

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2018)

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

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Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
	Check if the organization used Schedule O to respond to any question in this Part III ☒	(Required for section 501(c)

Check if the organization used Schedule O to respond to any question in this Part III . . ☒

What is the organization's primary exempt purpose? THE 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	(3) and 501(c)(4) organizations, optional for others)
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28		
See Additional Data Table		

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

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

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

21. Other program services (describe in Schedule O)		
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(Grants \$) If this amount includes foreign grants, check here . . . ☐ **31a**

32 Total program service expenses (add lines 28a through 31a)	 ▶	32	15,000
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Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

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

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶ MN		
42a The organization's books are in care of ▶ DAVID STEICHEN Telephone no ▶ (952) 240-9747		
Located at ▶ 80 S EIGHTH STREET SUITE 900 MINNEAPOLIS , MN ZIP + 4 ▶ 55402		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

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

Part VI **Section 501(c)(3) organizations only**
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ► ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2019-05-03 Date
	DAVID STEICHEN TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JENNIFER STAVISH CPA	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01299068
	Firm's name ► SCHECHTER DOKKEN KANTER			Firm's EIN ►	
	Firm's address ► 100 WASHINGTON AVE SO 1600 MINNEAPOLIS, MN 55401			Phone no (612) 332-5500	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

Additional Data

Software ID:

Software Version:

EIN: 41-1911072

Name: TURNAROUND MANAGEMENT ASSOCIATION MN CHAPTER
c/o DAVID STEICHEN

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 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 16 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 PROFES (Grants \$ 15,000) If this amount includes foreign grants, check here . . . ☐	28a	15,000

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
AMY SWEDBERG PRESIDENT	1 0	0	0	0
CINDY MOYER SECRETARY	1 0	0	0	0
TIM BECKER MEMBERSHIP CHAIR	1 0	0	0	0
ERIC MITCHELLETTE PAST PRESIDENT, VOLUNTEER SERV	1 0	0	0	0
JASON NOBLE NEXT GEN CO-CHAIR	1 0	0	0	0
MICHAEL ROSOW PROGRAM/EVENT CHAIR	1 0	0	0	0
DAVID STEICHEN TREASURER	1 0	0	0	0
MARK SCHWIETERS CHARITABLE GIVING CHAIR	1 0	0	0	0
KENDRA BADER NOW Committee	1 0	0	0	0
CATHY SEDACCA COMMUNICATION CHAIR	1 0	0	0	0
CORY SVIHLA NEXT GEN CHAIR	1 0	0	0	0
KRISTIN KANSKI Sponsorship Chair/NOW Co-Chair	1 0	0	0	0
AMANDA SCHLITZ AWARDS CHAIR	1 0	0	0	0
SAM SIGELMAN EDUCATION COMMITTEE	1 0	0	0	0
MIKE WISE MEMBER AT LARGE	1 0	0	0	0

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MIKE ATTEMA MEMBER AT LARGE	1 0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

TURNAROUND MANAGEMENT ASSOCIATION MN CHAPTER
c/o DAVID STEICHEN

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

41-1911072

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 10	DONEES NAME ST JOSEPH'S HOME FOR CHILDREN DONEES ADDRESS 1121 E 46TH ST MINNEAPOLIS, MN 55407-3586 RELATIONSHIP PUBLIC PURPOSE OF PAYMENT CIVIC AMOUNT 7500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 10	DONEES NAME LEGAL CORP DONEES ADDRESS 600 NICOLLET MALL MINNEAPOLIS, MN 55402 RELATIONSHIP PUBLIC PURPOSE OF PAYMENT CIVIC AMOUNT 7500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description MISCELLANEOUS Amount 3836

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description BOARD EXPENSE Amount 3337

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description ADMINISTRATIVE COSTS Amount 3529

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description MEMBERSHIP RECRUITMENT Amount 425

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description D&O INSURANCE Amount 450

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description AWARDS Amount 580

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description PUBLICITY/CHAPTER EXPANSION Amount 5333