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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| A | For the | 2012 calendar year, or tax year beginning and ending | | | | | | | |
|-------------------------|---------------------------|--|------------------------------|----------------------------|--|--|--|--|--|
| В | Check if applicable | C Name of organization | D Employer identific | cation number | | | | | |
| | | ROCKI MOUNTAIN ADDOCTATION OF GEOLOGISTS | Ì | | | | | | |
| | Addres change | FOUNDATION _ | | | | | | | |
| | Name change | Doing Business As | 84-0 | 730294 | | | | | |
| | Initial | Number and street (or P O box if mail is not delivered to street address) Room/sui | te E Telephone number | , | | | | | |
| F | Terminated | | | 573.8621 | | | | | |
| Ē | Amend | | G Gross receipts \$ | 78,616. | | | | | |
| Ē | iretum Applica tion | | H(a) Is this a group re | | | | | | |
| _ | pendir | F Name and address of principal officer: JAMES HUCK | for affiliates? | Yes X No | | | | | |
| | | SAME AS C ABOVE | H(b) Are all affiliates inc | | | | | | |
| _ | | | | | | | | | |
| | | $\frac{\text{mpt status: } 25 \text{ sur(c)(s)}}{\text{e:}} \triangleright \text{N/A}$ | | list. (see instructions) | | | | | |
| | | | H(c) Group exemption | | | | | | |
| | | | ar of formation 1979 N | State of legal domicile CO | | | | | |
| | | Summary | IAT CUADIMAD | TE AND | | | | | |
| 9 | 1 1 | Briefly describe the organization's mission or most significant activities: EDUCATION | CECLOCY | LE, AND | | | | | |
| Activities & Governance | } - | SCIENTIFIC ACTIVITIES RELATED TO THE FIELD OF | | | | | | | |
| ē | | Check this box If the organization discontinued its operations or disposed of mo | | | | | | | |
| 30 | 1 | Number of voting members of the governing body (Part VI, line 1a) | 3 | | | | | | |
| ∞ ಶ | | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 5 | | | | | |
| ies | 5 | otal number of individuals employed in calendar year 2012 (Ranty, line 2a) | 5 | 0 | | | | | |
| Ĕ | 6 | otal number of volunteers (estimate if necessary) | 6 | 5 | | | | | |
| Act | 7a | Fotal unrelated business revenue from Part (71), column (C), line 12 | 7a | 0. | | | | | |
| _ | <u> </u> | Net unrelated business taxable income from Form 990-T, line 34013 | 7b | 0. | | | | | |
| | 1 | | Prior Year | Current Year | | | | | |
| ō | 8 (| Contributions and grants (Part VIII, line 1h) OGDEN, UT | 69,444. | 47,618. | | | | | |
| Revenue | 9 1 | Program service revenue (Part VIII, line 2g) | 0. | <u>0.</u> | | | | | |
| ě | 10 ! | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | 13,995. | 30,998. | | | | | |
| <u> </u> | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. | | | | | |
| | 12_ | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 83,439. | 78,616. | | | | | |
| | 13 (| Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 28,760. | 30,091. | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | | | | | |
| S | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) | 0. | 0. | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | | | | | |
| Ç | Ь- | Total fundraising expenses (Part IX, column (D), line 25) ►0 . | | | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5,502. | 10,121. | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 34,262. | 40,212. | | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | 49,177. | 38,404. | | | | | |
| 200 | 3 | | Beginning of Current Year | End of Year | | | | | |
| as sign | 20 | Total assets (Part X, line 16) | 927,993. | 1,054,164. | | | | | |
| Ass | 21 | Fotal liabilities (Part X, line 26) | 0. | 0. | | | | | |
| Net Assets or | 22 1 | Net assets or fund balances. Subtract line 21 from line 20 | 927,993. | 1,054,164. | | | | | |
| ΠĎ | art II | Signature Block | | | | | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules and state | ements, and to the best of m | knowledge and helief it is | | | | | |
| a. | • | , and complete Declaration of preparer (other than officer) is based on all information of which prepa | · · | , momorgo una sonor, icio | | | | | |
|) (| <u>,, con co</u> | Dal A | | 2013 | | | | | |
| ે Sig | | Signature of officer | Date | | | | | | |
| | | JAMES HUCK, CHAIRMAN | | | | | | | |
| He グ | | Type or print name and title | | | | | | | |
| | | | Date Check | PTIN | | | | | |
| W | id | Print/Type preparer's name LAURA M. PUCA Proposition as signature P | الممدم ممالا | | | | | | |
| | u naror | | | 27-1433452 | | | | | |
| | | | | | | | | | |
| US! | | | N | 03.771.9575 | | | | | |
| | | CENTENNIAL, CO 80112 | Phone no 3 | C00-1 | | | | | |
| | | S discuss this return with the preparer shown above? (see instructions) | | X Yes No | | | | | |
| 232 | 001 12-10 | 2-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. | | Form 990 (2012) | | | | | |

| Form | n 990 (2012) FOUNDATION | 84-0730294 | Page 2 |
|------|--|-------------------------------|-------------|
| | 社群 Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | | |
| 1 | Briefly describe the organization's mission: | · | |
| • | FOUNDATION CONDUCTS EDUCATIONAL, CHARITABLE, AND SCIENT | ፲ ፱፻፫ <u></u> ልረጥፒኒኒኒቫ | ידדכ |
| | DELAMED MO OD ALLED WIME MINE ELELD OF CHOLOGY | IFIC ACIIVII | ILO |
| | RELATED TO OR ALLIED WITH THE FIELD OF GEOLOGY. | | |
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| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| | the prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes." describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | X No |
| • | - | | |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | • | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ers, the total expenses, | and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code) (Expenses \$30,091. including grants of \$30,091.) (Revenue | ue \$ |) |
| | FOUNDATION GAVE 8 SCHOLARSHIPS AND AWARDS IN THE FIELD (| OF GEOLOGY | |
| | DURING 2012. | | |
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| 4b | (Code) (Expenses \$) (Revenue) | ле\$ |) |
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| 4c | (Code) (Expenses \$ including grants of \$) (Reveni | ue \$ | <u> </u> |
| | , (Section of the section of the sec | | |
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| 4d | Other program services (Describe in Schedule O.) | | |
| | (Expenses \$ Including grants of \$) (Revenue \$ | | |
| 4e | Total program service expenses ► 30,091. | | |

