DLN: 93493177002010 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable ROCKY MOUNTAIN SOUTHWEST CHAPTER OF NAT'L ACADEMY OF TELEVISION ARTS & SCIEN ☐ Address change 51-0204013 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O  $\,$  box if mail is not delivered to street address) PO BOX 74116 E Telephone number ☐ Amended return ☐ Application pending (602) 345-1532 City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ  $\,$  85087  $\,$ G Gross receipts \$ 348,320 Name and address of principal officer H(a) Is this a group return for SUZANNE GUERY □Yes ☑No subordinates? PO BOX 74116 H(b) Are all subordinates PHOENIX, AZ 85087 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (6) **◄** (insert no) ☐ 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ WWW ROCKYMOUNTAINEMMY ORG L Year of formation 1976 M State of legal domicile AZ K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities WE ARE A MEMBERSHIP ORGANIZATION DEDICATED TO EXCELLENCE IN TELEVISION BY HONORING EXCEPTIONAL WORK THROUGH THE PRESTIGIOUS EMMY AWARD WE ARE THE ONLY PROFESSIONAL ASSOCIATION REPRESENTING TELEVISION PROFESSIONALS FROM ALL DISCIPLINES OF THE INDUSTRY, SERVING AS THE COMMON MEETING GROUND FOR INDIVIDUALS DEDICATED TO ADVANCING THE ART Activities & Governance AND SCIENCE OF TELEVISION OUR CHAPTER REGION SERVES ARIZONA, NEW MEXICO, UTAH AND EL CENTRO, CALIFORNIA Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 22 Number of independent voting members of the governing body (Part VI, line 1b) 4 1 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 43 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 446 Ravenue 326,223 Program service revenue (Part VIII, line 2g) . 346,807 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1.3 13 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,484 1,500 328.166 348,320 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,050 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 12.550 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . n 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 65,426 58,513 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 254,878 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 210,193 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 281,256 331,354 19 Revenue less expenses Subtract line 18 from line 12 . 46,910 16,966 Assets or d Balances End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . 103.836 120,802 21 Total liabilities (Part X, line 26) . Net assets or fund balances Subtract line 21 from line 20 . 103,836 120,802 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 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 2020-06-23 Signature of officer Date Sign Here SUZANNE GUERY TREASURER Type or print name and title Date 2020-06-23 Print/Type preparer's name Preparer's signature Check  $\square$  if P00367616 Paid self-employed ► HENRY & HORNE LLP Firm's EIN > 86-0133881 Firm's name Preparer Use Only Firm's address ▶ 2055 E WARNER ROAD SUITE 101 Phone no (480) 839-4900 TEMPE, AZ 85284 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

Form	1 990 (2019)				Page <b>2</b>
Pa	art III Statement of Progr	am Service Accom	olishments		
	Check if Schedule O con	tains a response or note	to any line in this Part III .		🗆
1	Briefly describe the organization	n's mission			
DED:	ICATED TO EXCELLENCE IN TELE	VISION BY HONORING E	XCEPTIONAL WORK THROUG	H THE PRESTIGIOUS EMMY AWARD	S
2	Did the organization undertake	any significant program	services during the year which	th were not listed on	
	the prior Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe these new ser	rvices on Schedule O			
3	Did the organization cease cond	ducting, or make signific	ant changes in how it conduct	s, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe these changes	s on Schedule O			
4		) organizations are requ	ired to report the amount of q	rgest program services, as measure grants and allocations to others, the	
4a	(Code ) (Exp	penses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code ) (Exp	penses \$	including grants of \$	) (Revenue \$	)
	-				
4c	(Code ) (Exp	penses \$	including grants of \$	) (Revenue \$	)
	-				
4d	Other program services (Descri	be in Schedule O )			
	(Expenses \$	ıncludıng grant	s of \$	) (Revenue \$	)
4e	Total program service exper	nses ▶			

11f

12a

12b

13

14a

16

20h

21

Yes

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Nο

No

Nο

Nο

Νo

Nο

Nο

Nο

No

Nο

Nο

No

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3

for public office? If "Yes," complete Schedule C, Part I 📆 . . . . . . . . . . . . . . . . . Section 501(c)(3) organizations. 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 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🛸 . Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 

5 Yes Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🔰 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο 

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . .

