efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492134038629 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization TURNAROUND MANAGEMENT ASSOCIATION MN CHAPTER ☐ Address change c/o DAVID STEICHEN 41-1911072 ☐ Name change % DAVID STEICHEN E Telephone number ☐ Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite 80 S EIGHTH STREET Suite 900 ☐ Final return/terminated (952) 240-9747 ☐ Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption ☐ Application pending Minneapolis, MN 55402 Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www turnaround org **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) □ 4947(a)(1) or □ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I \checkmark 1 Contributions, gifts, grants, and similar amounts received 7,500 2 2 Program service revenue including government fees and contracts . . 64,189 3 Membership dues and assessments 12,788 4 51 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events **6**c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 84,528 10 Grants and similar amounts paid (list in Schedule O) 10 15,000 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 87,741 17 17 Total expenses. Add lines 10 through 16 102,741 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -18,213Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 120,154 20 Other changes in net assets or fund balances (explain in Schedule O) 20 101,941 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Pai	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	е	
	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
h	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		140
	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		36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	[⊣] 37b		No
	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
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	┥		
	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		
С	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 sections4912, 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.			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a				
The	e organization's books are in care of DAVID STEICHEN Telephone no	<u>(952)</u>	240-974	7
	Located at ▶ 80 S EIGHTH STREET SUITE 900 MINNEAPOLIS , MN ZIP + 4	<u>55402</u>		
			Yes	No
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	100	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)			
С	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			
	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		▶ □	
			Yes	No
	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
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meanin of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	g		
	Form 990-EZ (see instructions)	45b		No

n 990-l	EZ (201	.8)								Page
									Yes	No
		anization engage, directly or indirect for public office? If "Yes," complete :						46		No
rt VI	Alls	tion 501(c)(3) organizations ection 501(c)(3) organizations	-	ons 47- 49b an	ıd 52, an	d complete the	tables	for li	nes 50	and
	51. Chec	ck if the organization used Schedule	O to respond to any q	uestion in this Pa	rt VI				[
									Yes	No
Dıd t	the orga	anization engage in lobbying activitie	es or have a section 50	1(h) election in e	effect dur	ng the tax year?				
If "Y	es," cor	mplete Schedule C, Part II					·	47		No
Is th	e orgar	nization a school as described in sec	cion 170(b)(1)(A)(ii)? I	f "Yes," complete	Schedule	e E .	. [48		
Did t	the orga	anization make any transfers to an e	exempt non-charitable	related organızat	ion?		. [49a		No
If "Y	es," wa	s the related organization a section	527 organization? .				. L	49b		
		nis table for the organization's five h					tees an	d key	employ	ees)
		eceived more than \$100,000 of com	pensation from the org (b) Average	anization If ther (c) Reportab		enter "None " (d) Health benefit	ts. (e) Est	ımated	amoi
			hours per week devoted to position	compensatio (Forms W-2/10 MISC)	n cor	stributions to emp benefit plans, an eferred compensa	loyee d			
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		ber of other employees paid over \$:	·		· · ·	o each received m	▶ore tha	n \$100	0.000 of	
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Tot	plete the pensation of the original plants of	his table for the organization's five hon from the organization. If there is a) Name and business address of each organization is a second organization in the contractor of other independent contractor organization complete. Schedule A?	ighest compensated in none, enter "None " ach independent contra ach receiving over \$ OTE. All section 501(c)	100,000	(b)	Type of service	(c) (Compe	ensation	
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Composition Compos	tal num d the operation of the second	ber of other independent contractor rganization complete Schedule A? N d Schedule A iperjury, I declare that I have exam lief, it is true, correct, and complete e *** ature of officer ID STEICHEN TREASURER e or print name and title Print/Type preparer's name JENNIFER STAVISH CPA	s each receiving over \$ OTE. All section 501(c Declaration of prepare Preparer's signature KANTER E SO 1600	ictor i100,000. i)(3) organization ing accompanyin	s must att	Type of service acach a cach a cach a 2019-05-03 Date Check	• s, and t ation of	Yes to the f which	s 🗹 N	do my

Additional Data

Software ID:

Software Version:

EIN: 41-1911072

LIN 11 1311072

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

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.)		
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	

(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

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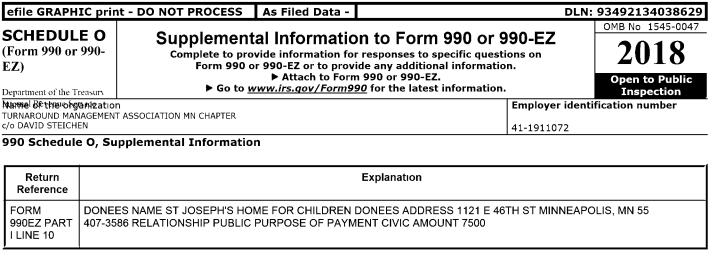
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MIKE WISE MEMBER AT LARGE

Form 990EZ, Part \mathbb{N} — List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) (a) Name and title (b) Average (c) Reportable (d) Health benefits, (e)Estimated hours per week compensation contributions to amount of devoted to (Forms W-2/1099employee benefit other compensation position MISC) plans, and (If not paid, deferred compensation enter -0-) MIKE ATTEMA MEMBER AT LARGE



Return Explanation

990 Schedule O, Supplemental Information

Reference

FORM
990EZ PART
1 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 Explanation Reference FORM Description MISCELLANEOUS Amount 3836

990EZ PART I LINE 16

990 Schedule O, Supplemental Information Return Explanation Reference Description BOARD EXPENSE Amount 3337

FORM 990EZ PART I LINE 16

990 Schedule O, Supplemental Information Explanation Return Reference

FORM Description ADMINISTRATIVE COSTS Amount 3529 990EZ PART

Return Explanation
Reference

FORM Description MEMBERSHIP RECRUITMENT Amount 425
990EZ PART

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information Return Explanation Reference FORM Description D&O INSURANCE Amount 450 990EZ PART

990 Schedule O, Supplemental Information Return Explanation Reference Description AWARDS Amount 580

FORM 990EZ PART I LINE 16

Explanation Return Reference

FORM Description PUBLICITY/CHAPTER EXPANSION Amount 5333

990 Schedule O, Supplemental Information