84-0730294 Page **3** FOUNDATION Part IV Checklist of Required Schedules

| | | | Yes | No_ |
|-----------|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | ļ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | 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 | - | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ ! | | v |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | _5_ | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | Х |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | ^ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | Х |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | Х |
| ۵ | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | • | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | х | |
| 11 | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| ь | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X_ |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| đ | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | 3.7 |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | v |
| | Schedule D, Parts XI and XII | 12a | | X |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 42 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 13 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | .70 | | |
| - | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 000 | (0040) |

Form 990 (2012) FOUNDATION

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|------|-----|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u>X</u> |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | 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_ | | X |
| 24a | 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 | | | 3,7 |
| | Schedule K. If "No", go to line 25 | 24a | | <u>X</u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | _24b | | <u> </u> |
| C | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | v |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u>X</u> |
| Ь | 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 | | | х |
| | Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | - | | х |
| 07 | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 27 | | Х |
| 29 | of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 21 | | |
| 28 | | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | х |
| a | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| b | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| C | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| • | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | _ |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | 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 | X | } |
| 35a | | 35a | | X |
| b | 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 | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | <u> </u> |
| | | Form | 990 | (2012) |

Form 990 (2012)

FOUNDATION

84-0730294

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| Pat | | | | _ |
|-----------|--|----------|-------------|--------------|
| | Check if Schedule O contains a response to any question in this Part V | | | <u> </u> |
| | ا ا | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 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. | | | |
| | mice for the calcinate year change with or within the year covered by the reterm | | 1 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 1 | X |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a 3b | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 30 | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 4a | | X |
| _ | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 70 | | |
| D | If "Yes," enter the name of the foreign country: ► | | | i |
| E. | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | 1 | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| Va | any contributions that were not tax deductible as charitable contributions? | 6a | 1 | X |
| ь | if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| - | were not tax deductible? | 6ь | - 1 | ı |
| 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 | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Ī | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X_ |
| 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 | | |
| 9 | 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 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | ĺ |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | ĺ |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| Ь | Did the organization make a distribution to a donor, donor advisor, or related person? | 9ь | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | l |
| а. | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | ĺ |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| a | | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 120 | 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 | | ĺ |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| u | Note. See the instructions for additional information the organization must report on Schedule O. | | | · · · · · |
| h | 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 | | | |
| c | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | | Form | 990 | (2012) |

ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS

Form 990 (2012)

FOUNDATION

84-0730294

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | to mile seg est, or real section, described the circumstations, proceedings | | | | च | | | | | | |
|------------|---|--------------|---------------|-------|-------------|--|--|--|--|--|--|
| | Check if Schedule O contains a response to any question in this Part VI | - | | | X | | | | | | |
| <u>Sec</u> | tion A. Governing Body and Management | | | , | | | | | | | |
| | | ELL | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 5 | | | | | | | | | |
| | 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 | 5 | | 1 | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | - | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | 1 | v | | | | | | |
| | officer, director, trustee, or key employee? | - | 2 | | <u>X</u> | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | n | | | v | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | - | 3 | - | <u>X</u> | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | - | 4 | | X | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | - | 5 6 | | X | | | | | | |
| 6 | | | | | | | | | | | |
| 7a | · | | | | х | | | | | | |
| | more members of the governing body? | <u> </u> - | 7a | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | _ | | X | | | | | | |
| | persons other than the governing body? | F | 7b | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. | ŀ | _ | v | | | | | | | |
| а | The governing body? | <u> </u> | 8a | X | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | - | 8b | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | X | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | | | | | | | |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | V | | | | | | | |
| | | Г | 10- | Yes | No X | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | F | 10a | | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | 10ь | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | - | 11a | Х | | | | | | | |
| 11a | | JOHN ! | 118 | | | | | | | | |
| ь | | 1. | 100 | | Х | | | | | | |
| 12a | | | 12a | | | | | | | | |
| b | | - | 12b | | | | | | | | |
| C | · | | 12c | | | | | | | | |
| | In Schedule O how this was done | - | 13 | | X | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | 14 | | X | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | 1-4 | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 15a | : | х | | | | | | |
| a | The organization's CEO, Executive Director, or top management official | | 15b | | X | | | | | | |
| b | Other officers or key employees of the organization | F | 100 | | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | [| | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | İ | 16a | | х | | | | | | |
| | taxable entity during the year? | | IVa | | | | | | | | |
| þ | 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 | İ | 16b | | 1 | | | | | | |
| | exempt status with respect to such arrangements? | | 100 | | | | | | | | |
| | t jet the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)) | ()e Only) er | /allah | | | | | | | | |
| 18 | | ys only) at | - cuial | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request Other (explain in Schedule O) | | | | | | | | | | |
| | — • · · · · · · · · · · · · · · · · · · | solicy and | fino | ncial | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest p | olicy, allo | midi | ioiai | | | | | | | |
| | statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the | Organizati | on· 🖿 | • | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the THE ORGANIZATION - 303.573.8621 | organizali | JII. P | | | | | | | | |
| | INDEPENDENCE PLAZA #165,1001 16TH ST, NO. B-1, DENVER, CO | 80265 | 5 | _ | _ | | | | | | |
| | INDELENDENCE LINGS #103/1001 TOTH OT HOS DIL DENATE CO | | - | | | | | | | | |

Form 990 (2012) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question 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 year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, 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) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) Name and Title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|------------------------------|--|--|-----------------------|-------------|--------------|------------------------------|--------|--|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional frustee | Officer | Key emptoyee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JAMES HUCK | 3.00 | | | | | | | | | _ |
| CHAIRMAN | | X | | Х | | <u> </u> | | 0. | 0. | 0 |
| (2) PHIL MOFFITT | 3.00 | | | | | ļ | | | | _ |
| TREASURER | 1 00 | X | - | X | _ | ├_ | - | 0. | 0. | 0 |
| (3) STEVE SONNENBERG | 1.00 | J | | 1 | | | | 0. | _ | ^ |
| TRUSTER | 1.00 | X | | ļ. <u> </u> | - | ├- | _ | | 0. | 0 |
| (4) RYAN KOWALSKI | 1.00 | X | | | | | | 0. | 0. | 0 |
| TRUSTEE (5) HAL MACARTNEY | 1.00 | ^ | | - | _ | | | | | |
| TRUSTEE | 1.00 | X | | | | İ | ļ | 0. | 0. | C |
| | | | | | | | | | | |
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Form **990** (2012)

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| 1.44 | Section A. Officers, Directors, Tru | | | | | | | | | | - T | | |
|------|--|--|--------------------------------|------------------------|--|--------------|------------------------------|----------------|---------------------------------|---------------------------------|---------|--|-------------|
| | (A) | (B) | (C) Position | | | | | | (D) | (E) | | (F) | |
| | Name and title | Average | (do not check more than one | | | | | one | Reportable | Reportable | | Estima | |
| | | hours per | | | | | is bot | | compensation | compensation | | amoun | |
| | | week (list any | _ | officer and a director | | | 1 | ~~, | from | from related | | othe | |
| | | hours for | ig i | | | | | | the | organizations (W-2/1099-MISC | " | compens | |
| | | related | o o | 28 | | | Sec | | organization (W-2/1099-MISC) | (44-27 1099-141130 | "丨 | from toganiza | |
| | | organizations | agg | 置 | | 8 | | | (44-2) 1033-141130) | | | and rela | |
| | | below | la f | g | | ρlo | 15 g | _ | | | | organiza | |
| | | line) | Individual trustee or director | institutional trustee | Jag Jag | Key employee | Highest compensated employee | i i | | | | organiza | |
| | | <u> </u> | F | - | ۲ | × | 1 | _ | - | | | | |
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| | 0.4.4.4 | <u></u> | <u> </u> | | <u> </u> | 1 | _ | | 0. | | 0. | _ | 0. |
| | Sub-total | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | 0. | | 0. | _ | 0. |
| | Total from continuation sheets to Part \ | III, Section A | | | | | | | 0. | | 0. | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | | | U • | | |
| 2 | Total number of individuals (including but | not limited to th | nose | liste | ed a | bov | e) wi | no r | eceived more than \$100 | ,uuu ot reportable | | | 0 |
| _ | compensation from the organization | | | | | | | | | | | Yes | |
| | | | | | | | | | | | г | | NO |
| 3 | Did the organization list any former office | | | e, ke | ey er | nplo | oyee | or, | highest compensated e | mployee on | | | 1 |
| | line 1a? If "Yes," complete Schedule J for | such ındividual | | | | | | | | | L | _3 | <u> </u> |
| 4 | For any individual listed on line 1a, is the s | - | | | | | | | • | the organization | | | |
| | and related organizations greater than \$15 | 50,000 <i>? If "Yes</i> , | ," сс | mpl | ete : | Sch | edul | ə J 1 | for such individual | | L | 4 | X |
| 5 | Did any person listed on line 1a receive or | accrue compe | nsat | ion 1 | from | any | y unr | elat | ed organization or indiv | dual for services | | | |
| | rendered to the organization? If "Yes," con | mplete Schedu | le J | or s | uch | per | son | | | | | 5 | X |
| Sec | etion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest of | ompensated in | dep | ende | ent c | ont | racto | ors t | that received more than | \$100,000 of comp | ensa | tion from | |
| | the organization. Report compensation fo | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | | (C) | · |
| | Name and busines | s address | N | INC | E | | | | Description of s | ervices | Co | mpensat | ION |
| | | | | | | | | | | | | | |
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| 2 | Total number of independent contractors | (including but r | not l | mite | ed to | | | stec | d above) who received n | nore than | | | |
| | \$100,000 of compensation from the organ | nization 🕨 | | | | | 0 | | | | | | |
| | | | | | | | | | | | | orm 990 | (2012) |

84-0730294 Page 9

Form 990 (2012) FOUNDAT
Part VIII Statement of Revenue

| | | 47X | Check if Schedule O conta | aine a reenonee t | o any direction li | n this Part VIII | | | |
|--|-----|--------|---|-------------------|----------------------|------------------|----------------------------|-----------------------|------------------------------------|
| | | •• | Officer is Schedule O Conti | ans a response t | cary question i | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt function | Unrelated business | Revenuè éxcluded from tax under |
| | | | | | 1 | | revenue | revenue | sections 512, 513, or 514 |
| छ छ | 1 : | a | Federated campaigns | 1a | | | | | |
| 5 5 | | | Membership dues | 1b | | | | | |
| ءَ ڰ | | | Fundraising events | 1c | | | | | |
| ₹ L | | | Related organizations | 1d | | | | | |
| 5 를 | | | Government grants (contribut | | | | | | |
| Sig. | | | All other contributions, gifts, gran | · · · | | | | | |
| 喜喜 | | | similar amounts not included above | | 47,618. | | | | |
| 불팅 | | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | _ | Noncash contributions included in lines Total. Add lines 1a-1f | 18-11 \$ | | 47,618. | | | |
| 5 (0 | | " | Total. Add liftes 1a 11 | | Business Code | | | | |
| . | 2 | _ | | † | <u>Business code</u> | | | | |
| Š | | a b | | | | <u> </u> | | | |
| Program Service Revenue | | _ | | ŀ | _ | - | | | |
| E \$ | | c d | | | | | | | |
| 200 | | | | | | <u></u> | | | |
| <u>۾</u> ا | | e f | All other program service reve | | | | | | |
| | | | Total. Add lines 2a-2f | ilde [| • | | | | |
| | 3 | | Investment income (including | dividends, intere | st. and | | | | |
| | | | other similar amounts) | | > | 30,998. | İ | | 30,998. |
| | 4 | | Income from investment of ta | x-exempt bond p | roceeds ► | | | | |
| | 5 | | Royalties | , oxomprasii p | > | | | | |
| | | | Hoyanes | (i) Real | (iı) Personal | | | | |
| | 6 | a | Gross rents | () (, i.u. | (1) | | | | |
| | • | - | Less: rental expenses | | | | | | |
| | | | Rental income or (loss) | | | | | | |
| | | | Net rental income or (loss) | | > | | [| | |
| | | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | • | _ | assets other than inventory | (V) | | | | | |
| | | h | Less: cost or other basis | | | | | | |
| | ļ | - | and sales expenses | | | | | | |
| | | c | Gain or (loss) | | | | | | |
| | | | Net gain or (loss) | | • | | | | |
| 0 | 8 | | Gross income from fundraisin | g events (not | | | | | |
| | - | | including \$ | of | | | | | |
| e e | | | contributions reported on line | 1c). See | | | | | |
| Ē | | | Part IV, line 18 | a | : | | | | |
| Other Revenu | | b | Less: direct expenses | b | | | | | |
| 0 | | | Net income or (loss) from fun- | draising events | > | | | | |
| | 9 | | Gross income from gaming a | | | | | | |
| | | | Part IV, line 19 | а | | | | | |
| | | b | Less: direct expenses | b | | | | | |
| | | c | Net income or (loss) from gar | ning activities | | | | | |
| | 10 | | Gross sales of inventory, less | | | | | | |
| | | | and allowances | а | | | | | |
| | | b | Less: cost of goods sold | b | | | | | |
| | | | Net income or (loss) from sale | es of inventory | | <u> </u> | | | |
| | Г | | Miscellaneous Reveni | | Business Code | | | | |
| | 11 | а | | | | | | | |
| | - | ь | | | | | | | |
| | | c | | | | | | | |
| | | ď | All other revenue | | | | | | |
| | | _ | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | • | 78,616 | 0. | 0 | . 30,998. |
| 2320 12-10 | | | | | | | | | Form 990 (2012) |