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞 . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο

11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο 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 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . . 18 19 20a

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•ап	Checklist of Required Schedules (continued)			
	Did the annual transfer and the total of the contract of the c		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 25a	24a		No
1	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 to defease any tax-exempt bonds?	24c		
I	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
	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		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
1	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
	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		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
l	Statements Regarding Other IRS Filings and Tax Compliance	<u>'</u>	'	_
	Check if Schedule O contains a response or note to any line in this Part V	٠.;		
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   6		Yes	No

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1b

**1**c

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		No
Ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
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 goods 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?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		N.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
LD	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
L <b>6</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	·	onse to i	lınes 🗹
Se	ction A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tax year   1a   22	$\vdash$	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing	-		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? •	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
		$\longrightarrow$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13		No
4	Did the organization have a written document retention and destruction policy?	14		No
.5	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
.7	List the states with which a copy of this Form 990 is required to be filed▶			
.8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

(14) PATRICK MCREYNOLDS

(15) MIKE HEADRICK

(16) WARREN TRENT

(17) BOB ADLHOCH

DIRECTOR

DIRECTOR

DIRECTOR

TRUSTEE

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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
- 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

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

- List all of the organization's current key employees, if any 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)
- organization and any related organizations • List all of the organization's former officers, key employees, or 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

See instructions for the order in which to list the			-				٠	_		
Check this box if neither the organization no  (A)  Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position that persuand	on (do an on on is	(C) o not le bo both	) t che ox, u h an or/tri	eck mo inless office ustee)	ore er	(D)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CHUCK EMMERT DIRECTOR	1 00	×				C.		0	0	0
(2) GINA SANTIAGO DIRECTOR	1 00	×						0	0	0
(3) DAN BARR DIRECTOR	1 00	×						0	0	0
(4) LINDSEY RISER DIRECTOR	1 00	x						0	0	0
(5) GEORGE DAVILAS DIRECTOR	1 00	×						0	0	0
(6) JOHN BOOTH DIRECTOR	1 00	х						0	0	0
(7) DONNA ROSSI DIRECTOR	1 00	X						0	0	0
(8) DANIELLE LEARNER DIRECTOR	1 00	х						0	0	0
(9) DAN JP CIERNIA MED DIRECTOR	1 00	X						0	0	0
(10) MICAH JOHNSON DIRECTOR	1 00	×						0	0	0
(11) JENNIFER JONES DIRECTOR	1 00	x						0	0	0
(12) GREG SHEPHERD DIRECTOR	1 00	x						0	0	0
(13) KRYSTLE HENDERSON DIRECTOR	1 00	X						О	0	0

1 00

1 00

1 00

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0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

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	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	one b	ox, ι n of	t ch unle ficei	eck mess person and a	son	com fr org	(D) portable pensation the anization	on on	(E) Reportable compensation from related organizations		Estim amount of compen from	ated of other sation the		
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptovee	Former		-2/1099 MISC)	9-	(W-2/1099 MISC)	)-	organızat relat organız	ed		
(18) [	MARK REDA	5 00	×		x						0		0			0	
15 I V	ICE PRESIDENT		^		_^						ŭ					_	
(19) 9	SUZANNE GUERY	5 00	x		x						0		o			0	
IINLA.	JONEN		••••		Ĺ										· ·	_	
(20) [	DOUG MUMMERT	5 00	×		×						0		o			0	
FILD.	IDLINI		••••		Ĺ						ĭ				,	_	
(21)	ENNIFER DOAN	5 00	x		l <sub>x</sub>						o		اه			0	
SECK	CIAKI		••••	ļ												_	
	THERESA MAHER	5 00	x		×						0		o			0	
ZNU	AICE PRESIDENT		••••													_	
`	ARA GATES	35 00			×					6	0,300		o			0	
EXEC	UTIVE DIRECTOR		••••	_												_	
																-	
																_	
	Sub-Total					,	`						-			_	
	Total from continuation sheets to Part \ Total (add lines 1b and 1c)					,				60,300			0			0	
											+400		<u>~ </u>		`	_	
2	Total number of individuals (including but of reportable compensation from the organization)		inose II	stea a	abo\	/e) v	vno re	ceiv	ea mor	e tnan	\$100,	,000					
														Yes	No	-	
3	Did the organization list any <b>former</b> officience 1a? <i>If "Yes," complete Schedule J for</i>						e, or h	_		npensat	ed en	nployee on	3		No		
4	For any individual listed on line 1a, is the organization and related organizations grandividual											ne			NI.		
5				. 6			role+-	۔ ۔ ا		- 	- n el :: : : :	lual for	4		No		
5	Did any person listed on line 1a receive of services rendered to the organization? If										·	· ·	5		No	_	
Se	ction B. Independent Contractors	1														_	
1	Complete this table for your five highest from the organization Report compensation												mpen	sation		_	
	Name and b	(A) ousiness address								De	escript	(B) ion of services		(C Comper			
														Compensation			

