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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009 Open to Public

Department of the Treasury Internal Revenue Service benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 09/01/09 08/31/10 For the 2009 calendar year, or tax year beginning and ending Please Rocky Mountain Chapter, Check if applicable C Name of organization D Employer identification number use IRS X Address change Nat'l Academy of TV Arts & Sciences label or 51-0204013 Doing Business As print or Name change type Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 419 602-571-0793 3217 E. Shea Blvd. Specific Termination 132,963 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc Amended return tions Phoenix AZ 85028-3365 F Name and address of principal officer H(a) Is this a group return for Application pending $|\mathbf{X}|$ affiliates? Yes H(b) Are all affiliates included? If "No." attach a list (see instructions) Tax-exempt status **X** 501(c) 6) ◀ (insert no) 4947(a)(1) or 527 www.rockymountainemmy.org **H(c)** Group exemption number ▶ Type of organization X Corporation Trust Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities The Rocky Mountain Southwest Chapter of NATAS is a membership organization SCANNED MAY 1 0 2011 and and and Activities & Governance dedicated to excellence in television by honoring exceptional work through the prestigious Emmy award. 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets 16 Number of voting members of the governing body (Part VI, line 1a) 3 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 23 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 1,000 2 110 Contributions and grants (Part VIII, line 1h) 181,606 130,071 Program service revenue (Part VIII, line 2g) 352 25 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 757 3,091 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 132,963 Total revenue – add lines 8 through 11 must emarkar VIV douban (A) 186,049 Grants and similar amounts paid (Part IX, column (A), lines 1=3) 6,000 585 Benefits paid to or for members (Part IX, column (A), line 4) 2011 (A), line 4) Salanes, other compensation, employee Benefits (Part IX, column (A), lines) 40,800 39,500 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D) (In EXE) 132,848 122,954 17 Other expenses (Part IX, column (A), lines_11a_11d, 11f=24f) **1**79,648 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 163,039 6,401 -30,07619 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 98,977 20 Total assets (Part X, line 16) 68,901 21 Total liabilities (Part X, line 26) 98,977 68,901 22 Net assets or fund balances Subtract line 21 from line 20 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 piplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct. 4.14-2011 Sign Here Signature of officer Maher, Treasurer Thereson Type or print name and title Preparer's identifying number Date Check if Preparer's (see instructions Paid 4-10-11 signature P01296256 employed > Preparer's P CPA LLP 86-0931014 David Meese, FIN Firm's name (or) **Use Only** 1646 N Litchfield Rd Ste 200 Phone if self-employed),

Yes

▶ 623-935-1005

no

Goodyear,

ΑZ

85395

address, and ZIP + 4

Part III Statement of Program Service Accomplishments

3 Did the organization cease conducting, or make significant changes in how it conducts, any program

| - 0 | Statement of Program Service Accomplishments | |
|-----|---|----------|
| d | Briefly describe the organization's mission The Rocky Mountain Southwest Chapter of NATAS is a membership dedicated to excellence in television by honoring exceptional the prestigious Emmy award. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Yes X No |

| | services? | Yes X No |
|---|---|----------|
| | If "Yes," describe these changes on Schedule O | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and | |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported | |
| _ | 07.000 | |
| | (Code) (Expenses \$ 97,832 including grants of \$ 585) (Revenue \$ | · |
| R | cocky Mountain Emmy Awards Honoring Excellence in TV | |

| | | | | |
|----------|---------------|------------------------|---------------|--|
| Ah (Code | \/Evnancec \$ | including grants of \$ | \ (Pevenue \$ | |

| 4c (Code |)(Expenses \$ | including grants of \$ |) (Revenue \$ | |
|----------|---------------|------------------------|---------------|--|

| 4d | Other program services (Describe in S | Schedule O) | | | |
|----|--|------------------------|---------------|---|--|
| | (Expenses \$ | including grants of \$ |) (Revenue \$ |) | |
| | Total management and describes assessed by | 07 022 | | | |

