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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

| A | For th | e 2009 calend | dar year, or tax year beginning , | 2009, and ending | _ | |
|---------|------------|--------------------------|--|--------------------------|-------------|--------------------------------|
| 8 | Check if a | pplicable Please | C Name of organization | | D I | Employer identification number |
| | Addre | | I TORNAROUND MANAGEMENT ASSOCIATION MN CI | HAPTER | | |
| | ┑ - | label or change print or | ICIO CINCED VNIITSEN | | 4 | 1-1911072 |
| | Initial | return type. | Number and street (or P O box, if mail is not delivered to street address) | Room/suite | E | Telephone number EXT 9304 |
| | Termi | See See | 100 WASHINGTON AVENUE SOUTH | 1600 | (| 612) 332-5500 |
| | Amen | | I City or town state or country, and ZIP + 4 | | F | Group Exemption |
| | Applic | cation tions | MINNEAPOLIS, MN 55401 | | | Number · · · ► |
| | | | organizations and 4947(a)(1) nonexempt charitable trusts must attach | G Accoun | ting m | ethod X Cash Accrual |
| | | | a completed Schedule A (Form 990 or 990-EZ). | Other (| specify |) ▶ |
| | | | | H Check | ► X | if the organization is not |
| 1 1 | Websi | ite: ▶ WWW.' | TURNAROUND.ORG | require | to att | tach Schedule B (Form 990, |
| | | empt status (che | | 527 990-EZ, | or 990 |)-PF) |
| K | Check | ▶ If the or | ganization is not a section 509(a)(3) supporting organization and its g | ross receipts are norn | nally no | ot more than \$25,000. A |
| | | | 990 return is not required, but if the organization chooses to file a reti | | | return |
| | Add line | es 5b, 6b, and 7b, | , to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instea | d of Form 990-EZ | ▶ \$ | 73,099. |
| | art I | | Expenses, and Changes in Net Assets or Fund Ba | | | uctions for Part I.) |
| | 1 | | | | 1 | 10,000. |
| | 2 | | rice revenue including government fees and contracts | | 2 | 47,856. |
| | 3 | Membership (| dues and assessments | | 3 | 14,016. |
| | 4 | Investment in | ncome ATCH 1 | | 4 | 1,227. |
| | 5 a | | nt from sale of assets other than inventory | | | |
| | | | other basis and sales expenses | | | |
| | li . | |) from sale of assets other than inventory (Subtract line 5b from line 5a |) <u></u> . | 5c_ | |
| ne | 6 | Special events ar | nd activities (complete applicable parts of Schedule G). If any amount is from gaming, check h | ere D | | |
| Revenue | a | Gross revenu | ue (not including \$ of contributions | | 1 | |
| ě | ! | reported on li | 1 6 - 1 | | | |
| | b | Less direct e | expenses other than fundraising expenses 6b | | | |
| | 1 | | or (loss) from special events and activities (Subtract line 6b from line 6 | a) | 6c | |
| | 7 a | | of inventory, less returns and allowances | | | |
| | b | Less cost of | goods sold | | | |
| | | | or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | 8 | | e (describe ▶ |) | 8 | |
| | 9 | Total reven | ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | 9 | 73,099. |
| _ | 10: | | imilar, amounts paid (attach schedule) | | 10 | 6,000. |
| | 11 | | to or for members | | 11 | |
| S | 12 | Salaries other | er compensation and employee benefits | | 12 | 0. |
| nse | 13 | Professional | fees and other payments to independent contractors cent, utilities, and maintenance | | 13 | |
| Expens | 14 | O Occupancy, r | rent, utilities, and maintenance | | 14 | |
| û | 15 | Printing, publ | lications, pestage, and shipping | | 15 | |
| | 16 | Other expens | lications, postage, and shipping ATCH 2 | 2) | 16 | 59,852. |
| | 17 | | nses. Add lines 10 through 16 | | 17 | 65,852. |
| S | 18 | | eficit) for the year (Subtract line 17 from line 9) | | 18 | 7,247. |
| Assets | 19 | | fund balances at beginning of year (from line 27, column (A)) (must a | | | |
| AS | | | igure reported on prior year's return) | | 19 | 77,431. |
| Net | 20 | Other change | es in net assets or fund balances (attach explanation) ATCH . 3 | 3 | 20 | -25. |
| | 21 | | r fund balances at end of year. Combine lines 18 through 20 | | 21 | 84,653. |
| P | art li | Balance S | Sheets. If Total assets on line 25, column (B) are \$1,250,000 or m | ore, file Form 990 inste | ead of F | Form 990-EZ |
| | | | (See the instructions for Part II) | A) Beginning of year | | (B) End of year |
| 22 | Cas | sh, savings, and | investments ATCH 4 | 75,831 | | 83,379. |
| 23 | | d and buildings | | 1,600 | - 23 | 1,274. |
| 24 | Oth | er assets (descri | ıbe ▶) | | 24 | |
| 25 | | | | 77,431 | · 25 | 84,653. |
| 26 | | al liabilities (d | lescribe >) | | 26 | |
| 27 | Net | assets or fur | nd balances (line 27 of column (B) must agree with line 21) | 77,431 | . 27 | 84,653. |

