANNETTE KOJETIN VICE PRESIDENT, CFO | (i) | 129,133 | 16,500 | 0 | 8,305 | 22,150 | 176,088 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 ELIZABETH KADOUN VICE PRESIDENT | (i) | 129,884 | 12,795 | 0 | 7,865 | 3,850 | 154,394 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 1A | THE CHAMBER PAID \$414 FOR HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES DURING 2020 FOR D. LOON. THESE WERE INCLUDED IN TAXABLE COMPENSATION TO D. LOON FOR THE YEAR. |

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 for the latest information.

2019
Open to Public Inspection

Department of the Treasury

Name of the organization

MINNESOTA CHAMBER OF COMMERCE AND
INDUSTRY

Employer identification number

41-0417210

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 1 | THE STRATEGY COMMITTEE, CHAIRED BY THE CHAIR OF THE BOARD, SHALL EXERCISE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS OF THE CORPORATION TO THE EXTENT DETERMINED BY A BOARD RESOLUTION ADOPTED ANNUALLY. THE STRATEGY COMMITTEE CONSISTS OF ALL OFFICERS OF THE CORPORATION WHO ARE ALSO DIRECTORS, THE IMMEDIATE PAST CHAIR OF THE BOARD, AND AT LEAST TWO ADDITIONAL MEMBERS OF THE BOARD APPOINTED BY THE CHAIR. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 6 | THE MINNESOTA CHAMBER OF COMMERCE IS A MEMBERSHIP ORGANIZATION REPRESENTING MORE THAN 6,300 COMPANIES. MEMBERS ARE MAINLY BUSINESSES IN MINNESOTA. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7A | VOTING DIRECTORS ELECTED BY THE ORGANIZATION MEMBERS AT THE ANNUAL MEETING SHALL SERVE FOR A TERM OF THREE YEARS EACH. TERMS OF THE VOTING DIRECTORS ELECTED FOR THREE-YEAR TERMS SH ALL BE STAGGERED SO THAT AS NEARLY AS POSSIBLE ONE-THIRD OF SUCH DIRECTORS SHALL BE ELECTED ANNUALLY. NO PERSON MAY SERVE AS A VOTING DIRECTOR FOR MORE THAN TWO CONSECUTIVE FULL TERMS WITHOUT AN INTERVENING PERIOD OF AT LEAST ONE YEAR. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7B | CERTAIN PROVISIONS FOR ADOPTING, AMENDING OR REPEALING THE CORPORATION'S BYLAWS ARE SUBJECT TO THE POWER OF THE MEMBERS EXERCISABLE IN THE MANNER PROVIDED BY LAW. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE BOARD OF DIRECTORS HAS ASSIGNED THE 990 REVIEW PROCESS TO THE MINNESOTA CHAMBER FINANC E COMMITTEE, WHICH REVIEWS THE 990 AND SUPPORTING SCHEDULES PRIOR TO FILING OF THE RETURN. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO COMPLEMENT THE BYLAWS OF THE ORGANIZATION AND TO PREVENT PERSONAL INTEREST OF STAFF MEMBERS, BOARD MEMBERS AND MEMBERS OF THE FINANCE COMMITTEE FROM INTERFERING WITH THE PERFORMANCE OF THEIR DUTIES TO, OR RESULT IN PERSONAL, FINANCIAL, PROFESSIONAL, OR POLITICAL GAIN ON THE PART OF SUCH PERSONS. ANNUALLY A CONFLICT OF INTEREST STATEMENT IS COLLECTED FROM ALL BOARD DIRECTORS AND STAFF MEMBERS. FULL DISCLOSURE, BY NOTICE IN WRITING, SHALL BE MADE BY THE INTERESTED PARTIES TO THE FULL BOARD OF DIRECTORS OF ALL CONFLICTS OF INTEREST. FOLLOWING FULL DISCLOSURE, THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT EXISTS AND, IF SO, THE BOARD SHALL VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT. VOTES SHALL BE BY A MAJORITY VOTE WITHOUT THE PRESENCE OR VOTE OF ANY INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM PROVIDED THAT AT LEAST ONE DIRECTOR IS DISINTERESTED. AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER SHALL NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, HE OR SHE MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE MINUTES OF THE MEETING SHALL CONTAIN THE NAMES OF THE PERSONS WHO DISCLOSED OR WERE OTHERWISE FOUND TO HAVE A CONFLICT OF INTEREST, THE NATURE OF THE CONFLICT, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT WAS PRESENT, AND THE BOARD'S DECISION AS TO WHETHER A CONFLICT IN FACT EXISTED. THE MINUTES SHALL ALSO INCLUDE THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | THE BENEFITS AND COMPENSATION PACKAGES FOR PAID OFFICERS OF THE ORGANIZATION ARE OVERSEEN AND DIRECTED BY OUR COMPENSATION COMMITTEE. THIS COMMITTEE IS COMPRISED OF OUR VOLUNTEER OFFICERS OF THE BOARD OF DIRECTORS WHICH INCLUDE THE CHAIR, VICE CHAIR, SECRETARY/TREASURER AND THE IMMEDIATE TWO PAST CHAIRS. MEETING MINUTES ARE MAINTAINED TO DOCUMENT THIS DELIBERATION AND APPROVAL OF SALARY ADJUSTMENTS. A SALARY AND BENEFIT SURVEY HAS BEEN CONDUCTED TO MEASURE THE EXECUTIVE COMPENSATION PACKAGE. THIS PROCESS LAST OCCURRED IN 2020. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART XI, LINE 9: | EQUITY IN EARNINGS OF SUBSIDIARY, MN CHAMBER BUSINESS SERVICES -124,780. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MINNESOTA CHAMBER OF COMMERCE AND
INDUSTRY