	Name and b
	-
-	

compensation from the organization ▶ 0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

		(2019)							Page <b>9</b>
Part	VII			a recn	onse or note to any	line in this Part VIII			
		CHECK II JUIEL	and o contains	a respi	Since to ally	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, s	1	a Federated campa	aigns	1a		l	revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership due:	s	<b>1</b> b					
e G		<b>c</b> Fundraising even		1c					
ifts, ar A		<b>d</b> Related organiza		1d					
s, G		e Government grants		1e					
ion r Si		f All other contribution and similar amounts	ons, gifts, grants, s not included	1f					
ibut Ithe		above  g Noncash contribution	ons included in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a - 1f \$		<b>1</b> g					
ة ت		<b>h Total.</b> Add lines	la-1f	•	•				
	2-	EMMY AWARDS			Business Code	275,328	275,328		
Ð	28	LIMIT AWARDS			900099				
Program Service Revenue	Ь	MEMBERS DUES			900099	71,479	71,479		
o <u>t</u>					+				
rMC	C	: 							
35	d	I							
grar	e	•							
<u>م</u>					+				
		All other program							
		Total. Add lines 2 Investment income			346,807 Interest and other	1	<u> </u>		
	9	sımılar amounts) .			•		3		13
		Income from invest Royalties	ment of tax-ex			\ <u> </u>			
		Royaldies I I I	(ı) Re		(II) Personal	1			
	62	Gross rents	6a			7			
		Less rental				-			
		expenses Rental income	6b			4			
		or (loss)	6с						
	•	Net rental income							
	7=	Gross amount	(ı) Secu	rities	(II) Other	+			
	,,	from sales of assets other	7a						
		than inventory				$\dashv$			
	D	Less cost or other basis and sales expenses	7b						
		·	7c			7			
		Gain or (loss)  Net gain or (loss)				_			
4		Gross income from fu	ındraısıng events						
ž,		(not including \$ contributions reported							
Other Revenue		See Part IV, line 18		8a		_			
er F		Less direct expen		8b sing ev	ents				
oth		. (	,			1			
	9a	Gross income from See <b>Part</b> IV, line 19		9a					
	ŀ	Less direct expen	ses	9b		1			
	(	Net income or (los	ss) from gaming	activit	ies •	<b>-</b>			
	10	<b>a</b> Gross sales of inve	entory, less						
		returns and allowa	ances	10a					
		Less cost of good		10b					
	-	Net income or (los Miscellaneo		finvent	Business Code				
	11	La OTHER REVENUE			90009	9 1,50	1,500		
	ŀ	<u> </u>							
	•	2							
		d All other revenue							
		Total. Add lines 1			•				
	12	<b>2 Total revenue.</b> S	ee instructions			1,50			
						348,32	0 348,307		0 13 Form <b>990</b> (2019)

