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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

► Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning DEC 1, 2013 and ending NOV 30,

ĺ	Вс	heck if	C Name of organization	.	D Employer iden	tification number
	_	·]Addres:	ROCKY MOUNTAIN SECTION OF THE AMERICAN	ı		
	<u> </u>	change	ASSN. OF PETROLEUM GEOLOGISTS		0.0	6060063
	느	_change _Initial	Doing Business As			-6060963
	<u>_</u>	return	,	Room/suite	E Telephone nun	
	느	Termin- ated	JIO IOIN BIREEL, BOILD III			3-573-8621
	<u>_</u>	Amend	City of town, state of province, country, and ZiP of foreign postar code		G Gross receipts \$	447,480.
	_	Applica tion pending			H(a) Is this a grou	• — —
		pendin	F Name and address of principal officer:		for subordina	
			910 16TH STREET, SUITE 1150, DENVER, CO		H(b) Are all subordina	tes included? Yes No
			mpt status \square 501(c)(3) \square 501(c) (6) \triangleleft (insert no.) \square 4947(a)(1) or	r 527	1	h a list (see instructions)
			e: ▶ WWW.RMS-AAPG.ORG		H(c) Group exem	
			organization: X Corporation Trust Association Other	L Year	of formation: 198	5 M State of legal domicile; CO
	Pa		Summary			
	ġ.		Briefly describe the organization's mission or most significant activities. HOLD			
	Activities & Governance		OF SCIENTIFIC SUBJECTS AND PROBLEMS WITHI			
	Ĕ	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	than 25% of its ne	t assets
LA)	ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)			3 5
2015	g	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4 5
63	es 6	5 -	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5 0
₽₩	ξ	6	Total number of volunteers (estimate if necessary)			6 0
	5	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
MAY	٩	ь	Net unrelated business taxable income from Form 990-T, line 34			7b 0.
					Prior Year	Current Year
	a	8 (Contributions and grants (Part VIII, line 1h)			0.
SCANNED	Ž	9 1	Program service revenue (Part VIII, line 2g)		243,44	5. 447,355.
	Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	🗀	10	7. 125.
Ü	Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0. 0.
Ø		1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	. [243,55	2. 447,480.
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		55,25	6. 54,657.
		14	Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.
	v	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·		0.
	ıse		Professional fundraising fees (Part IX, column (A), line 11e)			0. 0.
	Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.	`	
	Щ		Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)		203,77	0. 234,718.
		40	Total expenses Add lines 12.17 (must equal Part IV, column (A), line 25)	·	259,02	
		19	Revenue less expenses. Subtract line 18 from line RECEIVED	•	-15,47	
	-Se	 	RECEIVED	Re	ginning of Current Y	
	Assets or Balances	20	Total assets (Part X, line 16)		398,50	
	Ass	21	0CD1			0. 0.
	EE E		Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 2 from line 20	•	398,50	
	$\overline{}$	art II	Signature Block	 '-	5,50,00	300,000
			Ities of perjury, I declare that I have examined this return, mentang accompanying schedules	and statem	ents, and to the best	of my knowledge and belief, it is
		-	t, and complete Declaration of preparer (wher than officer) is based on all information of wh			,,g,,
	100	, 00,100	Luxure & Club	ion propuror	Had any intermediat	
	Sig	_	Signature of officer	·	Date	
	Her		Suzanne G. Cluft, President Rocky M	4.50	tion AADS	
	пеі	е	Type or print name and title	m cec	HOVI / CAPG	
				1	Date Chec	k PTIN
	Paid		1 11 2	S [2 22 1	mployed P00022343
		parer	JAMES L BURDICK Firm's name BURDICK & ASSOCIATES P.C.		Firm's EIN	
		Only	Firm's address 8390 EAST CRESCENT PARKWAY, STE	110	THIII S EIN	P 40 3013043
	USE	Unity	GREENWOOD VILLAGE, CO 80111	~ T O	Phone no	303-813-1380
	Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

4e_

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ▶

including grants of \$

284,975.

Form 990 (2013)

Form 990 (2013) ASSN. OF PETROLEUM GEOLOGISTS
Part IV Checklist of Required Schedules 83-6060963 Page 3 Voc No

			res	NO_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
_	If "Yes," complete Schedule A			X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		-	
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x'
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
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	<u> </u>	<u>X</u>
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.	ş -		1 *** 1
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
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			4,5
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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> </u>	X
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	444		₩.
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<u> </u>
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "	-	
ıza	Schedule D, Parts XI and XII	12a		х
h	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ļ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
	or for foreign individuals? 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	<u> </u>	X
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	-	<u> X</u>
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	T	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)

83-6060963

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or 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			1
	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 25a	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	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			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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	_	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			ŀ
	complete Schedule L, Part II	26		\mathbf{X}'
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	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?		İ	
	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			
	Schedule N, Part II	32		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			
	Part V, line 1 .	34	ļ. <u></u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	<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	<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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	i	1	

38 X

Note. All Form 990 filers are required to complete Schedule O

Par	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b		1ь О			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		•		
	, ,	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au				
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	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 Ac	counts			i
5a			<u>5a</u>		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			l
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns 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 servi	ces provided to the payor?	7a		-
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required	_		
	to file Form 8282?		7c		
d	· · · · · · · · · · · · · · · · · · ·	7d	۱.,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contraints.		7f		ļ
9	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g		
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did		7h		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at all		8		j
0	Sponsoring organizations maintaining donor advised funds.	ly time during the year:	-		
9	Did the organization make any taxable distributions under section 4966?		9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	•	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:				
а		10a			1
b	· · · · · · · · · · · · · · · · · · ·	10b			
11	Section 501(c)(12) organizations. Enter:	<u> </u>			
	1	11a			
b	C		1		1
_		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	1 II		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	•			
b					
-		13b			
С	_ · · · · · · · · · · · · · · · · · · ·	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b	<u> </u>	<u> </u>

ROCKY MOUNTAIN SECTION OF THE AMERICAN

83-6060963 ASSN. OF PETROLEUM GEOLOGISTS

Form 990 (2013) 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 or note to any line in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other \mathbf{X}' officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X/ 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 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? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 8a a The governing body? Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 X. taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 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)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 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

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Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

							_	_	
Contina A	Officers	Directore	Tructage	Kovi	Employees,	and High	iest Comi	nensated	Employees
Section A.	Officers,	Directors,	indatecs,	INCY I	Linbio, ccs,	and mg		201130100	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.

X Check this box if neither the organization n	or any related	orga	ınıza	tion	cor	nper	ารล	ated any current officer, director, or trustee							
(A)	(B)	(C) Position						(D)	(E)	(F)					
Name and Title	Average	(40					000	Reportable	Reportable	Estimated					
	hours per	box.	(do not check r box, unless per officer and a di			is bot	h an	compensation	compensation	amount of					
	week	— —	er an	dad	recto	r/trus	tee)	from	from related	other					
	(list any	recto					ĺ	the	organizations	compensation					
	hours for	5	₂₂			age age		organization	(W-2/1099-MISC)	from the					
	related	ustee	trust		, ex	<u></u>		(W-2/1099-MISC)		organization					
	organizations below	la l	non		ploy	들	١_			and related organizations					
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations					
(1) ELMO BROWN	3.00	-	=		<u>×</u>	<u> </u>	۳								
PRESIDENT	3.00	İ		х	ŀ			0.	0.	0.					
(2) SUE CLUFF	1.00	_		-											
PRESIDENT ELECT				х				0.	0.	0.					
(3) CAT CAMPBELL	4.00			-		 									
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(4) ANDY HENNES	1.00				\vdash		i -	<u> </u>							
SECRETARY-TREASURER ELECT		1		X				0.	0.	0.					
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83-6060963 Page **8**

week (Ist any hours for related organizations below line) **Bull Page 1		(A) Name and title	(B) Average hours per	(do	not c	(C Posi heck i	c) ition	l than (one	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amoun	
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total rumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual of services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)			week (list any hours for related organizations below	offic	er an	d a d	recto	or/trus	tee)	from the organization	from related organizations	C	othe ompens from t organiza and rela	r sation he ation ated
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0 Form 99				HOL I	ornte	=u (C		_	1216(nore man		001	1.00:5

ASSN. OF PETROLEUM GEOLOGISTS

83-6060963 Page 9

Form 990 (2013)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 447,355 447,355. 2 a CONVENTION INCOME 541900 f All other program service revenue 447,355. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 125% 125. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties . (i) Real (ii) Personal 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 b d All other revenue e Total. Add lines 11a-11d 447,480 447,480.

Total revenue See instructions.

Form 990 (2013)

ASSN.

83-6060963 Page 10 OF PETROLEUM GEOLOGISTS

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 or note to any line in this Part IX (**D**) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 50,762. 50,762. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 3,895 3,895. 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 4 Compensation of current officers, directors, 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) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes Fees for services (non-employees): 25,055. 25,055. a Management . . . Legal Ь 4,400. 4,400 Accounting C Lobbying d e 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.) 7,663. 7,663. Advertising and promotion 12 7.277. 7,277. 13 Office expenses Information technology ... 14 Royalties 15 Occupancy 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 173,112. 173,112. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 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.) 13,371. 13,371 BANK & CREDIT CARD FEES 3,840. 3,840. PRINTING & PUBLICATIONS All other expenses 284,975. 4,400. 289,375. 0. 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 educational campaign and fundraising solicitation.

Check here

_____if following SOP 98-2 (ASC 958-720)

Form 990 (2013)

ASSN. OF PETROLEUM GEOLOGISTS 83-6060963 Page 11 Form 990 (2013) Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 273,393. 431,373. Cash - non-interest-bearing 1 1 125,107 125,232. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 100 11 Investments · publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 556,605 398,500 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 0. Total liabilities, Add lines 17 through 25 26 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 Unrestricted net assets 27 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. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 32 Retained earnings, endowment, accumulated income, or other funds 398,500. 32 556,605. 33 Total net assets or fund balances 398,500. 556,605. 33 398,500. 556,605. Total liabilities and net assets/fund balances

ROCKY MOUNTAIN SECTION OF THE AMERICAN 83-6060963 ASSN. OF PETROLEUM GEOLOGISTS Page **12** Form 990 (2013) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 447,480. 289,375% Total expenses (must equal Part IX, column (A), line 25) 2 2 158,105. Revenue less expenses. Subtract line 2 from line 1 3 3 398,500. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 Investment expenses Prior period adjustments 8 8 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 556,605. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a 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: Both consolidated and separate basis Consolidated basis Separate basis X 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 J Separate basis

2c

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X

Form 990 (2013)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

review, or compilation of its financial statements and selection of an independent accountant?

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

Act and OMB Circular A-133?

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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,

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

% X

Employer identification number 83-6060963 ☐ Yes 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 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ROCKY MOUNTAIN SECTION OF THE AMERICAN ASSN. OF PETROLEUM GEOLOGISTS General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I

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	Governments and	Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II can	be duplicated if additiv	onal space is need	pa			
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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTHINITIES OF THE PART OF THE							
P.O. BOX 979							EDUCATION IN THE FIELD OF
TULSA OK 74101-0979			26,000.	0.			PETROLEUM GEOLOGY
TITER CECLOGICAL ASSOCIATION							`
P.O. BOX 520100			,				EDUCATION IN THE FIELD OF
SALT LAKE CITY, UT 84152-0100			18,600.	0.			PETROLEUM GEOLOGY
VARIOUS STATE & REGIONAL SOCIETIES			, 6, 162,	0			EDUCATION IN THE FIELD OF PETROLEUM GEOLOGY

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule 1 (Form 990) (2013)

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Page 2

83-6060963 ROCKY MOUNTAIN SECTION OF THE AMERICAN

(Form 990) (2013) ASSN. OF PETROLEUM GEOLOGISTS

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. Schedule I (Form 990) (2013) Part III

	(f) Description of non-cash assistance									
ட	(e) Method of valuation (book, FMV, appraisal, other)				Part I. line 2. Part III, column (b), and any other additional information					
	(d) Amount of non- cash assistance				(b), and any other a					
ı	(c) Amount of cash grant	1			ne 2. Part III, column					
	(b) Number of recipients				ourred in Part I. lin					
	(a) Type of grant or assistance				Day IV Surprepared Information Provide the Information required in					

Schedule I (Form 990) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

inspection

ROCKY MOUNTAIN SECTION OF THE AMERICAN **Employer identification number** Name of the organization ASSN. OF PETROLEUM GEOLOGISTS 83-6060963 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GEOLOGISTS IN THE ROCKY MOUNTAIN AREA FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: FORM 990 IS REVIEWED BY THE SECRETARY-TREASURER FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: INFORMATION IS AVAILABLE UPON REQUEST