Employer identification number

41-0417210

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|--|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) MINNESOTA CHAMBER FOUNDATION 400 ROBERT STREET NORTH 1500 ST PAUL, MN 55101 41-1453093 | PHILANTHROPIC ORGANIZATION | MN | 501(C)(3) | LINE 12A, I | MINNESOTA CHAMBER OF COMMERCE | Yes | |
| (2) MINNESOTA WASTE WISE FOUNDATION 400 ROBERT STREET NORTH 1500 ST PAUL, MN 55101 41-1834630 | ASSIST BUSINESSES TO REDUCE WASTE AND ENERGY CONSUMPTION | MN | 501(C)(3) | LINE 7 | MINNESOTA CHAMBER OF COMMERCE | Yes | |
| (3) PRO JOBS MAJORITY 400 ROBERT STREET NORTH 1500 ST PAUL, MN 55101 27-3429040 | SUPPORT PRO-BUSINESS CANDIDATES FOR MN LEGISLATURE | MN | 527 | N/A | MINNESOTA CHAMBER OF COMMERCE | Yes | |
| (4) UNITED FOR JOBS 400 ROBERT STREET NORTH 1500 ST PAUL, MN 55101 46-2437321 | SUPPORT PRO-BUSINESS PUBLIC POLICY IN MN | MN | 501(C)(6) | N/A | N/A | | No |
| (5) JOBS FOR MINNESOTANS 400 ROBERT STREET NORTH 1500 ST PAUL, MN 55101 61-1706722 | INDEPENDENT EXPENDITURE ORGANIZATION | MN | 501(C)(4) | N/A | N/A | | No |
| | | | | | | | |
| | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|--|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) MINNESOTA CHAMBER BUSINESS SERVICES 400 ROBERT STREET NORTH 1500 ST PAUL, MN 55101 41-1254589 | MARKET AND PROMOTE PRODUCTS AND SERVICES TO MN CHAMBER MEMBERS | MN | N/A | C | 191,086 | 343,635 | 100.000 % | Yes | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | | | |
|--|---|------------|-----------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | Yes | No |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b | Gift, grant, or capital contribution to related organization(s) | Yes | |
| c | Gift, grant, or capital contribution from related organization(s) | Yes | |
| d | Loans or loan guarantees to or for related organization(s) | | No |
| e | Loans or loan guarantees by related organization(s) | | No |
| f | Dividends from related organization(s) | | No |
| g | Sale of assets to related organization(s) | | No |
| h | Purchase of assets from related organization(s) | | No |
| i | Exchange of assets with related organization(s) | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | Yes | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o | Sharing of paid employees with related organization(s) | Yes | |
| p | Reimbursement paid to related organization(s) for expenses | | No |
| q | Reimbursement paid by related organization(s) for expenses | Yes | |
| r | Other transfer of cash or property to related organization(s) | | No |
| s | Other transfer of cash or property from related organization(s) | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|--------------------------------------|-------------------------------|---|
| (1) MINNESOTA CHAMBER BUSINESS SERVICES | N | 142,181 | ACTUAL COSTS |
| (2) MINNESOTA CHAMBER FOUNDATION | N | 99,716 | ACTUAL COSTS |
| (3) MINNESOTA WASTE WISE FOUNDATION | N | 102,877 | ACTUAL COSTS |
| (4) MINNESOTA WASTE WISE FOUNDATION | C | 450,000 | ACTUAL COSTS |
| (5) PRO JOBS MAJORITY | B | 765,000 | ACTUAL COSTS |
| | | | |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |