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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

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

A F	or the	e 2012 calendar year, or tax year beginning $$ DEC $$ 1 $$ 2 $$ 0 $$ 1 $$ $$ and e	nding N	<u>OV 30, 2013</u>	
Bo	heck if	C Name of organization ROCKY MOUNTAIN SECTION OF THE AMERICAN	7	D Employer identifi	cation number
	Addre	I			
<u> </u>	□Name			02 6	060063
 	_Jchang ∏Initial	Doing Business As	Room/suite		060963
<u> </u>	_]return _]Termı		toom/suite	E Telephone numbe	573 <u>-8621</u>
<u> </u>	⊣ated Amen	ded O. A. A		G Gross receipts \$	243,552.
<u> </u>	⊒return ⊒Applic Ition			H(a) Is this a group re	
_	pendi Dion	F Name and address of principal officer:		for affiliates?	Yes X No
		910 16TH STREET, SUITE 1150, DENVER, CO	802	H(b) Are all affiliates inc	
1 7		empt status:		1	list. (see instructions)
		te: NWW.RMS-AAPG.ORG	<u> </u>	H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year		A State of legal domicile: CC
		Summary			
		Briefly describe the organization's mission or most significant activities: HOLD	CONVE	NTIONS FOR	DISCUSSION
Governance	'	OF SCIENTIFIC SUBJECTS AND PROBLEMS WITHI			
Ē	2	Check this box if the organization discontinued its operations or dispose			
Ş.	ı	Number of voting members of the governing body (Part VI, line 1a)		3	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	•	. 4	
တ္		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	
ıitie.	6	Total number of volunteers (estimate if necessary)	•	6	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12)	7a	0.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34-	<u></u> j	7b	0
		(n)	166	Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		0.	0
Revenue	9	Program service revenue (Part VIII, line 2g)		321,634.	243,445
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11.	107
č	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)		321,645.	243,552
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		52,308.	55,256
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0
ĕ		Total fundraising expenses (Part IX, column (D), line 25)	0.		3 1
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		181,051.	203,770
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		233,359.	259,026
	19	Revenue less expenses Subtract line 18 from line 12		88,286.	-15,474
or			Be	ginning of Current Year	End of Year
sets aga	20	Total assets (Part X, line 16)		413,974.	398,500
Net Assured Bal	21	Total liabilities (Part X, line 26)		0.	0
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		413,974.	398,500
∣Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of while	ich preparer	has any knowledge.	<u>/</u>
		Sugarne Claff		8/27/0	2014
Sig	n	Signature of officer		Da té •	•
Sig Her —	·e	Suzanne Cluff, President			
		Type or print name and title			
		Print/Type preparer's name Preparer's		Date Check	PTIN
		JAMES L BURDICK		B-19-14 self-employ	
	parer	Firm's name BURDICK & ASSOCIATES, P.C.		Firm's EIN	26-3075049
Use	Only		110		/
		GREENWOOD VILLAGE, CO 80111		Phone no. 3	03-813-1380
Ma	v the I	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No

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

Form 990 (2012)

ASSN. OF PETROLEUM GEOLOGISTS 83-6060963 Form 990 (2012) Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: HOLD CONVENTIONS FOR DISCUSSION OF SCIENTIFIC SUBJECTS AND PROBLEMS WITHIN THE SCOPE OF PETROLEUM GEOLOGISTS IN THE ROCKY MOUNTAIN AREA Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. _____) (Revenue \$ _____ 257,626. including grants of \$) (Expenses \$ CONVENTIONS HELD DURING THE YEAR (Code _____) (Expenses \$ __ including grants of \$) (Revenue \$ (Code _____) (Expenses \$ __ _____ including grants of \$ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ 257,626. Total program service expenses

Form 990 (2012)

ROCKY MOUNTAIN SECTION OF THE AMERICAN

Form 990 (2012) ASSN. OF PETROLEUM GEOLOGISTS

Rart IV Checklist of Required Schedules

	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			37
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		v
	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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		_
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		-	
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			ļ
	If "Yes," complete Schedule D, Part IV	9		X′_
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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
b	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			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	١		7.5
	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			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
	Schedule D, Parts XI and XII	12a	<u> </u>	
Ь	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
40	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	<u> </u>	X
ı4a b	The state of the s		T	T
IJ	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		x
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	1	_X_
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	↓	x x
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u></u>

ROCKY MOUNTAIN SECTION OF THE AMERICAN Form 990 (2012) ASSN. OF PETROLEUM GEOLOGISTS | 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 19 If "Yes," complete Schedule I, Parts I and II	21	X	
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		X_
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			
	Schedule K. If "No", go to line 25	24a	,	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d		24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	İ	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200	<u> </u>	
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27	 	A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV] :		
_	Instructions for applicable filing thresholds, conditions, and exceptions):	-00-		. v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	X
b		28b		
С				37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ł	1	
	Schedule N, Part II	32	<u> </u>	X
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	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	İ		,
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	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	ļ	1
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	<u> </u>	
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 19?		}	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		_	000	

Page 5

Form 990 (2	2012)	ASSN.	OF	PETROLEUM	GEOLOGISTS	<u>83-6060963</u>
Part V	Statements F	Regarding	Othe	r IRS Filings ar	d Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		}	
	(gambling) winnings to prize winners?	1c		<u>L</u>
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		ر ا
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		X.
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ľ		5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		_X′
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. <u>5</u> c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ĺ
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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 page.	yor? 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	}	ł
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <u>e</u>	_	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 79	<u> </u>	<u> </u>
h		-C? <u>7h</u>	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	? 8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	-	ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	91	\	ļ
10	Section 501(c)(7) organizations. Enter:			
а				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv		
11	Section 501(c)(12) organizations. Enter:			
	•			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			ŀ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	э	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		┼
а	Is the organization licensed to issue qualified health plans in more than one state?	13	a	1
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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 . 13b			
	Enter the amount of reserves on hand		+-	T.
	Did the organization receive any payments for indoor tanning services during the tax year?	. 14		X /
<u>d</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	141	rm 990	(2012)

ROCKY MOUNTAIN SECTION OF THE AMERICAN

ASSN. OF PETROLEUM GEOLOGISTS

83-6060963

Form 990 (2012) 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.

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{X}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	′		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		l	
b	Enter the number of voting members included in line 1a, above, who are independent 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		\mathbf{X}^{r}
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		l j	
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> X</u> ´
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		İ	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
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?	45-		v
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
Б	Other officers or key employees of the organization	15b		
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	46-		X
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
ь	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	LIOD	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a		ıle	
.0	for public inspection. Indicate how you made these available. Check all that apply.	. r wildt		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.		. 5.41	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion• ■	•	
	CAROL DALTON - 303-945-2073			
	910 16TH STREET, SUITE 1150, DENVER, CO 80202			

ROCKY MOUNTAIN SECTION OF THE AMERICAN

ASSN. OF PETROLEUM GEOLOGISTS

83-6060963

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

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.

Check this box if neither the organization no	or any related	orga	nıza	tion	con	nper	nsat	ed any current officer, o	lirector, or trustee.	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than					Reportabl e	Reportable	Estimated
	hours per	box	box, unless person is both officer and a director/truste			s bot	han	compensation	compensation	amount of
	week	_	cer an	dad	recto	r/trus	100)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	aste	trust		99	uadu		(00-2/1099-00150)		organization and related
	below	曹	E E		nploy	ye co	ı		,	organizations
	line)	individual trustee or director	Institutional trustee	Officer	кеу ег	Highest compensated employee	Forme			organizations
(1) MICHAEL VANDEN BERG	3.00									
PRESIDENT				X				0.	0.	0.
(2) ELMO BROWN	1.00									
PRESIDENT ELECT				X				0.	0.	0.
(3) SUE CLUFF	4.00						ŀ	_	_	_
SECRETARY-TREASURER				X				0.	0.	0.
(4) CAT CAMPBELL	1.00	ļ							_	_
SECRETARY-TREASURER ELECT			<u> </u>	Х		<u> </u>	ļ	0.	0.	0.
(5) BOB SUYDAM	1.00			l						
PAST PRESIDENT		ļ	ļ	Х		<u> </u>	<u> </u>	0.	0.	0.
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Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>d Hi</u>	ghe	st C	ompensated Employe	es (continued)			
	(A) Name and title	(A) (B) (C)			C)			(D) Reportable	(E) Reportable		(F) Estimate	ď	
	reame and title	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	compensation	compensation		amount o		
		week (list any		cer an	a a d	irecto	rrtrus	(88)	from the	from related organizations		other compensa	tion
		hours for	Individual trustee or director	بو			ated		organization	(W-2/1099-MIS	C)	from the	€
		related organizations	trustee	Institutional trustee	<u> </u>) See	Highest compensated employee		(W-2/1099-MISC)		ł	organizati and relate	
		below line)	ımdual	ttuton	Officer	Key employee	hest co	Former				organizatio	
	· · · · · · · · · · · · · · · · · · ·	inte)	를	E	5	Ž.	돌통	호					
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	Sub-total								0.		0.		0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A		•	•	٠			0.		0.		0.
2	Total number of individuals (including but r	not limited to th	nose	iste	ed a	bov	e) wl	no re	<u> </u>	0,000 of reportable)		
	compensation from the organization											Yes	0 No
3	Did the organization list any former officer	director, or tr	uste	e ke	ev ei	mple	ovee	. or	highest compensated e	mplovee on	Γ	res	INO
_	line 1a? If "Yes," complete Schedule J for			•,	-, -		.,	,				3	X
4	For any individual listed on line 1a, is the s									the organization			Ψ,
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									Idual for services	F	4	X
	rendered to the organization? If "Yes," con											5	<u>x</u>
	tion B. Independent Contractors									¢100,000 of com-		tion from	
1	Complete this table for your five highest compensation Report compensation for										Jensa	Ition from	
	(A)						_		(B)			(C)	
	Name and business	s address	N	ON:	E		_		Description of	services		ompensatio	n ——
					~								
							-						
								\dashv					
2	Total number of independent contractors	(including but	not I	ımıte	ed to		_	stec	d above) who received r	nore than			
	\$100,000 of compensation from the organ	ization 🚩					0_					- 000 /	<i>^</i>