Form 990 (2012)

84-0730294 Page 10 FOUNDATION Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in 2 30,091. 30,091 the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): Management Legal ь 8,581. 8,581. c Accounting Lobbying d Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O) Advertising and promotion 12 1,540. 1,540 13 Office expenses Information technology 14 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses Itemize expenses not covered 24 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) All other expenses 40,212. 30,091. 10,121 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form 990 (2012)

Check here

educational campaign and fundraising solicitation

ıf following SOP 98-2 (ASC 958-720

Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 85,698. Cash · non-interest-bearing 226,683. 129,646. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b 10c b Less: accumulated depreciation 712,649. 827,481. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 927,993. 1,054,164. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 361,510. 433,478. 27 27 Unrestricted net assets 17,579. 47,721. 28 Temporarily restricted net assets 28 548,904. 572,965. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 927,993. 1,054,164. 33 33 Total net assets or fund balances 927,993. 1,054,164. Total liabilities and net assets/fund balances Form **990** (2012)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

Form 990 (2012)

3a

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Cipen to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS

Employer identification number 84-0730294

| | | FOUNDAL | TON | | | | | | | 4 0/30 | 273 | | |
|---|--|------------------------|-------------------------------------|---------------------------|--------------------|-------------------|---------------------|--------------------------|--|--------------|----------|---------|--|
| Part i | Reason | for Public Char | ity Status (All organiza | ations mus | st complet | e this part | .) See inst | ructions. | | | | | |
| The orga | ınization ıs not a | private foundation | because it is: (For lines 1 | through 1 | i1, check d | only one b | юх.) | | | | | | |
| 1 | A church, co | nvention of churche | s, or association of churc | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) | | | | | | |
| 2 | A school des | cribed in section 17 | 70(b)(1)(A)(ii). (Attach Scl | hedule E.) | | | | | | | | | |
| 3 | A hospital or | a cooperative hospi | ital service organization o | described | n section | 170(b)(1) | (A)(iii). | | | | | | |
| 4 | A medical res | search organization | operated in conjunction | with a hos | pital descr | ibed in se | ction 170 | (b)(1)(A)(ii | i).Enter | the hospital | l's nan | ne, | |
| | city, and stat | e: | | | | | | | | | | | |
| 5 |] An organızatı | on operated for the | benefit of a college or un | niversity ov | vned or op | erated by | a governr | nental uni | t describ | ed in | | | |
| | section 170 | (b)(1)(A)(iv). (Comple | ete Part II.) | | | | | | | | | | |
| 6 | A federal, sta | te, or local governm | ent or governmental unit | described | d ın sectio | n 170(b)(1 | I)(A)(v). | | | | | | |
| 7 X | An organizati | on that normally rec | erves a substantial part o | of its supp | ort from a | governme | ental unit o | r from the | general | public desc | ribed | in | |
| section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | | |
| 8 🗀 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | |
| 9 | An organizati | on that normally rec | eives: (1) more than 33 1 | 1/3% of its | support fr | om contri | butions, m | embershi | p fees, a | nd gross re | ceipts | from | |
| | activities rela | ted to its exempt fu | nctions - subject to certa | un excepti | ons, and (2 | 2) no more | than 33 1 | /3% of its | support | from gross | Inves | tment | |
| | income and u | ınrelated business t | axable income (less sect | ion 511 ta | x) from bu | sinesses a | acquired b | y the orga | nization | after June 3 | 30, 197 | 75. | |
| | income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) | | | | | | | | | | | | |
| 10 🗔 | An organizati | on organized and o | perated exclusively to tes | st for publ | c safety. S | ee sectio | n 509(a)(4 | l). | | | | | |
| 11 | An organizati | on organized and o | perated exclusively for th | ne benefit o | of, to perfo | m the fu | nctions of, | or to carr | y out the | purposes o | of one | or | |
| | more publicly | supported organiza | ations described in section | on 509(a)(| i) or sectio | n 509(a)(2 | 2). See se c | tion 509(| a)(3). Ch | eck the box | that | | |
| | describes the | type of supporting | organization and comple | ete lines 1 | 1e through | 11h. | | | | | | | |
| | ູ a Ll Type l | | • • | | nctionally i | - | | | | n-functional | - | - | |
| e | | | at the organization is not | | | | | | | | | | |
| | | | than one or more publicly | | | | | | 9(a)(1) or | section 509 | 9(a)(2). | | |
| f | If the organiz | ation received a wri | tten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | | |
| | • • • | rganızatıon, check ti | | | | | | | | | | L | |
| g | _ | | organization accepted an | | | | | | | | | г | |
| | | | firectly controls, either ale | one or tog | ether with | persons o | described i | n (ii) and (| ııi) below | I | Yes | No | |
| | - | - • | upported organization? | | | | | | | 11g(i) | - | | |
| | • • | • | n described in (i) above? | | _ | | | | | 11g(ii) | | | |
| | | | a person described in (i) o | | | | | | | 11g(iii) |) | l | |
| h | Provide the f | ollowing information | about the supported org | ganization | (s). | | | | | | | | |
| (i) Man | ne of supported | (ii) EIN | (iii) Type of organization | (iv) is the o | rganization | (v) Did vo | u notify the | (vi) Is | the | (vii) Amoun | t of mo | netanz | |
| | ganization | (II) LIN | (described on lines 1-9 | in col (i) listed in your | | | tion in col | organization (i) organiz | on in col | | port | ilotary | |
| • | 3 0 | | | governing | document? | (i) of you | r support? | ÜS | ? | • | | | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | | |
| | | | | | | | | | | 1 | | | |
| | | | | | | | | | <u> </u> | | | | |
| | | | | | 1 | 1 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | _ | | | - | | | | | | |
| | | | | | | | | | | | | • | |
| | _ | | | | | | | | | | | | |
| | | | | | | | | - | | | | | |
| Total | | | | | 1 | 1 | 1 | | 1 | 1 | | | |