4e Total program service expenses ▶ 97,832

| | Part IV | Checklist of Required Schedules |
|--|---------|---------------------------------|
|--|---------|---------------------------------|

| | | | | Yes | No |
|-----|--|--------|----------|-----|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | | |
| | complete Schedule A | | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | 2 | | _X_ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | ľ | . | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | | |
| | Schedule C, Part II | | 4 | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | | | |
| _ | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have | | | | |
| | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | | | | 7. |
| _ | complete Schedule D, Part I | | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | _ ' | . | 37 |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | | v |
| | complete Schedule D, Part III | | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | 9 | | |
| 10 | quasi-endowments? If "Yes," complete Schedule D, Part V | | 10 | | х |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | | 10 | | |
| • • | VII, VIII, IX, or X as applicable | | 11 | x | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | | |
| · | Schedule D, Part VI | | | | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | | |
| • | Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets | | | | |
| | reported in Part X, line 167 If "Yes," complete Schedule D, Part IX | | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | | |
| | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X | | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | | |
| | Schedule D, Parts XI, XII, and XIII | | 12 | | <u> </u> |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 12A X | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | | |
| | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | | |
| 4- | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | | | 37 |
| 40 | on Part IX, column (A), lines 6 and 11e ² If "Yes," complete Schedule G, Part I | | _17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | 40 | | v |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | 18_ | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes " complete Schedule G. Part III. | | 40 | | v |
| 20 | If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | 19 20 | | X |
| | Did the organization operate one or more heapitals. If Test, complete ourieure II | - | · | 990 | (2009) |

Form 990 (2009) Rocky Mountain Chapter,
Part IV Checklist of Required Schedules (continued)

| | | İ | Yes | No |
|------------|---|------|-------|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | 77 |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | 20 | | x |
| 23 | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | 22 | | Λ_ |
| 2.5 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 242 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | - 11 |
| LTU | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | } | | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 1.45 | | |
| · | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction | -=:- | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization 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 Forms 990 or | | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | | |
| | If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | 1 1 | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a | | | |
| | family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, | | | |
| | Part IV | 28c | ļ | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 1 | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | l | | ٠,, |
| | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | X |
| 33 | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | l | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | 33 | | |
| . - | III, IV, and V, line 1 | 34 | | х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | | |
| 00 | Schedule R, Part V, line 2 | 35 | | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | <u> </u> |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | | x |
| | | For | m 990 | |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | | | |
|--------|---|----------|---|------------|-----|----|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 1a | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and report | | | | | |
| | gaming (gambling) winnings to prize winners? | | | 1c | | Х |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see | | | | | |
| | instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | y | | | | |
| | this return? | | | 3a_ | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year. | ority | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | ıal | | | | |
| | account)? | | | _4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar | ık | | | | |
| | and Financial Accounts | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | _5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | 5b | | Х |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | ng | | | | |
| | Prohibited Tax Shelter Transaction? | | | _5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | |
| | organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| р | If "Yes," did the organization include with every solicitation an express statement that such contributions | or | | | | |
| _ | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good | is | | | | |
| | and services provided to the payor? | | | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | _ | | |
| | required to file Form 8282? | ا ا | | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a perso benefit contract? | onai | | - | | |
| f | | | | 7e | - | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7f | | |
| g h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | 7 <u>g</u> | | |
| •• | required? | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | /" | | |
| • | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | | | |
| | organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | - | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | Ī |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | 33 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | i | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them) | 11b | | į | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 | | | 12a | | Ī |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| | | | | • | | - |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Enter the number of voting members of the governing body b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? а 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? X If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure ΑZ List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 Theresa Maher organization > 3217 E. Shea Blvd, Ste 419 Phoenix AZ 85028 602-571-0793