ROCKY MOUNTAIN SECTION OF THE AMERICAN

Form 990 (2012)

232009 12-10-12 Statement of Revenue

ASSN. OF PETROLEUM GEOLOGISTS 83-6060963

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Form 990 (2012)

Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Revenue excluded from tax under Total revenue Related or Unrelated exempt function business sections 512, 513, or 514 revenue revenue Federated campaigns 1a 1b Membership dues Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** 2 a CONVENTION INCOME 243,445. 243,4454 541900 Program Service Revenue f All other program service revenue 243,445 Total. Add lines 2a-2f investment income (including dividends, interest, and 107 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royatties (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 243 552 243,552 Total revenue See instructions.

	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	rotal exhalises	expenses	general expenses	expenses
	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	50,843.	50,843.		
_	Grants and other assistance to individuals in	/	, ,, ,	, `	,
	the United States See Part IV, line 22	4,413.	4,413.		· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments,			İ	
	organizations, and individuals outside the				,
_	United States. See Part IV, lines 15 and 16	-			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
e	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
, 8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		,		
	Management	34,752.	34,752.		
b	Legal				
	Accounting	1,400.		1,400%	
	Lobbying				
	Professional fundraising services. See Part IV, line 17		·		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	532.	532.		
13	Office expenses	5,961.	5,961.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	140 460	140 460		
19	Conferences, conventions, and meetings	148,460.	148,460.		
20	Interest				
21	Payments to affiliates		···		
22	Depreciation, depletion, and amortization				
23	Other eveness Itemize eveness not severed				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				,
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		,		
а	PRINTING & PUBLICATIONS	12,487.	12,487.		
b	BANK FEES	178.	178.		
c					
d					
	All other expenses		,		
25	Total functional expenses Add lines 1 through 24e	259,026.	257,626.	1,400.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2012)

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Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 273,393 289,180 1 Cash · non-interest-bearing 104,494. 125,107. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 20,300. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L 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 employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 413,974. 398,500 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0 26 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. 30 30 Capital stock or trust principal, or current funds 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 398,500. 413,974 32 Retained earnings, endowment, accumulated income, or other funds 32 413,974. 398,500. 33 Total net assets or fund balances 33 413,974 398,500. Total liabilities and net assets/fund balances

ROCKY MOUNTAIN SECTION OF THE AMERICAN OF PETROLEUM GEOLOGISTS 83-6060963 Page 12 ASSN. Form 990 (2012) **Reconciliation of Net Assets** Check if Schedule O contains a response to any question in this Part XI 243,552. Total revenue (must equal Part VIII, column (A), line 12) 1 259,026. Total expenses (must equal Part IX, column (A), line 25) 2 2 <u>-15,474.</u> 3 Revenue less expenses Subtract line 2 from line 1 3 413,974. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 7 Investment expenses 7 Я Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 398,500 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O \mathbf{X}' Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes." check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

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Form 990 (2012)

Act and OMB Circular A-133?

Schedule I (Form 990) (2012) ° ⊠ EDUCATION IN THE FIELD OF EDUCATION IN THE FIELD OF EDUCATION IN THE FIELD OF Employer identification number 83-6060963 OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance ETROLEUM GEOLOGY PETROLEUM GEOLOGY ETROLEUM GEOLOGY ☐ Yes Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ROCKY MOUNTAIN SECTION OF THE AMERICAN ASSN. OF PETROLEUM GEOLOGISTS 7.043 (d) Amount of cash grant 6,000, 37,800 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ıf applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? VARIOUS STATE & REGIONAL SOCIETIES 1 (a) Name and address of organization WYOMING GEOLOGICAL ASSOCIATION or government CASPER, WY 82602-0545 TULSA, OK 74101-0979 Name of the organization Department of the Treasury AAPG FOUNDATION P.O. BOX 545 P.O. BOX 979 **SCHEDULE 1** (Form 990) Part

ROCKY MOUNTAIN SECTION OF THE AMERICAN ASSN. OF PETROLEUM GEOLOGISTS

Schedule I (Form 990) (2012)

Part III

Page 2

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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.

(f) Description of non-cash assistance 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. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

ROCKY MOUNTAIN SECTION OF THE AMERICAN Employer identification number Name of the organization <u>83-606096</u>3 ASSN. OF PETROLEUM GEOLOGISTS DESCRIPTION OF ORGANIZATION MISSION: PART I, LINE 1, GEOLOGISTS IN THE ROCKY MOUNTAIN AREA FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE SECRETARY-TREASURER FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE UPON REQUEST