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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545 1150

2010

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C PROFESSIONAL CONVENTION MANAGEMENT ASSOC ROCKY MOUNTAIN CHAPTER C/O IPLANIT MEETING 1332 CUMBERLAND LONGMONT, CO 80501	D Employer identification number 84-1288155
		E Telephone number (303) 312-5927
		F Group Exemption Number

G Accounting Method. Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **WWW.PCMA.ORG**

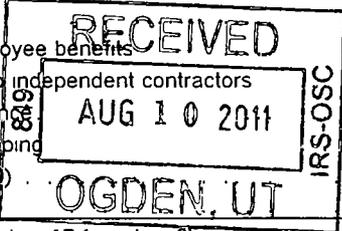
J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **50,492.**

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	32,546.
	3 Membership dues and assessments	3	4,378.
	4 Investment income	4	443.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b 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	13,125.	
c Less direct expenses from gaming and fundraising events	6c	8,041.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,084.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less. cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,451.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	1,500.
	11 Benefits paid to or for members	11	500.
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	15,120.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	3,835.
	16 Other expenses (describe in Schedule O)	16	19,183.
	17 Total expenses. Add lines 10 through 16	17	40,138.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,313.	
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	69,008.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	71,321.



SEE. SCHEDULE O

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SCANNED BY 10201

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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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	69,008.22	71,321.
23 Land and buildings		
24 Other assets (describe in Schedule O) _____)		
25 Total assets	69,008.25	71,321.
26 Total liabilities (describe in Schedule O) _____)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,008.27	71,321.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O
 Describe what was achieved in carrying out the organization's exempt purposes. 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 and section 4947(a)(1) trusts, optional for others.)

28 <u>SEE SCHEDULE O</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BILL LIGHT 2524 MADISON STREET DENVER, CO 80210	PAST PRESIDENT 5.00	0.	0.	0.
JENN KIMBEL 110 16TH STREET, SUITE 504 DENVER, CO 80202	TREASURER 5.00	0.	0.	0.
SCOTT COLLINSWORTH 700 14TH STREET DENVER, CO 80202	PRESIDENT-ELECT 5.00	0.	0.	0.
KIM BRUST 818 17TH STREET DENVER, CO 80202	SECRETARY 5.00	0.	0.	0.
AIDA CAMPBELL 110 16TH STREET, SUITE 504 DENVER, CO 80202	PRESIDENT 5.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O
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)
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
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?
39 Section 501(c)(7) organizations. Enter
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.
41 List the states with which a copy of this return is filed

42a The organization's books are in care of JENN KIMBEL Telephone no. (303) 366-0986
Located at 110 16TH STREET, SUITE 504 DENVER CO ZIP + 4 80202

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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 inst.)	45a	X
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	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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? If 'Yes,' complete Schedule C, Part II	47	
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	
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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

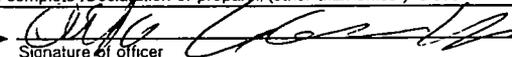
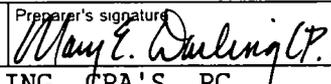
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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 	Date 			
	AIDA CAMPBELL Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARY E DARLING	Preparer's signature 	Date 5/11/11	Check <input type="checkbox"/> if self employed	PTIN P01240438
	Firm's name BLACKMAN & DARLING, CPA'S, PC	Firm's EIN 84-0741706			
	Firm's address 1543 CHAMPA ST, SUITE 300B DENVER, CO 80202	Phone no (303) 628-0015			

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **PROFESSIONAL CONVENTION MANAGEMENT ASSOC
ROCKY MOUNTAIN CHAPTER**

Employer identification number
84-1288155

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

**THE MISSION OF THE ROCKY MOUNTAIN CHAPTER OF PCMA IS TO DELIVER BREAKTHROUGH
EDUCATION AND PROMOTE THE VALUE OF PROFESSIONAL CONVENTION MANAGEMENT.**

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

**THE ORGANIZATION SERVES THE ASSOCIATION COMMUNITY BY ENHANCING THE EFFECTIVENESS
OF MEETINGS, CONVENTIONS, AND EXHIBITIONS THROUGH MEMBER AND INDUSTRY EDUCATION
AND TO PROMOTE THE VALUE OF THE MEETINGS INDUSTRY TO THE GENERAL PUBLIC. THE
ORGANIZATION SERVES APPROXIMATELY 246 MEMBERS.**

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AWARDS	\$	317.
COMMUNITY SERVICE		1,017.
CONFERENCES, CONVENTIONS, AND MEETINGS		5,758.
CREDIT CARD PROCESSING FEES		3,468.
OFFICE EXPENSES		1,207.
PROGRAMS		7,416.
TOTAL	\$	<u>19,183.</u>