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Check this box if the organization | did not compen- | sate a | any d | curre | nt of | ficer | , dıre | ctor, or trustee | | |
|------------------------------------|-------------------|--------------------------------|-----------------------|--|---------------|------------------------------|--|--|--|--|
| (A) Name and Title | (B) Average | Pos | ition (| (chec | C) k all t | hat a _l | | (D) Reportable | (E) Reportable | (F) Estimated |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Jennifer Jones | | | | | | | | | | _ |
| President | | - | | _ | - | ļ | <u> </u> | 0 | 0 | 0 |
| Bob Adlhoch 2nd Vice President | | | | | | | | 0 | 0 | o |
| Vik Narayan | | + | | H | - | - | | | | <u> </u> |
| 1st Vice President | | | | | | | | o | 0 | 0 |
| Doug Mummert | | | | | | | | | | - |
| Alternate Trustee | | | | | | | | 0 | 0 | 0 |
| Syleste Knudson | | | | | | | | | | |
| Treasurer Theresa Maher | | ┼ | ├ | - | | - | <u> </u> | 0 | 0 | 0 |
| | | | | | | | | o | ^ | _ |
| Secretary Paricia Emmert | | <u> </u> | | | | | - | <u> </u> | 0 | 0 |
| Director | | x | | | | | | 39,500 | o | o |
| | | | | | | | | | | |
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| Pa | | | tees | , Ke | | | yees | , and | d Highest Compensated E | mployees (continued) | r | | | | | |
|-----|--|---------------------------|-------------|-----------------------|----------|--|------------------------------|----------|--|--|-----------------------|--|----------------|--------|--|--|
| | (A) Name and Title | (B) Average | Pos | ition (| | (C) (D) (E) neck all that apply) Reportable Reportable | | | Ε | (F) stimati | ed | | | | | |
| | | hours per week | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | con f org ar | amount of other compensation from the organization and related organizations | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| | | | _ | | | | - | | | | | | | | | |
| 1b | Total | | | | | | | <u> </u> | 39,500 | | | | | | | |
| 2 | Total number of individuals (in | | | | ose | liste | d abo | <u> </u> | | 00,000 in | | | | | | |
| | reportable compensation from | the organization | <u> </u> | 0 | | | | | | | | | Yes | No | | |
| 3 | Did the organization list any fo | | | | | | | | ee, or highest compensated | | Γ | | | x | | |
| 4 | employee on line 1a? If "Yes," For any individual listed on line the organization and related or | 1a, is the sum o | f rep | ortab | le co | mpe | ensat | ion a | | | | 3 | | | | |
| 5 | Individual Did any person listed on line 1s services rendered to the organ | | | | | | | | | | | 5 | | x x | | |
| | tion B. Independent Contract | | | <u>.</u> | | | | | | | | | | | | |
| 1 | Complete this table for your fiv compensation from the organize | zation | isate | | эере | naer | 1t col | ntrac | | | | | | | | |
| _ | Name and | (A) d business address | | | | | | | Descrip | (B) tion of services | | Сол | (C) pensati | юл | | |
| | | | | | | | | - | | | - | | | | | |
| | | | | | | | · · · · | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | - | <u> </u> | - | | | | | | | | |
| 2 | Total number of independent of more than \$100,000 in competitions | | | | | | to th | nose | listed above) who received | <u> </u> | | 0 | | | | |
| DAA | | | | | | | | | | | | | aán | | | |

| ra | R VI | is Statement of Reve | nue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|------|--|------------------|-------------|----------------------|--|---|---|
| s s | 12 | Federated campaigns | 1a | | | Teveline | | 312, 313, 01 314 |
| Contributions, gifts, grants and other similar amounts | | Membership dues | 1b | | I | | | |
| g _E | | Fundraising events | 1c | | 1 | | | |
| ifts | | • | 1d | | 1 | | | |
| gie | | Related organizations | 1e | | 1 | | | |
| Siri | | Government grants (contributions) All other contributions, gifts, grants, | le l | | | | | |
| he it | • | and similar amounts not included above | _{1f} | 2,110 | 1 | | 1 | |
| Ë | _ | | <u></u> | 2,110 | 1 | | | |
| auc | - | Noncash contributions included in lines 1a- Total Add lines 1a-1f | н Ф | | 2,110 | | | |
| - | | Total Add lines 1a-11 | | Buen Carlo | 2,110 | | | |
| Program Service Revenue | 2- | | | Busn Code | 112,645 | 112,645 | | |
| e e | 2a | Annual Emmy Awards | | | 17,426 | 112,045 | | 17,426 |
| S. | b | Members of the Chapt | ter | } | 17,420 | | | 17,420 |
| ا چَ | C | | | 1 | | | | |
| S | d | | | <u> </u> | | | | |
| Iran | е | | | | | | | |
| o. | | All other program service rever | nue | L | 120 071 | | | |
| | | Total. Add lines 2a-2f | | > | 130,071 | | | |
| | 3 | Investment income (including d | lividends, inter | est, and | 0.5 | | | 0.5 |
| | | other similar amounts) | | | 25 | | | 25 |
| | 4 | Income from investment of tax- | exempt bond p | oroceeds - | | | | |
| | 5 | Royalties | | <u> </u> | | | | |
| | | (ı) Real | (11 |) Personal | 1 | | | |
| | 6a | Gross Rents | | | | | | |
| | b | Less rental exps | | | I | | | |
| | С | Rental inc or (loss) | | | 1 | | 1 | |
| | | Net rental income or (loss) Gross amount from (i) Sequente | | • | | | | |
| | /a | sales of assets (i) Securities | s | (II) Other | 1 | | | |
| | | other than inventory | | | 1 | | | |
| | b | Less cost or other | | | 1 | | | |
| | | basis & sales exps | | | 1 | | | |
| | С | Gain or (loss) | | | 1 | | | |
| | d | Net gain or (loss) | | • | | | | |
| Ф | 8a | Gross income from fundraising ever | nts | | 1 | | | |
| enne | | (not including \$ | | | 1 | | | |
| ě | | of contributions reported on line 1c) | · | | { | | | |
| Other Reve | | See Part IV, line 18 | a | | 1 | | | |
| Ĕ | | Less direct expenses | ь[| | ŧ | | • | |
| U | | Net income or (loss) from fund | | • | | | | |
| | 9a | Gross income from gaming activitie | s | | • | | | |
| | | See Part IV, line 19 | a | | Į. | | | |
| | b | Less direct expenses | b | | | | | |
| | C | Net income or (loss) from gam | ing activities | • | | | | |
| | 10a | Gross sales of inventory, less | | | Ī | | | |
| | | returns and allowances | a | | ļ | | | |
| | b | Less cost of goods sold | ь | | 1 | İ | | |
| | c | Net income or (loss) from sale: | s of inventory | • | | | | |
| | | Miscellaneous Revenue | e | Busn Code | | | | |
| | 11a | Silvercircle | | | 672 | 672 | | |
| | ь | Other | | | 85 | 85 | | |
| | c | • | | | | | | |
| | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | • | 757 | | | |
| | 12 | Total Revenue. See instruction | ns | ▶ [| 132,963 | 113,402 | 0 | 17,451 |