232021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 FOUNDATION

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| Pa | 計算 Support Schedule for | | | | | | |
|-----------|---|--------------------------|----------------------|------------------------|---------------------|-----------------------|--------------------|
| | (Complete only if you checked fails to qualify under the tests | | | | failed to qualify u | nder Part III. If the | organization |
| Sec | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | ınclude any "unusual grants.") | 79,096. | 79,617. | 91,625. | 69,444. | 47,618. | 367,400. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon's benefit and either paid to | | İ | | | | |
| | or expended on its behalf | | | | | <u>.</u> . | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | 45 610 | 367 400 |
| 4 | Total. Add lines 1 through 3 | 79,096. | 79,617. | 91,625. | 69,444. | 47,618. | 367,400. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | 1 | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | 176 016 |
| | column (f) | | | | | | 176,916. |
| | Public support. Subtract line 5 from line 4 | <u> </u> | | | | | 190,484. |
| <u>Se</u> | ction B. Total Support | | | ····· | | . 7 | |
| | indar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 79,096. | 79,617. | 91,625. | 69,444. | 47,618. | 367,400. |
| 8 | Gross income from interest, | | |] | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | 10 501 | 10 507 | 10 000 | 20.000 | 02 200 |
| | and income from similar sources | 15,029. | 12,701. | 12,537. | 12,023. | 30,998. | 83,288. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | 450 600 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 450,688. |
| | Gross receipts from related activities | · | | | | 12 | |
| 13 | First five years. If the Form 990 is fo | | first, second, third | l, fourth, or fifth ta | x year as a section | n 501(c)(3) | , _ |
| Se | organization, check this box and storection C. Computation of Publication | p here ic Support Per | rcentage | | | | <u>▶</u> |
| | Public support percentage for 2012 (| | | olumn (f)) | | 14 | 42.27 % |
| 15 | Public support percentage from 201 | Schedule A, Part | II, line 14 | | | 15 | 48.30 % |
| 16a | 33 1/3% support test - 2012. If the | organization did no | t check the box on | line 13, and line 1 | 14 is 33 1/3% or n | nore, check this bo | ox and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | $\triangleright X$ |
| 1 | 33 1/3% support test - 2011. If the | organization did no | t check a box on lii | ne 13 or 16a, and | line 15 is 33 1/3% | or more, check th | nis box |
| | and stop here. The organization qua | | | | | | |
| 178 | a 10% -facts-and-circumstances tes | | | | 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| | b 10% -facts-and-circumstances tes | | | | | 17a, and line 15 is | 10% or |
| | more and if the organization meets t | | | | | | |

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012 Part 甜 Support Schedule for Organizations Described in Section 509(a)(2)

| (Complete only if you checked the box on line 9 of Part I or if the organi | zation failed to qualify under Part II. If the organization fails to |
|--|--|
| qualify under the tests listed below, please complete Part II.) | |

| Section A. Public Support | NOW, picase com | picto i dit ii.j | · | | | |
|--|---------------------------------------|------------------------|---------------------|-----------------------|-----------------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and | | (5) 2000 | (4) = 3 . 0 | 197=3.1 | 1975 | |
| membership fees received. (Do not | | 1 | | | | |
| include any "unusual grants.") | | | | | | |
| | | | <u>-</u> | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | <u> </u> | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | <u> </u> | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the | | ľ | | | | |
| amount on line 13 for the year | · · · · · · · · · · · · · · · · · · · | - | | · | · · · · · · | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from tine 6) | <u> </u> | .1 | | <u> </u> | <u> </u> | |
| Section B. Total Support | | #10000 | 4.3.0040 | (.7.0044 | 4-3 0040 | 40 T I |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 Amounts from line 6 | | | | | <u> </u> | <u> </u> |
| 10a Gross income from interest, dividends, payments received on | | | | | | |
| securities loans, rents, royalties | | | | | | |
| and income from similar sources | | _ | | | | |
| b Unrelated business taxable income | | | | | İ | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for | the ergonization | o first second this | d fourth or fifth t | tay year as a section | on 501(c)(3) organi | zation |
| | the organization | s ilist, second, tilli | a, lourin, or man | lax year as a secur | on our (c)(o) organiz | Lation, |
| check this box and stop here | e Cupport De | reentege | | · | | |
| Section C. Computation of Publi | | | | | 145 | |
| 15 Public support percentage for 2012 (li | | | olumn (I)) | | 15 | 9 |
| 16 Public support percentage from 2011 | | | | | 16 | |
| Section D. Computation of Inves | | | | | T.=I | |
| 17 Investment income percentage for 20 | • | | ne 13, column (f)) | | 17 | |
| 18 Investment income percentage from 2 | | | | | 18 | |
| 19a 33 1/3% support tests - 2012. If the | organization did | not check the box | on line 14, and lin | e 15 is more than | 33 1/3%, and line | 17 is not |
| more than 33 1/3%, check this box ar | | | | | | ▶□ |
| b 33 1/3% support tests - 2011. If the | organization did | not check a box or | line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, che | | | | | | |
| 20 Private foundation. If the organization | | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012 Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS FOUNDATION