Forn	n 990 (2019)				Page <b>10</b>
Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must c		_		
	Check if Schedule O contains a response or note to an	y line in this Part IX	(B)		🗸
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	11,050			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	60,300			
6	Compensation not included above, to disqualified 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 accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,126			
11	Fees for services (non-employees)				
а	Management				
b	Legal	5,704			
c	: Accounting	4,114			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			ĺ	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	9,373			
14	Information technology	2,104			
15	Royalties				
16	Occupancy	1,063			
	Travel	3,502			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	8,471			_
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance	1,590			
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				`
	a EMMY EVENT LOCATION	90,440			
	L CTATUES BLACKES AND CE	15.0			
	b STATUES, PLAQUES AND CE	45,955			
	c AUDIO/VISUAL EXPENSE	29,933			
,	d HOST EXPENSES	13,914			
	e All other expenses	38,715			
	Total functional expenses. Add lines 1 through 24e	331,354			
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form	990	(2019)					Page <b>11</b>
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			78,354	1	95,306
	2	Savings and temporary cash investments .		[	25,482	2	25,496
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[		4	0
	5 6	Loans and other payables to any current or form key employee, creator or founder, substantial contity or family member of any of these persons Loans and other receivables from other disqualities section 4958(f)(1)), and persons described in section 4958(f)(1).	ontribu s . fied pei	tor, or 35% controlled		5	
Assets	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		`````		6	
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,519			
	ь	Less accumulated depreciation	<b>10</b> b	2,519	0	<b>10</b> c	0
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets		[		14	
	15	Other assets See Part IV, line 11		[		15	
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	103,836	16	120,802
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor,	or 35% controlled entity		22	
Lia	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
	ľ						

24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . . 26 0 Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33.

Net Assets or Fund Balances Net assets without donor restrictions 103,836 120,802 27 27 28 Net assets with donor restrictions . 28 Organizations that do not follow FASB ASC 958, check here ▶ complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

32

33

Total net assets or fund balances .

Total liabilities and net assets/fund balances

30 Paid-in or capital surplus, or land, building or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds

103,836

103,836

32

33

120,802 120,802

Form **990** (2019)

Form	990 (2019)				Page <b>12</b>
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			348,320
2	Total expenses (must equal Part IX, column (A), line 25)	2			331,354
3	Revenue less expenses Subtract line 2 from line 1	3		-	16,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			103,836
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			120,802
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990	on a	2a	Yes	No No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

## **Additional Data**

Software ID:

Software Version:

**EIN:** 51-0204013

Name: ROCKY MOUNTAIN SOUTHWEST CHAPTER OF

NAT'L ACADEMY OF TELEVISION ARTS & SCIEN

Form 990 (2019)

Form 990, Part III, Line 4a:

WE ARE A MEMBERSHIP ORGANIZATION DEDICATED TO EXCELLENCE IN TELEVISION BY HONORING EXCEPTIONAL WORK THROUGH THE PRESTIGIOUS EMMY AWARD. WE

ARE THE ONLY PROFESSIONAL ASSOCIATION REPRESENTING TELEVISION PROFESSIONALS FROM ALL DISCIPLINES OF THE INDUSTRY, SERVING AS THE COMMON MEETING GROUND FOR INDIVIDUALS DEDICATED TO ADVANCING THE ART AND SCIENCE OF TELEVISION BEYOND AWARDS. WE HAVE EXTENSIVE EDUCATIONAL PROGRAMS, INCLUDING THE STUDENT PRODUCTION AWARDS FOR OUTSTANDING JOURNALISTIC WORK BY HIGH SCHOOL AND COLLEGE STUDENTS, AS WELL AS MULTIPLE SCHOLARSHIPS OUR CHAPTER REGION SERVES ARIZONA, NEW MEXICO, UTAH, AND EL CENTRO, CALIFORNIA

## Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493177002010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

2

5

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization ROCKY MOUNTAIN SOUTHWEST CHAPTER OF NAT'L ACADEMY OF TELEVISION ARTS & SCIEN 51-0204013 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -ndirectly delivered to a separate political organization If none, enter -0-For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019 Cat No 50084S

activity

Volunteers?

1

(b)

Amount

(a)

Yes | No

## Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE D

DLN: 93493177002010

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

(Form 990)