•. •

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) but are not required to complete columns (B), (C), and (D).

| D- | not include amounts considered on lines Ch | (A) | (B) | (C) | (D) |
|----|--|----------------|-----------------|------------------|-------------|
| | not include amounts reported on lines 6b, | Total expenses | Program service | Management and | Fundraising |
| | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 585 | 585 | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | · ·- | | |
| · | trustees, and key employees | 39,500 | | 39,500 | |
| 6 | Compensation not included above, to disqualified | 55,555 | | 33,333 | |
| Ū | persons (as defined under section 4958(f)(1)) and | | | | |
| | | | | | |
| - | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| _ | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | - · · · · | | | |
| b | Legal | | | | |
| С | Accounting | 5,409 | | 5,409 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 150 | | 150 | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 3,178 | | 3,178 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 19 | | 19 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 617 | 617 | | |
| 23 | Insurance | | | | |
| | | | | | |
| 24 | Other expenses Itemize expenses not | | | | |
| | covered above (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below) | | | | |
| а | Awards | 96,389 | 96,389 | | |
| b | Silvercircle | 3,903 | | 3,903 | |
| С | Merchant Fees | 2,860 | | 2,860 | |
| d | National Dues | 2,109 | | 2,109 | |
| е | Food | 1,211 | | 1,211 | · - · - |
| f | All other expenses | 7,109 | 241 | 6,868 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 163,039 | 97,832 | | |
| 26 | Joint costs. Check here ▶ ☐ If following | | .,, .,, .,, | | |
| | SOP 98-2 Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation | | | | |
| | fundraising solicitation | | | <u>l</u> | |