Employer identification number 84-0730294

| Par | Organizations Maintaining Donor Advise | d Funds or Other Similar Funds o | r Accounts. Complete if the |
|-----|--|---|---|
| | organization answered "Yes" to Form 990, Part IV, line | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised | funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | ed only |
| | for charitable purposes and not for the benefit of the donor of | • • | • |
| | Impermissible private benefit? | | Yes No |
| Par | Conservation Easements. Complete if the org | ganization answered "Yes" to Form 990, Par | t IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizati | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | education) Preservation of an histor | ncally important land area |
| | Protection of natural habitat | Preservation of a certifie | |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form of | a conservation easement on the last |
| | day of the tax year. | | |
| | • | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| ь | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic str | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structure | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re- | eased, extinguished, or terminated by the o | rganization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | sement is located | |
| 5 | Does the organization have a written policy regarding the per | nodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements r | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and enforcing conservation easements duri | ng the year ▶ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing conservation easements during th | e year ▶ \$ |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h) | (4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservati | on easements in its revenue and expense st | atement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes the | e organization's accounting for |
| | conservation easements. | | |
| Pai | ★ 財 Organizations Maintaining Collections o | | er Similar Assets. |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue stateme | nt and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ext | nibition, education, or research in furtheranc | e of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | bes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue statement a | nd balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of public | c service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ ► \$ |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financial g | aın, provide |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | > \$ |
| | | | |

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ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS

| Sche | dule D (Form 990) 2012 FOUNDAT | ION | | | | 84-07 | 30294 | Page 2 |
|---------|--|------------------------|-----------------------|-----------------------|----------------|---------------|------------|-------------|
| | 期 Organizations Maintaining C | collections of Ar | t, Historical Tr | easures, or Oth | | | | |
| 3 | Using the organization's acquisition, accessi | | | | | | | |
| | (check all that apply): | | | | | | | |
| а | Public exhibition | d | Loan or excl | hange programs | | | | |
| ь | Scholarly research | е | Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they further th | ne organization's ex | empt purp | ose in Par | t XIII. | |
| 5 | During the year, did the organization solicit o | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | ☐ No |
| | Escrow and Custodial Arran reported an amount on Form 990, Par | gements. Comple | | | Form 990 |), Part IV, I | ine 9, or | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | ary for contribution | s or other assets no | t included | | | |
| | on Form 990, Part X? | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | |
| | | | | | | | Amount | |
| C | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| e | Distributions during the year | | | | . 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21 [?] | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planation has been | provided in Part XIII | | | | |
| Par | Endowment Funds. Complete r | f the organization ans | swered "Yes" to For | rm 990, Part IV, line | 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three | years back | (е) Four | years back |
| 1a | Beginning of year balance | 578,744. | 575,075. | 459,758. | | | | |
| b | Contributions | 24,322. | 30,100. | 74,384. | | | | |
| c | Net investment earnings, gains, and losses | 72,549. | -6,431. | 53,835. | | | | |
| d | Grants or scholarships | 15,556. | 20,000. | 22,580. | | | | |
| e | Other expenditures for facilities | | | | | | | |
| | and programs | | | | f | | | |
| f | Administrative expenses | | | -9,678. | | | | |
| g | End of year balance | 660,059. | 578,744. | 575,075. | | | | |
| 2 | Provide the estimated percentage of the curr | rent vear end balance | e (line 1g, column (a | | | | | |
| а | Board designated or quasi-endowment | 6.00 | % | | | | | |
| ь | Permanent endowment ► 87.00 | % | _ | | | | | |
| С | | 7.0 0 % | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that are held a | nd administered for | the organi | zation | | |
| | by: | · · | | | • | | | Yes No |
| | (i) unrelated organizations | | | | | | 3a(i) | X |
| | (ii) related organizations | | | | | | 3a(ii) | X |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | n Schedule R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | - | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | |
| <u></u> | Description of property | (a) Cost or of | | or other (c) | Accumulate | ed | (d) Book | value |
| | - company | basis (investr | | | epreciation | 1 | (-7 | |
| | Land | - | | | | | | |
| ь | Buildings | | | | | | | |
| c | Leasehold improvements | | | | - - | | | |
| d | Equipment | | | _ | | | | |
| e | Other | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X. column (B), line 1 | 10(c).) | _ | • | | 0. |

| Schedule D (Form 990) 2012 FOUNDATION | 5 000 D : V F 40 | | 84 | -0730294 | Page |
|--|----------------------------|------------------|---------------------------------------|------------------|----------------|
| Part VII Investments - Other Securities. See (a) Description of security or category (including name of security) | (b) Book value | | aluation: Cost or en | d-of-vear market | value |
| | (b) BOOK Value | (C) Method of Ve | addition. Cost of en | o or year market | - |
| Financial derivatives Clearly held agree interests | | | | | |
| 2) Closely-held equity interests | | | | | |
| 3) Other | | | | - | |
| (A) | | | | | |
| (B) | | | | | - |
| (C) (D) | · · · | · | <u> </u> | | |
| (E) | | | | | |
| (F) | | | | <u> </u> | |
| (F) (G) | | | _ | | |
| (H) | | | | | |
| (1) | | | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | : | , | | | |
| Part VIII Investments - Program Related. Se | e Form 990. Part X. line 1 | ' 3. | · · · · · · · · · · · · · · · · · · · | | |
| (a) Description of investment type | (b) Book value | (c) Method of v | aluation: Cost or en | d-of-year market | value |
| (1) | | | | <u> </u> | |
| (2) | | | | | |
| (3) | | | - | | |
| (4) | | | | | |
| (5) | · | 10.00 | | | <u> </u> |
| (6) | · | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | - | | | | |
| Part IX Other Assets. See Form 990, Part X, line | 15. | | | | ************** |
| | Description | | | (b) Book v | alue |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | <u>"</u> | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | <u> </u> | | - | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | _ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | | _ | | |
| Part X Other Liabilities. See Form 990, Part X, I | | | | | |
| 1. (a) Description of liability | | (b) Book value | | | • |
| (1) Federal income taxes | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| V: 7/ | | |] | | |
| (11) | | | | | |
| (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 25.) | | | | |

ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS

| Sche | dule D (Form 990) 2012 FOUNDATION | | 84- | 0730294 | Page 4 |
|------|---|-----------------------|--------|------------------|---------|
| | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With Revenue per | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| ¢ | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d |] | | |
| е | Add lines 2a through 2d | | 2e | | |
| 3 | Subtract line 2e from line 1 | | 3 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included 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 4c. (This must equal Form 990, Part I, line 12.) | | 5 | | |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | ents With Expenses pe | r Retu | ım | |
| 1 | Total expenses and losses per audited financial statements | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | _ | | |
| þ | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | _ | | |
| d | Other (Describe in Part XIII.) | 2d | 4 | | |
| ę | Add lines 2a through 2d | | 2e | | |
| 3 | Subtract line 2e from line 1 | | 3 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | _ | | |
| b | Other (Describe in Part XIII.) | 4b | _ | | |
| C | Add lines 4a and 4b | | 4c | | |
| 5 | | | 5_ | | |
| Pa | 性X組 Supplemental Information | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I | | | 2b; Part V, line | 4; Part |
| | e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | | | | |
| PAI | RT V, LINE 4: TO PROVIDE FUNDING FOR ANNUA | L EDUCATIONAL S | CHOL | ARSHIPS | |
| | 3173770 | | | | |
| -ANI |) AWARDS | | | | |
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS

2012

OMB No 1545-0047

Open to Public Inspection

| Name | Name of the organization ROCKY MOUNTAIN ASSOCIATION | NTAIN ASS | OCIATION OF | GEOLOGISTS | 3TS | | | Employer identification number 84-0730294 |
|------|---|--|--|--------------------------|-----------------------------------|---|--|---|
| Part | General Inform | and Assistance | | | | | | |
| - | 8 | to substantiate the | e amount of the grants | s or assistance, the | e grantees' eligibility | for the grants or ass | istance, and the select | . [|
| | criteria used to award the grants or assistance? | stance? | *** | chall cat at about | 004070 | | | No No |
| S C | 쭚 | ocedures for mon | roung the use or grant | Tunds in the Office | Complete if the organ | /" beneuwana acitatian | /ae" to Form 990 Part | IV line 21 for any |
| F | recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | Governments an \$5,000. Part II can | d Organizations in the bedunding additional of the designation of the designation of the control | lonal space is need | ded. | allization arisweled | 600 | (A) |
| _ | 1 (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 of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
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| | | | | | | | | |
| 8 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | and government o | rganizations listed in the | he line 1 table | | | | |
| e H | Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. | as listed in the line | tions for Form 990. | | | | | Schedule I (Form 990) (2012 |
| į | | | | | | | | |

232101 12-18-12

Schedule I (Form 990) (2012)

ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS FOUNDATION

Page 2

84-0730294

Schedule I (Form 990) (2012) FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| Part III can be duplicated if additional space is fleeded. | ļ | | | | |
|--|--------------------------|--------------------------|---------------------------------------|------------------------------------|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| EDUCATIONAL GRANTS TO INDIVIDUALS BASED ON THE | | | | | • |
| POUNDATION SELECTION PROCESS | 8 | 30,091. | 0. | | • |
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| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information | rde the information | n required in Part I, | line 2, Part III, colum | n (b), and any other additional in | formation |
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Schedule I (Form 990) (2012)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS FOINDATION

Employer identification number 81-0730291

| FOUNDATION 04-0730294 |
|---|
| FORM 990, PART VI, SECTION B, LINE 11: EACH TRUSTEE IS PROVIDED A COPY OF |
| THE 990 FOR REVIEW PRIOR TO ITS FILING. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS FINANCIAL |
| STATEMENTS AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. |
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

2012 Open to Public Inspection

OMB No 1545-0047

ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS FOUNDATION

Employer identification number 84-0730294

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Direct controlling End-of-year assets <u>e</u> Total income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part #

| (a) | (Q) | (0) | (Đ | (0) | () | (6) | 0/2/13 |
|---|---------------------|---|---------------------|------------|------------------------------|--------------------|-----------|
| Name, address, and EIN | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | | Direct controlling entity | controlled entity? | Is(U)(13) |
| | | | | 501(c)(3)) | | Yes | £ |
| ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS - | PROMOTE INTEREST IN | | | | | | |
| 84-6036048, 910 16TH STREET, #1125, DENVER, | GEOLOGY AND ALLIED | | | | | | ; |
| CO 80202 | SCIENCES | COLORADO | 501(C)(3) | LINE 7 | | | × |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

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ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS

FOUNDATION Schedule R (Form 990) 2012

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

84-0730294

General or Percentage managing ownership Schedule R (Form 990) 2012 Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Percentage ownership Yes Ξ Code V-UBI camount in box 20 of Schedule - K-1 (Form 1065) Share of end-of-year assets 6 ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Ö Direct controlling entity ত্ত Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 232162 12-10-12 Part IV

