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**Short Form  
Return of Organization Exempt From Income Tax**

**2011**

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

▶ Sponsoring organizations of donor advised funds, 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

Department of the Treasury  
Internal Revenue Service

**Open to Public  
Inspection**

**A For the 2011 calendar year, or tax year beginning , 2011, and ending**

<b>B</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	<b>C</b> PROFESSIONAL CONVENTION MANAGEMENT ASSOC ROCKY MOUNTAIN CHAPTER C/O IPLANIT MEETING 1332 CUMBERLAND LONGMONT, CO 80501	<b>D</b> Employer identification number 84-1288155
		<b>E</b> Telephone number (303) 312-5927
		<b>F</b> 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 or a section 527 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. ▶ \$ 51,592.

**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

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	28,233.
	<b>3</b> Membership dues and assessments	<b>3</b>	3,762.
	<b>4</b> Investment income	<b>4</b>	458.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</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)	<b>6b</b>	19,139.	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	11,436.	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	7,703.	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	40,156.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	2,100.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	15,041.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	3,892.
	<b>16</b> Other expenses (describe in Schedule O) SEE SCHEDULE O	<b>16</b>	16,253.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	37,286.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	2,870.	
<b>ASSETS</b>	<b>19</b> 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)	<b>19</b>	71,321.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	74,191.

49



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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
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)		X
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)?		X
35b	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/> 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	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?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/> N/A		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/> N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/> N/A		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="40a"/> N/A; section 4912 <input type="text" value="40a"/> N/A, section 4955 <input type="text" value="40a"/> N/A		
40b	b Section 501(c)(3) and 501(c)(4) 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		
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="40c"/> 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="40d"/> 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed <input type="text" value="41"/> NONE		

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

		Yes	No
42b	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)?		X
42c	If 'Yes,' enter the name of the foreign country: <input type="text" value="42b"/>		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
42c	If 'Yes,' enter the name of the foreign country: <input type="text" value="42c"/>		

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year  N/A

		Yes	No
44a	44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44b	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		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	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		
45a	45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
45b	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		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

	Yes	No
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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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: *Scott Collinsworth* Date: *8/15/12*  
 Type or print name and title: **SCOTT COLLINSWORTH** **PRESIDENT**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **MARY E DARLING** Preparer's signature: *Mary E. Darling C.P.A.* Date: *8/15/12* Check  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



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	AUCTION (event type)	(event type)	(total number)	(add column (a) through column (c))
1	Gross receipts	19,139.		19,139.
2	Less: Charitable contributions . . .			
3	Gross income (line 1 minus line 2)	19,139.		19,139.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes . . . . .	841.	841.
	6	Rent/facility costs	2,350.	2,350.
	7	Food and beverages . . . . .	6,520.	6,520.
	8	Entertainment		
	9	Other direct expenses	1,725.	1,725.
	10	Direct expense summary. Add lines 4 through 9 in column (d)		
11	Net income summary. Combine line 3, column (d), and line 10			7,703.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in.

a The organization's facility	13a	%
b An outside facility.	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If 'Yes,' enter name and address of the third party.

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545 0047

**2011**

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.

**Open to Public  
Inspection**

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 237 MEMBERS.

PROFESSIONAL CONVENTION MANAGEMENT ASSOC  
ROCKY MOUNTAIN CHAPTER

84-1288155

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

AWARDS	\$	50.
COMMUNITY SERVICE		1,007.
CONFERENCES, CONVENTIONS, AND MEETINGS		8,931.
CREDIT CARD PROCESSING FEES		3,572.
INFORMATION TECHNOLOGY		433.
OFFICE EXPENSES		187.
PROGRAMS		2,073.
TOTAL	\$	<u>16,253.</u>

FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
ANNE O'NEILL 7010 BROADWAY DENVER, CO 80221	PRESIDENT ELECT 5	\$ 0.	\$ 0.	\$ 0.
JENN KIMBEL 110 16TH STREET, SUITE 504 DENVER, CO 80202	TREASURER 5	0.	0.	0.
SCOTT COLLINSWORTH 700 14TH STREET DENVER, CO 80202	PRESIDENT 5	0.	0.	0.
KIM BRUST 818 17TH STREET DENVER, CO 80202	SECRETARY 5	0.	0.	0.
AIDA CAMPBELL 110 16TH STREET, SUITE 504 DENVER, CO 80202	PAST-PRESIDENT 5	0.	0.	0.
KIMBERLY FORTE 321 17TH STREET DENVER, CO 80202	DIRECTOR 1.5	0.	0.	0.
MICHAEL CLAIRE TEDFORD 700 14TH STREET DENVER, CO 80202	DIRECTOR 1.5	0.	0.	0.
RAYA ROLL 3801 QUEBEC STREET DENVER, CO 80207	CHAIRMAN 1	0.	0.	0.
APRIL HOLDREDGE 16064 EAST GEDDES DR AURORA, CO 80016	CHAIRMAN 1	0.	0.	0.

PROFESSIONAL CONVENTION MANAGEMENT ASSOC  
ROCKY MOUNTAIN CHAPTER

84-1288155

FORM 990-EZ, PART IV (CONTINUED)  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
JOSLYN STROCK 5401 S PRINCE STREET LITTLETON, CO 80120	DIRECTOR 1.5	\$ 0.	\$ 0.	\$ 0.
DAN DEHERRERA 1450 GLENARM STREET DENVER, CO 80202	CHAIRMAN 1	0.	0.	0.
JENNIFER CUMMINGS P.O. BOX 2496 SILVERTHORNE, CO 80498	DIRECTOR 1.5	0.	0.	0.
MARIA CARABAJAL 5140 COLORADO BLVD DENVER, CO 80216	CHAIRMAN 1	0.	0.	0.
CAROL CUDWORTH 8307 SHAFFER PARKWAY LITTLETON, CO 80127	DIRECTOR 1.5	0.	0.	0.
MICHELLE BIERSNER 6200 S SYRACRUSE WAY, SUITE 30 GREENWOOD VILLAGE, CO 80111	CHAIRMAN 1	0.	0.	0.
DAVID RAYMENT 82 KOLAR COURT ERIE, CO 80516	DIRECTOR 1.5	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.