| <u>P</u> | art X | Balance Sheet | | | | | |
|---------------|----------|---|--------------|----------|--------------------------|--|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest bearing | | | 54,178 | 1 | 58,411 |
| | 2 | Savings and temporary cash investments | | Γ | 44,352 | 2 | 10,377 |
| | 3 | Pledges and grants receivable, net | | | - | 3 | |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Receivables from current and former officers, directors, t | | | | ······································ | |
| | | employees, and highest compensated employees Comp | | 1 | | | |
| | | Schedule L | | 5 | | | |
| | 6 | Receivables from other disqualified persons (as defined in | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(l | | 1 | | | |
| | | Part II of Schedule L | | 6 | | | |
| sts | 7 | Notes and loans receivable, net | | | 7 | | |
| Assets | 8 | Inventories for sale or use | | <u> </u> | | 8 | |
| ď | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | | Land, buildings, and equipment cost or | | <u> </u> | | <u> </u> | |
| | | other basis Complete Part VI of Schedule D | 10a | 2,519 | | I | |
| | h | Less accumulated depreciation | 10b | 2,406 | 447 | 10c | 113 |
| | 11 | Investments—publicly traded securities | [100] | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | <u> </u> | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 | - | | 13 | | |
| | 14 | Intangible assets | <u> </u> | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34 | ١ | - | 98,977 | 16 | 68,901 |
| _ | 17 | Accounts payable and accrued expenses | | | 30,311 | 17 | 00,301 |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | F | | 19 | · · | |
| | 20 | Tax-exempt bond liabilities | <u> </u> | | 20 | | |
| ιΩ | l | · | | | | | |
| Liabilities | 21 22 | Escrow or custodial account liability. Complete Part IV of | - | | 21 | | |
| Ħ | 22 | Payables to current and former officers, directors, trustee employees, highest compensated employees, and disqui | | • | I | | |
| iak | | persons Complete Part II of Schedule L | aillieu | İ | | 22 | |
| _ | 22 | · | nartice | - | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third | - | | 23 | | |
| | 24 25 | Unsecured notes and loans payable to unrelated third pa Other liabilities Complete Part X of Schedule D | rues | - | | 24 | |
| | 26 | Total liabilities Add lines 17 through 25 | - | | 25 | | |
| -s | 20 | Organizations that follow SFAS 117, check here ▶ | Y and | | | 26 | |
| ě | | complete lines 27 through 29, and lines 33 and 34. | n and | | | 1 | |
| Balance | 27 | Unrestricted net assets | | İ | 98,977 | 27 | 68,901 |
| 3al | 28 | Temporarily restricted net assets | F | | 1 | 00,901 | |
| P | 29 | Permanently restricted net assets | | F | | 28 29 | |
| Fund | 23 | Organizations that do not follow SFAS 117, check he | - | - | | _23 | |
| F | | and complete lines 30 through 34. | | - | | 1 | |
| ō | 30 | Capital stock or trust principal, or current funds | | † | | 20 | |
| ets | 31 | | fund | - | - · · · | 30 | |
| SS | ł | Paid-in or capital surplus, or land, building, or equipment | | - | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated income, or | omer lunds | - | 98,977 | 32 | 69 001 |
| Ze | 33 | Total net assets or fund balances | | - | 98,977 | 33 | 68,901 68,901 |
| _ | 34 | Total liabilities and net assets/fund balances | | | 90,911 | 34 | 08,901 |

68,901 Form 990 (2009) **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

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Open to Public Inspection

| | of the organization | E | mployer identification number | | | | | | | |
|-----|--|---|---------------------------------|--|--|--|--|--|--|--|
| | ocky Mountain Chapter, | _ | | | | | | | | |
| | at'l Academy of TV Arts & Sciences | | 51-0204013 | | | | | | | |
| Pa | rt I Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, P | | unts. Complete if | | | | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | | | | | |
| 1 | Total number at end of year | | | | | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | | | | | |
| 3 | Aggregate 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 | ne assets held in donor advised | | | | | | | | |
| | funds are the organization's property, subject to the organization's exclus | ive legal control? | Yes No | | | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in wi | riting that grant funds can be | | | | | | | | |
| | used only for chantable purposes and not for the benefit of the donor or d | onor advisor, or for any other | | | | | | | | |
| | purpose conferring impermissible private benefit? | | Yes No | | | | | | | |
| Pa | rt II Conservation Easements. Complete if the orga | nization answered "Yes" to Form 9 | 90, Part IV, line 7. | | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check al | I that apply) | | | | | | | | |
| | Preservation of land for public use (e.g., recreation or pleasure) | Preservation of an historically importa | ant land area | | | | | | | |
| | Protection of natural habitat | Preservation of certified historic struc | cture | | | | | | | |
| | Preservation of open space | | | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conserva | ation contribution in the form of a conservation | 1 | | | | | | | |
| | easement on the last day of the tax year | | r | | | | | | | |
| | | | Held at the End of the Tax Year | | | | | | | |
| а | Total number of conservation easements | | 2a | | | | | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | | | | | |
| С | Number of conservation easements on a certified historic structure include | led in (a) | 2c | | | | | | | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | i | 2d | | | | | | | |
| 3 | Number of conservation easements modified, transferred, released, extin | iguished, or terminated by the organization du | ırıng | | | | | | | |
| | the taxable year | | | | | | | | | |
| 4 | Number of states where property subject to conservation easement is loc | cated ► | | | | | | | | |
| 5 | Does the organization have a written policy regarding the periodic monito | ring, inspection, handling of | | | | | | | | |
| | violations, and enforcement of the conservation easements it holds? | | Yes No | | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing | g conservation easements during the year | | | | | | | | |
| | > | | | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing con | nservation easements during the year | | | | | | | | |
| | ▶ \$ | | | | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | e requirements of section | | | | | | | | |
| | 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? | | Yes No | | | | | | | |
| 9 | In Part XIV, describe how the organization reports conservation easemer | • | | | | | | | | |
| | balance sheet, and include, if applicable, the text of the footnote to the or | ganization's financial statements that describe | es | | | | | | | |
| 70- | the organization's accounting for conservation easements | Uistoriaal Transcures or Other Sin | -ilay Appada | | | | | | | |
| Fè | Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to | | miar Assets. | | | | | | | |
| 1a | If the organization elected, as permitted under SFAS 116, not to report in | its revenue statement and balance sheet wor | rks of | | | | | | | |
| | art, historical treasures, or other similar assets held for public exhibition, | education, or research in furtherance of public | c service, | | | | | | | |
| | provide, in Part XIV, the text of the footnote to its financial statements that | it describes these items | | | | | | | | |
| b | If the organization elected, as permitted under SFAS 116, to report in its | revenue statement and balance sheet works of | of art, | | | | | | | |
| | historical treasures, or other similar assets held for public exhibition, educ | cation, or research in furtherance of public ser | rvice, | | | | | | | |
| | provide the following amounts relating to these items | | | | | | | | | |
| | (i) Revenues included in 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 o | ther similar assets for financial gain, provide t | | | | | | | | |
| | following amounts required to be reported under SFAS 116 relating to the | • , | | | | | | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ | | | | | | | |
| b | Assets included in Form 990, Part X | | * | | | | | | | |
| | | | | | | | | | | |

