



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax

# 2013

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A** For the 2013 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**ROCKY MOUNTAIN CHAPTER OF THE PROFESSIONAL CONVENTION MANAGEMENT ASSOC**

**D** Employer identification number  
**84-1288155**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**9200 E MINERAL AVE 1140**

**E** Telephone number  
**855-901-1555**

City or town, state or province, country, and ZIP or foreign postal code  
**CENTENNIAL, CO 80112**

**F** Group Exemption Number ▶ **3573**

**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 (check only one) —  501(c)(3)  501(c) ( **6** ) ◀ (insert no )  4947(a)(1) or  527

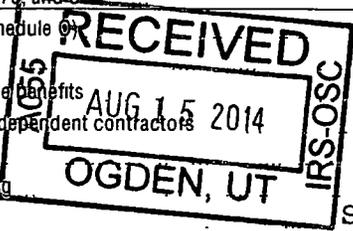
**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **55,587.**

**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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,170.
	2 Program service revenue including government fees and contracts	2	27,308.
	3 Membership dues and assessments	3	5,346.
	4 Investment income	4	229.
	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	20,967.
c Less direct expenses from gaming and fundraising events	6c	14,926.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,041.	
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	567.	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,661.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	15,649.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	28,473.
	17 <b>Total expenses.</b> Add lines 10 through 16	17	44,122.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,461.
	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	67,890.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	64,429.



SCANNED SEP 02 2014



**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 Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	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	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
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	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> 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	N/A	
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	N/A	
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	N/A	
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	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
42a	The organization's books are in care of <input type="checkbox"/> CIVICA ACQUISITIONS Telephone no <input type="checkbox"/> 303-694-4728 Located at <input type="checkbox"/> 9200 E MINERAL AVE; SUITE 1140, CENTENNIAL, CO ZIP + 4 <input type="checkbox"/> 80112		
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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 N/A		
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

**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

**Part VI Section 501(c)(3) organizations only**

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

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

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

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

**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" N/A

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

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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: *Deseri Martinez* Date: 8.7.14  
 Type or print name and title: DESERI MARTINEZ

**Preparer Information:**  
 Print/Type preparer's name: DON M. MCNURLIN  
 Preparer's signature: *Don M McN*  
 Date: 8/6/14  
 Check  if self-employed  
 PTIN: P00359452  
 Firm's name: MCNURLIN & ASSOCIATES, P.C.  
 Firm's address: 2535 S WADSWORTH BLVD. LAKEWOOD, CO 80227  
 Firm's EIN: 84-1233353  
 Phone no: 303-988-5648

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



ROCKY MOUNTAIN CHAPTER OF THE

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AUCTION - ALL HEARTS (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	20,822.		20,822.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	20,822.		20,822.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	14,926.		14,926.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			14,926.
	11	Net income summary. Subtract line 10 from line 3, column (d)			5,896.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash 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	<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. Subtract line 7 from line 1, column (d)			

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: \_\_\_\_\_





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

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

OMB No 1545-0047

**2013**

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **ROCKY MOUNTAIN CHAPTER OF THE PROFESSIONAL CONVENTION MANAGEMENT ASSOC** Employer identification number **84-1288155**

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	229.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
NEWSLETTER INCOME	567.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADMINISTRATION	4,498.
COMMUNICATION/PUBLICATIONS	220.
COMMUNITY SERVICE	345.
GOVERNANCE	8,621.
SCHOLARSHIPS	7,888.
MEMBERSHIP	1,483.
MONTHLY PROGRAMS	5,418.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>28,473.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER RECEIVABLES	0.	2,208.

**FORM 990-EZ, PART III, 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.**

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

ROCKY MOUNTAIN CHAPTER OF THE  
PROFESSIONAL CONVENTION MANAGEMENT ASSOC

Employer identification number  
84-1288155

FORM 990-EZ, PART III, LINE 28, 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 MEETINS INDUSTRY TO THE GENERAL PUBLIC. THE  
ORGANIZATION SERVES APPROXIMATELY 213 MEMBERS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



# RMPCMA 2013 Chapter Leadership

## **PRESIDENT**

### **Kimberly Forte, CGMP**

Senior Sales Manager  
The Brown Palace Hotel  
321 17th Street  
Denver, CO 80202  
303-312-8979  
kforte@brownpalace.com

## **PRESIDENT ELECT**

### **Jenn Kimbel, CMP**

Senior Meeting & Event Manager  
Experient  
7802 E 8th Place  
Denver, CO 80230  
303-366-0986  
jenn.kimbel@experient-inc.com

## **SECRETARY**

### **Paige Kanatous, CMP**

Sourcing Manager  
Experient  
110 16th Street, Suite 504  
Denver, CO 80202  
303-825-8333 x19  
paige.kanatous@experient-inc.com

## **TREASURER**

### **Kim Brust**

Sales Manager  
Westin Denver Downtown  
1672 Lawrence Street  
Denver, CO 80202  
720-214-9012  
kimberly.brust@Westin.com

## **IMMEDIATE PAST PRESIDENT**

### **Anne O'Neill, CMP, CAE**

Chief Strategist  
OES Management, LLC  
720-365-1231  
info@oesmanagement.com

## **COMMUNICATIONS**

**Director**

**Shantelle Dedicke, CMP**

Director of Convention Sales  
Visit Cheyenne  
121. W. 15th Street, Suite 202  
Cheyenne, WY 82001  
307-778-0182  
shantelle@cheyenne.org