Page 3

84-0730294

Schedule R (Form 990) 2012 FOUNDATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | S No |
|--|----------------------------|-----------------------------|---|----------------------------|---------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | is with one or more re | elated organizations listed | ın Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 19 | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 9 | × |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1c X | |
| d Loans or loan quarantees to or for related organization(s) | | | | 2 | × |
| Loans or loan guarantees by related organization(s) | | | | 1 | × |
| | | | | | |
| f Dividends from related organization(s) | | | | 11 | × |
| g Sale of assets to related organization(s) | | | | 19 | × |
| | | | | ÷ | × |
| i Exchange of assets with related organization(s) | | | | ;F | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | ; - | × |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1 k | × |
| I Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | | | = | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | Ę | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | (s)uoi | | | ŧ | × |
| Sharing of paid employees with related organization(s) | | | | 9 | × |
| Peimbursement paid to related organization(s) for expenses | | | | q | × |
| q Reimbursement paid by related organization(s) for expenses | | | | 19 | × |
| r Other transfer of cash or property to related organization(s) | | | | 1. | × |
| s Other transfer of cash or property from related organization(s) | | | | 1s X | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | who must complete t | his line, including covered | relationships and transaction thresholds. | | |
| (a) Name of other organization | (b) Transaction type (a·s) | (c) Amount involved | (d) Method of determining amount involved | pevlov | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| W | | | | | |
| 222163 12-10-12 | 29 | | Schedule | Schedule R (Form 990) 2012 | 0) 2012 |

ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS

Page 4

84-0730294

FOUNDATION

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (8) | 2 | 3 | (e) | • | (5) | 3 | 9 | 9 | 3 |
|----------------------------------|------------------|----------|---|-----------|----------------------|---------------------------------------|--|------------------------------------|-------------------------|
| Name, address, and EIN of entity | Primary activity | eli pi | Predominant income partners sec (related, unrelated, orgs?) excluded from tax | | Share of end-of-year | Dispropor- tionate allocations? | Dispropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership allocations2 of Schedule K-1 partner? | General or managing partner? | Percentage ownership |
| | | country) | under section 512-514) Yes | No Income | assets | Yes No | (Form 1065) | Yes No | |
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Form **8868**(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| • If you | are filing for an Automatic 3-Month Extension, comple | te only Pa | art I and check this box | | | $\triangleright [X]$ | | | |
|--|--|-------------|---------------------------------------|---------------|-----------------|-------------------------|--|--|--|
| - | are filing for an Additional (Not Automatic) 3-Month Ex | _ | | this form). | | | | | |
| Do not d | complete Part II unless you have already been granted | an automa | atic 3-month extension on a previous | sly filed Fo | rm 8868. | | | | |
| | ic filing (e-file). You can electronically file Form 8868 if | | · | • | | corporation | | | |
| | to file Form 990-T), or an additional (not automatic) 3-mo | | | • | | • | | | |
| • | file any of the forms listed in Part I or Part II with the ex | | · · · · · · · · · · · · · · · · · · · | | • | | | | |
| | Benefit Contracts, which must be sent to the IRS in page | • | • | | | | | | |
| | /.irs.gov/efile and click on e-file for Chanties & Nonprofits | | (occ monecularie). For more detailed | 577 1170 0100 | omo ming o | | | | |
| Part I | Automatic 3-Month Extension of Time | | submit original (no copies ne | eded). | | | | | |
| | ation required to file Form 990-T and requesting an autoi | | | | <u> </u> | | | | |
| Part I onl | • | | | | | | | | |
| All other | , corporations (including 1120-C filers), partnerships, REM ome tax returns. | IICs, and t | rusts must use Form 7004 to reques | st an exten | sion of time | | | | |
| Type or | Name of exempt organization or other filer, see instru | ctions. | | Employe | dentification | number (EIN) or | | | |
| print | DOCUMENTAL AGGOSTANTON OF GROTOGEGING | | | | | , , | | | |
| | FOUNDATION | | 84-073 | 0294 | | | | | |
| File by the due date for | Number, street, and room or suite no. If a P.O. box, s | ee instruc | tions. | Social se | curity number | | | | |
| filing your | our INDEPENDENCE PLAZA #165.1001 16TH ST. NO. B-180 | | | | | | | | |
| retum See instructions | City, town or post office, state, and ZIP code. For a for DENVER, CO 80265 | | | | | | | | |
| | | | | | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 | | | |
| Applicat | ion | Return | Application | | | Return | | | |
| ls For | | Code | Is For | | | | | | |
| Form 990 | or Form 990-EZ | 01 | Form 990-T (corporation) | tion) | | | | | |
| Form 990 | D-BL | 02 | Form 1041-A | | | 08 | | | |
| Form 472 | 20 (individual) | 03 | Form 4720 | | | 09 | | | |
| Form 990 |)-PF | 04 | Form 5227 | | | 10 | | | |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | | | | | | 11 | | | |
| | -T (trust other than above) | 06 | Form 8870 | | | 12 | | | |
| | THE ORGANIZATION | ON - | INDEPENDENCE PLAZA | #165 | ,1001 1 | 6TH ST, | | | |
| • The b | cooks are in the care of \triangleright NO \cdot B-1 - DENV | ER, C | 0 80265 | | | | | | |
| Telepi | none No. ► 303.573.8621 | | FAX No. ▶ | | | | | | |
| If the | organization does not have an office or place of busines | s in the Ur | nited States, check this box | | | ▶ □ | | | |
| If this | is for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) | if this is fo | r the whole gro | up, check this | | | |
| box 🕨 | . If it is for part of the group, check this box | 7 | | | | | | | |
| 1 re | equest an automatic 3-month (6 months for a corporation | | | | | | | | |
| | AUGUST 15, 2013 , to file the exemp | t organiza | tion return for the organization nam | ed above. | The extension | | | | |
| ıs f | or the organization's return for: | - | | | | | | | |
| > | X calendar year 2012 or | | | | | | | | |
| > | tax year beginning | _ , an | ed ending | | | | | | |
| | | | | | | | | | |
| 2 If t | he tax year entered in line 1 is for less than 12 months, on the control of the c | check reas | on: Initial return | Final retur | n | | | | |
| | | | | 1 | <u> </u> | | | | |
| | f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | | | ^ | | | |
| nonrefundable credits. See instructions. | | | | | \$ | 0. | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | | 0 | | | |
| estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | | \$ | 0. | | | |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, | | | | | | ^ | | | |
| | using EFTPS (Electronic Federal Tax Payment System). | | | 3c | | 0. | | | |
| | If you are going to make an electronic fund withdrawal | _ | | orm 8879- | | | | | |
| LHA I | For Privacy Act and Paperwork Reduction Act Notice, | , see instr | uctions. | | Form 886 | 68 (Rev. 1-2013) | | | |

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