| iche | dule D (Form 990) 2009 ROCKY MOUN | tain Chapter | 1 | 51-02 | 04013 | Page 2 | | | | |
|--------------|--|----------------------------|--|--------------------------|--------------------------|---|--|--|--|--|
| Pa | ert III Organizations Maintaining C | collections of Art, I | listorical Treas | ures, or Other S | <u> Similar Assets (</u> | continued) | | | | |
| 3 | Using the organization's acquisition, accession, a collection items (check all that apply) | and other records, check | any of the following t | that are a significant i | use of its | | | | | |
| а | Public exhibition | d Loan o | or exchange program | IS | | | | | | |
| b | Scholarly research | e Other | <i>5</i> . <i>6</i> | | | | | | | |
| С | Preservation for future generations | | | | . - | | | | | |
| 4 | Provide a description of the organization's collect Part XIV | tions and explain how the | y further the organiz | ation's exempt purpo | se in | | | | | |
| 5 | During the year, did the organization solicit or red | | | | | | | | | |
| | assets to be sold to raise funds rather than to be | | | | V" t- [00 | Yes No | | | | |
| Pa | ert IV Escrow and Custodial Arran | | | ation answered | res to roim 98 | o, Part | | | | |
| | IV, line 9, or reported an amo | | | | | | | | | |
| та | Is the organization an agent, trustee, custodian o | r other intermediary for o | ontributions or other | assets not | | | | | | |
| | included on Form 990, Part X? | | | | | Yes No | | | | |
| b | If "Yes," explain the arrangement in Part XIV and | complete the following t | able | | | <u> </u> | | | | |
| | | Amount | | | | | | | | |
| C | Beginning balance | | | | 1c | | | | | |
| d | Additions during the year | | | | 1d | | | | | |
| е | Distributions during the year | | | | 1e | _ | | | | |
| f | Ending balance | | | | 1f | | | | | |
| 2a | Did the organization include an amount on Form | 990, Part X, line 21? | | | | Yes No | | | | |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | | | | |
| ****** | ert V Endowment Funds. Complet | te if organization ar | nswered "Yes" to | Form 990, Par | t IV, line 10. | | | | | |
| تستست | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back | | | | |
| 12 | Beginning of year balance | ,, , | | 1 | | `` ` ` | | | | |
| | Contributions | | | | | | | | | |
| | | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | |
| | and losses | | · · · · · · · · · · · · · · · · · · · | | | - | | | | |
| | Grants or scholarships | | | | | ļ | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | ļ | | | | |
| g | End of year balance | | | <u> </u> | | | | | | |
| 2 | Provide the estimated percentage of the year en | d balance held as | | | | | | | | |
| а | Board designated or quasi-endowment ▶ | % | | | | | | | | |
| b | Permanent endowment ▶ % | | | | | | | | | |
| С | Term endowment ▶ % | | | | | | | | | |
| 3a | Are there endowment funds not in the possessio | n of the organization tha | are held and admin | stered for the | | | | | | |
| | organization by | ŭ | | | | Yes No | | | | |
| | (i) unrelated organizations | | | | | 3a(ı) | | | | |
| | (ii) related organizations | | | | | 3a(iı) | | | | |
| h | If "Yes" to 3a(ii), are the related organizations list | ted as required on Scher | lule R? | | | 3b | | | | |
| A | Describe in Part XIV the intended uses of the org | | | | | <u> </u> | | | | |
| 7 | art VI Investments—Land, Buildin | | |) Part X line 10 | 1 | | | | | |
| | Description of investment | (a) Cost or other basis | (b) Cost or ot | | cumulated | (d) Book value | | | | |
| | Description of investment | (investment) | basis (other | 1 | reciation | (a) Dook value | | | | |
| | | (arrosanent) | Basis (Office | ., чер | | | | | | |
| | Land | | | | | | | | | |
| | Buildings | | | F10 | - 406 | 440 | | | | |
| | : Leasehold improvements | <u> </u> | 2 | 2,519 | 2,406 | 113 | | | | |
| d | Equipment | | | | | | | | | |
| | Other | | | | | | | | | |
| Tota | al. Add lines 1a through 1e (Column (d) must equa | al Form 990, Part X, colu | mn (B), line 10(c)) | | ▶ l | 113 | | | | |