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization ROCKY MOUNTAIN SOUTHWEST CHAPTER OF NAT'L ACADEMY OF TELEVISION ARTS & SCIEN 51-0204013 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the 5 organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining C	ollections o	of Art, Hist	tori	ical T	reasu	ıres, o	r Other	Similar A	ssets (coi	ntınued)	
3		g the organization's acquisition, access s (check all that apply)	on, and other	records, ch	eck	any of	the fo	llowing t	that are a	significant i	use of its c	ollection	
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			е		Othe	r					
С		Preservation for future generations											
4	Prov Part	ide a description of the organization's c XIII	ollections and	l explain how	v the	ey furtl	her the	e organiz	zation's e	xempt purpo	ose in		
5		ng the year, did the organization solicit ts to be sold to raise funds rather than								nılar	☐ Yes		lo
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization an X, line 21.		" on Form	990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on Foi	rm 990,	Part
<b>1</b> a		e organization an agent, trustee, custo ided on Form 990, Part X?	dıan or other	ıntermedıary	/ for	contri	bution	s or othe	er assets	not	☐ Yes	□ r	lo
ь	If "Y	es," explain the arrangement in Part X	II and comple	ete the follov	vina	table				A	mount		_
c		nning balance			J				1c				
d	_	tions during the year							1d				
е	Dıstr	ributions during the year							1e				
f	Endı	ng balance							1f				_
2a		the organization include an amount on	·							•		□ r	lo
		es," explain the arrangement in Part XI	II Check here	e if the expla	nat	ion has	been	provide	d in Part	XIII			
Pa	rt V	Endowment Funds. Complete if the organization and	swered "Yes	" on Form !	മൈറ	Part	TV li	ne 10					
		complete if the organization and	(a) Currer			rior yea			ears back	(d) Three ye	ars back (e	) Four year	ars back
1a	Begini	ning of year balance											
b	Contri	butions											
c	Net ın	vestment earnings, gains, and losses											
d	Grant	s or scholarships											
е		expenditures for facilities rograms											
f	Admır	nistrative expenses											
g	End or	f year balance											
2		ide the estimated percentage of the cu	rent year end	l balance (lır	ne 1	g, colu	mn (a)	)) held a	is				
а		d designated or quasi-endowment											
b		nanent endowment ►											
С		porarily restricted endowment		201									
<b>3</b> a	Are t	percentages on lines 2a, 2b, and 2c sho there endowment funds not in the poss nization by	•		tha	t are h	eld an	d admın	ıstered fo	r the		Yes	No
	-	inrelated organizations									3a(i	_	
	(ii)	related organizations									3a(i	i)	
b	If "Y	es" on $3a(\Pi)$ , are the related organizati	ons listed as i	required on S	Sche	dule R	?.				3b		
4		cribe in Part XIII the intended uses of the		n's endowm	ent f	funds						-	
Pa	rt VI	, , ,		" on Farmer	000	. D	T\ / - 1 -	no 11-	Coc -	~~ 000 D-	- سال کاست	10	
	Desci	Complete if the organization and ription of property  (a) Cost or (investi	other basis	(b) Cost or o						depreciation		Book valu	ıe
	Land												
		ngs											
		hold improvements					2.546			0.515			
d	Equip	ment					2,519	I		2,519			0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

	(Form 990) 2019					Page <b>3</b>
Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990,	Part IV Ju	ne 11h	See Form 990 F	Part X line	12
	(a) Description of security or category	(b)	110	(c) Metho	d of valuation	n
	(including name of security)	Book value		Cost or end-of-	year marke	t value
(1) Financia	al derivatives					
	held equity interests					
( <b>3)</b> Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	Investments—Program Related.	<b>•</b>				
Part VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, lı	ne 11c	. See Form 990,	Part X, line	e 13.
	(a) Description of investment			(b) Book value		nod of valuation nd-of-year market
					Cost of el	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 13 )		•			
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990,	Dart IV Jun	ne 11d	See Form 990 Par	+ V lung 15	
	(a) Description	raic IV, iii	ic iiu.	See Form 550, Far		<b>b)</b> Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
					<b>•</b>	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV. lır	ne 11e	or 11f.See Form	990. Part 1	X. line 25.
1.	(a) Description of liability					(b) Book value
(1) Federal	income taxes					
(2)						$\dashv$
(3)						
(4)						
(5)			_			
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 25 )			<b>•</b>		
	or uncertain tax positions. In Part XIII, provide the text of the footno o's liability for uncertain tax positions under FIN 48 (ASC 740). Check					

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

1

Schedule D (Form 990) 2019

Page 4

а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ities	2b		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII ) $\ .$		2d		
e	Add lines 2a through 2d			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🛭 .	4a		
b	Other (Describe in Part XIII ) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12 )		5	
Par		penses per Audited Financial Statem Ization answered 'Yes' on Form 990, Part		s per Retur	n.
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25			
а	Donated services and use of facili	ities	2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	Other (Describe in Part XIII ) $\ .$		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .			3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 .	4a		
b	Other (Describe in Part XIII ) .		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18	)	5	
Par	t XIII Supplemental Info	ormation			
	Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information				
	Return Reference	Explanation			