**Chair**

**Amber Mitchell**

Metropolitan State College of Denver  
Campus Box 60, P.O. Box 173362  
Denver CO 80217-3362  
303-556-3367  
amitch24@mscd.edu

**Vice Chair**

**Vacant**

## **COMMUNITY SERVICE**

**Director**

**Raya Roll**

Director of Group Sales  
Renaissance Denver Hotel  
3801 Quebec Street  
Denver CO 80207  
303-336-5214  
Raya.Roll@Renaissancehotels.com

**Chair**

**Denise Donnahoo, CGMP**

Director of Events and Special Projects  
The Event Connection  
31 Mesa Oak  
Littleton, CO 80127  
303-972-8372  
denise@theeventconn.com

**Vice Chair**

**Kevin Lepine**

MP Associates  
1721 Boxelder St. Ste. 107  
Louisville, CO 80027  
303-530-4562  
kevin@mpassociates.com

## **MEMBERSHIP**

**Director**

**Joslyn Strock**

Meeting Architect

Kinsley Meetings  
6732 W. Coal Mine Ave #500  
Littleton, CO 80123  
303-798-3664  
joslyn@kinsleymeetings.com

**Chair**

**Henry Rosales**  
Regional Director, Business  
Development  
Production Resource Group - PRG  
13450 Smith Road, Suite 100  
Aurora, CO 80011  
hrosales@prg.com

**Vice Chair**

**Liz Ratliff**  
National Sales Manager  
Vail Cascade Resort  
1300 Westhaven Drive  
Vail, CO 81657  
303-268-6851  
lratliff@destinationhotels.com

**PROGRAMS**

**Director**

**Michelle Biersner, CMP**  
michelle.biersner@gmail.com  
303-868-2787

**Chair**

**Deseri Martinez**  
Sales Manager  
Westin Denver Downtown  
1672 Lawrence Street  
Denver CO 80229  
303-572-7213  
deseri.martinez@westin.com

**Vice Chair**

**Toni Lira**  
National Sales Manager  
Vail Cascade Resort & Spa  
1300 Westhaven Drive  
Vail, Colorado 81657  
303-268-6854  
tlira@destinationhotels.com

**SPONSORSHIP**

**Director**

**Terri Woodin, CMP, CHSE**  
Senior Director of Global Meeting  
Services  
Meeting Sites Resource

6583 Serengeti Circle  
Littleton, CO 80124  
720-524-8932  
[twoodin@meetingsites.net](mailto:twoodin@meetingsites.net)

**Chair**

**Jamie Bohner**

Director of Sales and Marketing  
Event Transportation Associates  
2007 Kendall St.  
Edgewater, CO 80214  
303-658-9874  
[JBohner@EventTransportation.com](mailto:JBohner@EventTransportation.com)

**Vice Chair**

**Flynn Filler Davis**

1646 West 113th Avenue  
Westminster CO 80234  
(303) 503-0491  
[C4uflynn@yahoo.com](mailto:C4uflynn@yahoo.com)

**SPECIAL PROJECTS**

**Director**

**Vacant**

**ALL HEARTS AUCTION AND AWARDS**

**Chair**

**Scott Collinsworth, CTS**

Director of Sales  
SWANK Audio Visuals  
Hyatt Regency at the Colorado  
Convention Center  
650 15th Street  
Denver, CO 80202  
303-486-4878  
[scollinsworth@swankav.com](mailto:scollinsworth@swankav.com)

**PCMA CHAPTER LIAISON**

**CHAPTER ADMINISTRATORS**

**Tammy White**

RMPCMA  
c/o iPlanIt  
1332 Cumberland Drive  
Longmont, CO 80504  
800-781-1193, ext 1  
[tammy@iplanitmeetings.com](mailto:tammy@iplanitmeetings.com)

**Stacey Pina**

RMPMA  
c/o iPlanIt  
6525 Orion Court  
Arvada, CO 80007  
303-325-3531  
stacey@iplanitmeetings.com

**PCMA CHAPTER REPRESENTATIVE**

**Melissa Hoffman**

Manager, Chapter Relations  
PCMA  
2301 S. Lake Shore Drive, Suite 1001  
Chicago, IL 60616  
312-423-7231  
mhoffman@pcma.org

**STUDENT CHAPTER FACULTY ADVISOR**

**Cynthia Vannucci, Ph.D.,  
CHME, CHSP, CMP**

Metropolitan State College of Denver  
Campus Box 60, P.O. Box 173362  
Denver CO 80217-3362  
303-556-3367  
vannucci@mscd.edu

**STUDENT CHAPTER PRESIDENT**

**Camille Armas**

Metropolitan State University of Denver  
303-489-8660  
carmas@msudenver.edu

## MIC REPRESENTATIVES

### **Scott Collinsworth, CTS**

Director of Sales  
SWANK Audio Visuals  
Hyatt Regency at the Colorado  
Convention Center  
650 15th Street  
Denver, CO 80202  
303-486-4878  
scollinsworth@swankav.com

### **Anne O'Neill, CMP, CAE**

Chief Strategist  
OES Management, LLC  
info@oesmanagement.com  
720-365-1231