51-0204013

Page 3

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Rocky Mountain Chapter,

| Sche | dule D (Form 990) 2009 Rocky Mountain Chapter, | | 51-020401 | .3_ | Page 4 |
|--------|--|----------|---------------------|-------|--------------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to | Audit | ed Financial Statem | ents | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | - | | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | 3 | |
| 4 | Net unrealized gains (losses) on investments | | | 4 | |
| 5 | Donated services and use of facilities | | | 5 | |
| 6 | Investment expenses | | | 6 | |
| 7 | Prior period adjustments | | | 7 | |
| 8 | Other (Describe in Part XIV) | | | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | | 10 | |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Stateme | nts W | ith Revenue per Ret | urn | |
| 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 | | | | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | |]] | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| е | 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: | 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |] | |
| b | Other (Describe in Part XIV) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 | |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Statem | ents V | Vith Expenses per R | eturn | 1 |
| 1 | Total expenses and losses per audited financial statements | | | 1 | l |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | i | | |
| а | Donated services and use of facilities | _2a | | | |
| þ | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | |]] | |
| d | Other (Describe in Part XIV) | 2d | | 1 1 | |
| е | 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: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | 1 1 | |
| b | Other (Describe in Part XIV) | 4b | | 4 4 | |
| С | Add lines 4a and 4b | | | 4c | |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | · ···· - | 5 | |
| | rt XIV Supplemental Information | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines | | | | |
| | 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines | s 2d and | i 4b Also complete | | |
| this p | art to provide any additional information | | | | |
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|-----|-----|------|-----|------|-----|------|----|-----|------|----|------|------|-------------|------|-----|-----|-----|----|----|---|---|---|---|---|---|---|----|----|----|----|----|---|---|---|---|---|------------|
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Rocky Mountain Chapter, Nat'l Academy of TV Arts & Sciences

No review was or will be conducted.

Employer identification number 51-0204013

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990

Form 990, Part VI, Line 15a - Compensation Process for Top Official Executive Director

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No

Name(s) shown on return

► See separate instructions.