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Form **990-EZ** (2009)

| Part III Statement of Program Service Accomplishing What is the organization's primary exempt purpose? ATCH 5 Describe what was achieved in carrying out the organization's education the services provided, the number of persons benefited, and the services provided in th | xempt purposes. In a clea d other relevant information | r and concise manne | er, | (Required 501(c)(3) a organizatio | and 501(c)(4) ons and section) trusts, optional |
|--|---|--|---|---|--|
| (Grants \$) If this amount inclu | des foreign grants, check hei | re | 28a | | |
| (Grants \$) If this amount inclu | des foreign grants, check he | re > | 29a | | |
| 31 Other program services (attach schedule) | des foreign grants, check he | re ▶ | 30a 31a • 32 | | |
| Part IV List of Officers, Directors, Trustees, and Key Em | | · · · · · · · · · · · · · · · · · · · | | | |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contrib employee ben deferred con | nefit plans & | (e) Expense account and other allowances |
| ATTACHMENT 6 | | -0- | | -0- | -0- |
| | _ | | | | |
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| <u>Part</u> | Other Information (Note the statement requirements in the instructions for Part V.) | | | |
|-------------|--|---------|---|-----------|
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed | | | V |
| | description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of | | - | - |
| | the changes | 34 | | <u> </u> |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but | | - | ; |
| | not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | | 5 |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section | | | |
| | 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | ٠ ـ ' ـ ـ ر | 14 |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 1 | 13.5 | 1 25 |
| | any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | ` | - | ` |
| а | Initiation fees and capital contributions included on line 9 | Ì. `. | . " , | 1. ; |
| b | Gross receipts, included on line 9, for public use of club facilities | | | 7 3 |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: | 1 1 1 1 | 1 1 2 | (, |
| | section 4911 ▶, section 4912 ▶; section 4955 ▶ | 13, | 30 . | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit | \ `^`. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 12.20 |
| | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified | | | |
| | person in a prior year, and that the transaction has not been reported on any of the organization's prior | l | | |
| | Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 405 | | |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | | | [- · - · |
| | organization managers or disqualified persons during the year under sections 4912, | |] . | ١. |
| | 4955, and 4958 | | | ' |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c | | | ٠. ا |
| | reimbursed by the organization | | . " | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | · | `~ |
| | transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 | List the states with which a copy of this return is filed > | | | |
| 42a | The organization's books are in care of ▶GINGER KNUTSEN Telephone no. ▶ 612-88 | 9-13 | 16 | |
| | The organization's books are in care of ▶GINGER KNUTSEN Located at ▶ 3000 WEST CTY RD 42, STE 301 BURNSVILLE, MN ZIP + 4 ▶ 55337 | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | |
| | account)? | 42b | | Х |
| | If "Yes." enter the name of the foreign county. ▶ | | arra . | • |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank | بغيا | | |
| | and Financial Accounts. | | | 1. |
| С | At any time during the calendar year, did the organization maintain an office outside of the US? | 42c | | X |
| | If "Yes," enter the name of the foreign country:▶ | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | > | |
| 70 | and enter the amount of tax-exempt interest received or accrued during the tax year | | • • • | |
| | and the amount of tan onempt interest received of door and assing the tan year | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of | T. | | |
| • • | Form 990-EZ | 44 | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If | | 1 | |
| | "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | X |
| - | | | 00-F7 | (2009) |