Schedule D (Form 990) 2019			Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2019

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Note: To capture the full	content of this d	ocument, please se	lect landscape mod	e (11" x 8.5") whe	en printing.		OMB No 1545-0047	
Schedule I  Form 990)  Grants and Other Assistance to Organizations,								
(Form 990)	Governments and Individuals in the United States						2019	
Department of the Treasury Internal Revenue Service	Со	mplete if the organiza ▶ Go to <u>www</u>	tion answered "Yes,"  ▶ Attach to Forn w.irs.gov/Form990 for	ı 990.	•		Open to Public Inspection	
Name of the organization	F CHARTER OF					Employe	r identification number	
ROCKY MOUNTAIN SOUTHWEST NAT'L ACADEMY OF TELEVISION						51-0204	013	
Part I General Inform	nation on Grants	and Assistance				•		
the selection criteria used  Describe in Part IV the or	d to award the grants ganization's procedur	or assistance? es for monitoring the use	e of grant funds in the U	nited States			☑ Yes ☐ No	
		i <b>estic Organizations ar</b> can be duplicated if add		ents. Complete if the o	rganization answered "Yes	on Form 990, Par	t IV, line 21, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assis		
(1) ASU FOUNDATION 300 EAST UNIVERSITY DR TEMPE, AZ 85281	86-6051042	501(C)(3)		6,000			SCHOLARSHIPS	
2 Enter total number of sec	tion 501(c)(3) and go	overnment organizations	listed in the line 1 table			•	1	
3 Enter total number of oth	er organizations liste	d in the line 1 table					0	
For Paperwork Reduction Act Not	tice, see the Instruction	ns for Form 990.		Cat No 50055	5P		Schedule I (Form 990) 2019	

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
)					
)					

efile GRAPHIC print - DO NOT PROCESS   As Filed Data -				DLN:	DLN: 93493177002010	
SCHEDULE O (Form 990 or 990- EZ)  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.  Go to <a href="https://www.irs.qov/Form990">www.irs.qov/Form990</a> for the latest information.				ions on n.	OMB No 1545-0047  2019 Open to Public Inspection	
NAT'L ACADEMY O	ëMeation SOUTHWEST CHAPTER OF F TELEVISION ARTS & SCIEN E O, Supplemental Informat	ion		Employer identi 51-0204013	fication number	
Return Reference			Explanation			
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMITHE PROFESSION	BERS MADE UP OF TH	HOSE IN THE PROFESSION OF	TELEVISION OR	INTERESTED IN	

Return
Reference
FORM 990. BOARD MEMBERS ARE ELECTED FROM THE GENERAL MEMBERSHIP

PART VI, SECTION A, LINE 7A

Return
Reference

Explanation

THE OPCANIZATION'S TREASURED WILL DEVIEW AND APPROVE THE FORM 000 PRIOR TO FILING.

FORM 990, THE ORGANIZATION'S TREASURER WILL REVIEW AND APPROVE THE FORM 990 PRIOR TO FILING PART VI, SECTION B, LINE 11B

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT ADDRESSES THE CONSIDERATION OF POT
PART VI,	ENTIAL CONFLICTS OF INTEREST BY THE BOARD OF DIRECTORS, AND THEIR RELATIVES AS PER THE PO
SECTION B,	LICY, BOARD MEMBERS MUST MAKE DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST AND MUST A
LINE 12C	BSTAIN FROM VOTING ON ANY ACTION IN WHICH THEY MAY HAVE AN INTEREST ON AN ANNUAL BASIS, A
	LL BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON AN ANNUAL CONFLICT OF INTEREST FORM, EITHER S
	TATING ANY KNOWN CONFLICTS, OR STATING THAT THERE ARE NONE

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Explanation Return Reference

FORM 990,	EMMY EXPRESS & ROADSHOW 9,342 BANK AND MERCHANT FEES 8,775 MISCELLANEOUS 8,072 CREW AND
PART IX,	MUSICIAN EXPENSE 3,650 DUES/SUBSCRIPTIONS 2,634 EMMY NOMINATION PARTY 1,768 PHOTOGRAPH

LINE 24E Y 1,500 EMMY EXPENSE - ART 1,075 EMMY EXPENSE- EDITING 1,000 TELEPHONE 899