► Attach to your tax return. Rocky Mountain Chapter,

Identifying number

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|-----------|---|--------------------------|---|---------|----------------------|------------|-----------------|---------------|-------------|--|--|--|--|--|
| | ess or activity to which this form relates | | | | - | | | | | | | | | |
| | ndirect Depreciati | | | | | | | | | | | | | |
| Pa | ert I Election To Expens | • | - | | | | loto Do | 4 1 | | | | | | |
| _ | Note: If you have a | | | V DE | etore you | comp | iete Pai | τι. | 1 4 | 250,000 | | | | |
| 1 | Maximum amount. See the instruction | - | | | | | | | 1 | 250,000 | | | | |
| 2 | Total cost of section 179 property pl | | 3 | 800,000 | | | | | | | | | | |
| 3 4 | Threshold cost of section 179 proper Reduction in limitation. Subtract line | | 4 | 800,000 | | | | | | | | | | |
| 5 | Dollar limitation for tax year Subtract line | | • | filma s | constately cod | netructi | one | | 5 | | | | | |
| 6 | (a) Description | • | | | (business use | | | lected cos | _ . | | | | | |
| | *.* | | | | | - // | (-7 | | | 1 | | | | |
| | | | | | | | | | | 1 | | | | |
| 7 | Listed property Enter the amount fr | om line 29 | | | | 7 | | | | | | | | |
| 8 | Total elected cost of section 179 pro | | ın column (c), lines 6 a | nd 7 | • | | | | 8 | | | | | |
| 9 | Tentative deduction Enter the small | | , ,,, | | | | | | 9 | | | | | |
| 10 | Carryover of disallowed deduction fi | rom line 13 of your 20 | 008 Form 4562 | | | | | | 10 | | | | | |
| 11 | Business income limitation Enter th | e smaller of busines: | s income (not less than | zero |) or line 5 (s | ee instr | uctions) | | 11 | | | | | |
| 12 | Section 179 expense deduction Ad | d lines 9 and 10, but | do not enter more than | line | 11 | | | | 12 | | | | | |
| 13 | Carryover of disallowed deduction to | o 2010 Add lines 9 a | nd 10, less line 12 | | • | 13 | | | | | | | | |
| Vote | : Do not use Part II or Part III below f | or listed property Ins | tead, use Part V | | | | | | | | | | | |
| Pa | art II Special Depreciati | on Allowance a | nd Other Depreci | iatic | n (Do no | t inclu | <u>de liste</u> | <u>d prop</u> | erty.) | (See instr.) | | | | |
| 14 | Special depreciation allowance for o | qualified property (oth | ner than listed property) |) plac | ed in service | 9 | | | | | | | | |
| | during the tax year (see instructions | 5) | | | | | | | 14 | 141 | | | | |
| 15 | Property subject to section 168(f)(1 | • | | | | | | | 15 | | | | | |
| 16 | Other depreciation (including ACRS | | | | | | | | 16 | 447 | | | | |
| Pa | art III MACRS Depreciati | on (Do not inclu | | | see instru | ctions | 5.) | | | | | | | |
| | | | Section / | | | | | | | 1 0 | | | | |
| 17 | MACRS deductions for assets place | • | • • | | | | | | 17 | 0 | | | | |
| 18 | If you are electing to group any assets pla | | e tax year into one or more rvice During 2009 Tax | | | | | | vetom | | | | | |
| | Section B— | (b) Month and year | (c) Basis for depreciati | | | Genera | ai Depied | iation 3 | ystem | 1 | | | | |
| | (a) Classification of property | placed in service | (business/investment u only–see instructions | se | (d) Recovery period | (e) Co | nvention | (f) M | ethod | (g) Depreciation deduction | | | | |
| 19a | 3-year property | | | 40 | г о | | *** | | <u> </u> | | | | | |
| <u>_b</u> | 5-year property | | 1 | 42 | 5.0 | <u> </u> | IY | 20 | 0DB | 29 | | | | |
| <u> </u> | 7-year property | | | | | | | | | | | | | |
| | 10-year property | | | | | - | | | | | | | | |
| e | 15-year property | | | | | | | | | | | | | |
| | 20-year property | | | | 25 vro | | | Si | <u> </u> | | | | | |
| <u>g</u> | 25-year property Residential rental | | | | 25 yrs | <u> </u> | | Si | | | | | | |
| п | property | | | | 27 5 yrs 27 5 yrs | t e | MM MM | Si | | | | | | |
| i | Nonresidential real | | <u>-</u> | | 39 yrs | | MM | Si | | | | | | |
| ' | property | | | | 33 yrs | 1 | MM | S/ | | | | | | |
| | | I ssets Placed in Sen | vice During 2009 Tax | Year | Using the A | | | | | 1 | | | | |
| 20a | | | , , , , , , , , , , , , , , , , , , , | | | | | Si | | | | | | |
| | 12-year | 1 | | | 12 yrs | | | Si | | | | | | |
| _ | 40-year | | | | 40 yrs | , | MM | S | | | | | | |
| | art IV Summary (See ins | tructions.) | | | | <u>, '</u> | | | | <u>.</u> | | | | |
| 21 | Listed property Enter amount from | | . —- | | | | | | 21 | | | | | |
| 22 | Total. Add amounts from line 12, lii | | nes 19 and 20 in columi | n (q). | , and line 21 | Enter h | nere | | | | | | | |
| | and on the appropriate lines of your | = | | | | | | _ | 22 | 617 | | | | |
| 23 | For assets shown above and place | | | | | | - | - | • | | | | | |
| | nortion of the basis attributable to s | - | • • | | | 22 | | | | • | | | | |