| Part \ | Section 501(c)(3) organizations and section 4947 and complete the tables for lines 50 and | (a)(1) nonexempt char | exempt charita ritable trusts mu | ble trusts only. A st answer question | All se ons 46 | ction 6-49t | , |
|----------------|--|--|-------------------------------------|---|------------------------|------------------|----------|
| | Did the organization engage in direct or indirect p | | es on behalf of o | r in opposition to | | Yes | No |
| | candidates for public office? If "Yes,"-complete Sche | | | | 46 | | |
| | Did the organization engage in lobbying activities? | | | | 47 | | |
| | is the organization a school as described in section | | | | 48 | | |
| | Did the organization make any transfers to an exer | | | | 49a | | |
| 50 | If "Yes," was the related organization a section 527 Complete this table for the organization's five high employees) who each received more than \$100,00 | nest compensated emplo | | officers, directors, | | | d key |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | àc | Expension allowa | nd |
| | | | | | | | |
| | Total number of other employees paid over \$100,0 Complete this table for the organization's five his \$100,000 of compensation from the organization (a) Name and address of each independent contractor paid | ghest compensated inde If there is none, enter "No | ependent contractione." | tors who each rec | eived | | |
| | | | | | | | |
| d | Total number of other independent contractors rec | ceiving over \$100,000 | | | | | |
| Sign Here | Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete Declaration of Signature or officer Signature or officer Type or print name and title | of preparer (other than officer) is | | | | | , |
| Paid Prepai | Preparer's signature | Date 3/1// | Check if self- eniployed ▶ | Preparer's identifying r | number (S | See instr | ictions) |
| Use O | nly yours if self-employed address, and ZIP + 4 | 1600 MINNEAPOLIS, MN 3540 | 01-2192 P | thone no ► 612-33 | 2-55 X Y (| | No |
| iviay in | e IRS discuss this return with the preparer shown a | nover see instructions. | <u> </u> | | | | (2009) |



(E) craig suro@bakertilly com

TMA Chair Pro Bono

Upper Midwest Chapter

PO Box 27415 Golden Valley, MN 55427 Phone: 612-708-0258 / Fax: 763-533-2144

2009 BOARD OF DIRECTORS

(E) gwosje@sdkcpa com

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(E) mwolf@tcibizcap com

TMA Chair Program

TMA, Upper Midwest Chapter 2009 Event Schedule*

| DATE | EVENT / LOCATION | TIME | EVENT SPONSORS |
|--------------------------|---|------------------------|---|
| hursday, anuary 15 | 08 TURNAROUND OF THE YEAR, A CASE STUDY Minneapolis Club | 3 30 - 6 30 PM | Leonard Street and Deinard AND Schechter Dokken Kanter Andrews |
| hursday, anuary 29 | TMA NETWORKING EVENT FOR WOMEN Maslon Law Firm, Minneapolis | 4 00 – 6:30 PM | Maslon, Edelman, Borman & Brand |
| hursday, ebruary 19 | EDUCATION EVENT (TMA Members only) Understanding the Certified Turnaround Professional Designation Fredrikson & Byron – Minneapolis | 7 00 – 9 00 AM | n/a |
| hursday Iarch 19 | DR. ARTHUR LAFFER, An Economic Update (Joint Event with ACG, MN Chapter) IDS Center, 50 th Floor – Minneapolis | 3·30 – 6 30 PM | n/a |
| Vednesday, pril 22 | Billiards and Networking Event Rock Bottom Brewery – Minneapolis | 4 00 – 6 30 PM | Alliance Management, Inc AND Marquette Business Credit, Inc |
| hursday, April 23 | YOUNG PROFESSIONALS GROUP Speed Networking Minneapolis Club | 4·00 – 6 00 PM | Fidelity Bank AND PrinSource Capital Companies, LLC |
| hursday, May 21 | Do I Have an Opening Bid? Minneapolis Club | 4 00 – 6.00 PM | Wells Fargo Business Credit AND Chartwell Capital Solutions |
| hursday, lune 11 | EDUCATION EVENT (TMA Members only) Employment Law Issues in a Recession Brigg and Morgan PA – Minneapolis | 7 00 – 9 00 AM | n/a |
| Fhursday, July 23 | GOLF SOCIAL EVENT Crystal Lake Golf Club | 11 00 AM Shotgun | Fidenty Bank, Baker Tilly AND Winthrop & Weinstine, PA |
| hursday, lugust 27 | YOUNG PROFESSIONALS GROUP Social/Networking Event Capital Grille, Minneapolis | 3 30 – 6 30 PM | Schechter Dokken Kanter Andrews & Selcer Ltd |
| September and 10 | 3 rd Annual MidAmerica Regional Conference RIDING THE STORM OUT | | Lincolnshire, IL – Marriott Chapters Chicago, Minnesota, Detroit & Missouri |
| hursday, September 17 | Famous Dave'sthe Journey to Being the Absolute Best in BBQ, Ever! Famous Dave's BBQ and Blues Club | 3 00 – 6 00 PM | GreenBridge Finance AND Maslon Edelman Borman & Brand LLP |
| Thursday, October 22 | EDUCATION EVENT (TMA Members only) A VOLATILE MIX: Fraud & the Current Economy Fredrikson & Byron – Minneapolis | 7 00 – 9 00 AM | n/a |
| hursday, lovember 19 | 2009 Transaction of the Year: A CASE STUDY Minneapolis Club | 4 00 - 6 30 PM | Gray Plant Mooty AND PrinSource Capital Companies, LLC |
| Thursday, December 3 | Wine Tasting, Silent Auction, Charity and Networking Event Solera, Minneapolis | 4 00 - 6 30 PM | Dorsey & Whitney, LLP AND Lighthouse Management Group, LLC AND SPECTRUM Commercial Services |

TMA Upper Midwest Chapter - 2009 Corporate Sponsors

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION
INTEREST INCOME

 $\frac{\texttt{AMOUNT}}{1,227}.$

TOTAL

1,227.

FORM 990EZ, PART I - OTHER EXPENSES

| CONFERENCES, CONVENTIONS | 49,342. |
|-----------------------------|---------|
| DEPRECIATION | 326. |
| MISCELLANEOUS | 467. |
| PUBLICITY/P.R.COMMITTEE | 4,857. |
| PRO BONO | 29. |
| ADMINISTRATIVE COSTS- OTHER | 2,705. |
| MEMBERSHIP RECRUITMENT | 400. |
| AWARDS | 898. |
| D&O INSURANCE | 418. |
| BOARD MEETING EXPENSE | 410. |
| TOTAL | 59,852. |

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR |
|-------------|----------------------|----------------|
| CASH | 75,831. | 83,379. |
| TOTALS | 75,831. | 83,379. |

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

- 1. THE TURNAROUND MANAGEMENT ASSOCIATION, MINNESOTA CHAPTER (TMA/MN) IS A LOCAL CHAPTER OF THE INTERNATIONAL TMA ASSOCIATION (TMA). THE TMA SERVES AS A FORUM FOR CONVENING CORPORATE RENEWAL PROFESSIONALS FROM ALL DISCIPLINES TO EXCHANGE INFORMATION, IDEAS, AND KNOWLEDGE ON THE CORPORATE RENEWAL PROFESSION. THE TMA PROMOTES HIGH STANDARDS OF PROFESSIONAL PRACTICE AND IMPROVED METHODOLOGIES IN THE DISCIPLINE. THE TMA ALSO FOSTERS PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR CORPORATE RENEWAL PROFESSIONALS. IT SERVES AS A CLEARINGHOUSE OF INFORMATION AND RESEARCH PERTINENT TO THE PROFESSION AND PROMOTES THE IMAGE OF THE INTERNATIONAL TMA. THE TMA/MN CONDUCTS APPROXIMATELY 13 EVENTS A YEAR IN AND AROUND MINNEAPOLIS, MN FOCUSING ON THE FOLLOWING TOPICS:
- NETWORKING OPPORTUNITIES FOR CORPORATE RENEWAL PROFESSIONALS;
- EDUCATIONAL EVENTS-LEGAL/BANKRUPTCY, ACCOUNTING OR TURNAROUND CONSULTING TOPICS,
- SPEAKERS OR PANELISTS THAT EDUCATE PROFESSIONALS ON THEIR WORK IN THE CORPORATE RENEWAL PROFESSION OR OTHER SPECIFIC TOPICS RELATED TO THE LOCAL OR NATIONAL ECONOMY.
- IN ADDITION, THE INTERNATIONAL TMA PROVIDES ANNUAL CONFERENCES, A WEBSITE, AN AWARD PROGRAM, AND A DIRECTORY LISTING OF ALL MEMBERS.
- 2. THE TMA/MN RECEIVES SUPPORT FROM CORPORATE SPONSORS IN THE LOCAL COMMUNITY, AND A PERCENTAGE OF THE DUES PAID TO THE INTERNATIONAL TMA ORGANIZATION. FEES FROM PROFESSIONAL AND EDUCATIONAL EVENTS ARE PLANNED TO OFFSET THE EXPENSE OF CONDUCTING THESE EVENTS.
- 3. SEE ATTACHED SCHEDULE FOR A CALENDAR OF EVENTS.

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| | | | | • | |
|-------------------------------------|-------------------------------------|--------------|------------------------------|------------|---|
| | TITLE AND AVERAGE HOURS PER WEEK | | CONTRIBUTIONS TO EMPLOYEE | 田 | ٠ |
| NAME AND ADDRESS | DEVOTED TO POSITION | COMPENSATION | BENEFIT PLANS | ALLOWANCES | |
| SEE ATTACHED SCHEDULE | OFFICERS | .0 | 0. | .0 | |
| 100 WASHINGTON AVENUE SOUTH 1600 | 1.00 | | | | |
| MINNEAPOLIS, MN 55401 | | | | | |
| | STATOH UNESS | 0 | 0. | 0 | |

ATTACHMENT 6

PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEE: AND REY EMPLOYEES

FORM 990EZ,

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PAGE 11

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