

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



OMB No 1545-0047

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 private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā	For the 2	014 calen	dar year, or tax	vear beg	inning		, 20	14, and en	din	q			•		
В	Check if app		C		<u> </u>						D Employ	D Employer Identification number			
_		s change	AMERICAN	דעטעד	TITE OF PE	OF GE	OLOGIST	'S		٠	199				
	Name o	-	12000 NOR								E Telepho				
	Initial re	-	THORNTON,								303	-112	-6205		
	H	rn/terminated	·									712	0203		
	\vdash										G 0		\$ 239,150.		
	\vdash	ed return	F Name and add	one of array	and officer										
	<u>П</u> Африса	ition pending							1				<u> </u>		
	Tay ayan	nt atatua	SAME AS C				T 14047/0V(1)) or 527	\dashv	If 'No,'	subordinates attach a list.	(see ins	structions)		
÷	Tax-exem	```		K 501(c) (6)- (1	nsert no.)	4947(a)(1)) 01 327	\dashv				1014		
<u></u>	Website			1		1 >		1	لِـــ		exemption n				
K		rganization:	Corporation	Trust	Association	Other ►		L Year of for	mati	on	IVI S	State of	legal domicile		
Pa	rt I	Summar	y ha tha arranina	tion!o mio	aion or most	a continue	ootnutios:	TD DO A III	TO	N OF C	EOT OOT	cmc			
	1 Brie	eny descri	be the organiza	uon s mis	ision or most :	signincant	activities	FDUCAT	TO	N OF G	FOTOGT	212			
Se													~		
ig.															
Ş.	2 Che	eck this bo	x F If the	organizat	on discontinu	ed its one	rations or d	isposed of	mc	ore than 2	5% of its	net as	ssets		
S	3 Nur		oting members									3	36		
8	4 Nur	mber of in	dependent votir	ng membe	ers of the gove	erning bod	y (Part VI, I					4	36		
Ę.	5 Tot	al number	of individuals	employed	ın calendar ye	ear 2014 (Part V, line	2a)				5	0		
≨	6 Tot		of volunteers (• •		•	6	0		
Ä	7a Tot		ed business rev					• •				7a	0.		
	b Net	unrelated	l business taxal	ole incom	e from Form 9	990-T, line	34	• •	<u>.</u>	• •	· ·	7b	0.		
Revenue Ning - กActivities & Goyej กุลึก ce	_									P	rior Year		Current Year		
67	8 Contributions and grants (Part VIII, line 1h)								<u> </u>	51,		66,608.			
Ď.	9 Pro						•	•	•	·	131,3		170,759.		
ð,	10 Inv		ncome (Part VIII						٠.		3,0	090.	1,783.		
ш	1		e (Part VIII, col e – add lines 8							<u> </u>	186,1	111	239,150.		
			milar amounts						<u> </u>	`	100,.	LII.	61,175.		
	i				-		-3)	• •	•				01,173.		
	1	-	paid to or for members (Part IX, column (A), line 4)												
9	15 Sal		other compensation, employee benefits (Part IX, column (A), lines 5-10)												
JUS.	16a Pro		ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25) ▶										Experience by the first of the first		
Expenses	b Tot					_				4 3	TO THE STATE OF THE SECOND SECOND				
ш	17 00		ses (Part IX, co						•	ļ	226,990		145,475.		
			es. Add lines 13				(A), line 25	i)	• •		226,	<u>990.</u>	206,650.		
		Revenue less expenses. Subtract line 18 from line 12									-40,		32,500.		
8 8										Beginn	ng of Curre		End of Year		
Net Assets Fund Balanc	20 Tot		(Part X, line 16)		•						520,		553,160.		
A P	21 Tot	at habilitie	s (Part X, line	26) .						ļ		0.	0.		
	1	t assets o	fund balances	Subtract	line 21 from	line 20					520,	<u>660.</u>	553,160.		
Pa	nt II 🗀 🥄	<u>Signatui</u>	e Block												
Und	er penalties o	of perjury, I d	eclare that I have ex	mused this r	eturn, ing Uting ac	companying s	schedules and s	statements, an	nd to	the best of n	ny knowledge	e and be	lief, it is true, correct, and		
	piete Deciai	T.				# William prepar									
		Signah	ire of officer	San.							ate	- 20	-15		
Sig He	gn	. .								_		_~	_		
ne	re		LIAM J SIC	<u>K</u>					_	EXEC	UTIVE	DIRE	C		
		ļ	print name and title preparer's name		I Prop		10.0	Date .			12		PTIN		
_		1 _ * '	•	^	Preparer's sig	UM	MINO		/1	111	Check	∐ ıf			
Pa			RD MATTHEW		RICHARI		RM2	11/1/	<u> </u>	117	self-employ	yed	P01398095		
	eparer	Firm's nam		MATTHE		CPAS					4_				
US	e Only	Firm's addr				103					Firm's EIN		-1480542		
	==	Ļ			, CO 8003						Phone no	303	-424-7763		
			is return with the					·· ···	<u>.</u> .	• • • • •	·	<u>.</u>	X Yes No		
BA	A For Pa	perwork F	Reduction Act N	otice, se	e the separate	e instruction	ons.		TEI	EA0113L 05	/28/14		Form 990 (2014),		

	, 990 (2014) AMERICAN INSTITUTE OF PROF. GEOLOGISTS	84-60	06119	9	F	age 2
Par	· · · · · · · · · · · · · · · · · · ·					
	Check if Schedule O contains a response or note to any line in this Part III					X
1	Briefly describe the organization's mission.					
	EDUCATION OF GEOLOGISTS					
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	ices?.		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 service	es, as n	neasure	ed by	expen	ses.
	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported.	to otner	rs, the	total e	xpens	es,
	and revenue, in any, for each program escriber					
4 =	(Code:) (Expenses \$ 93,581. including grants of \$) (Re	venue	Ś			<u> </u>
76	CONVENTIONS AND MEETINGS FOR PROFESSIONAL DEVELOPMENT ARE CONDUCT			TDE		—′
	EDUCATION IN SUPPORT OF PROFESSIONAL GEOLOGISTS	50 10	-FVO	1100		
	EDUCATION IN SUFFORT OF FROTESSIONAL GEOLOGISIS					
	(Only) A Comment C		ė			
41		evenue	\$			
	SCHOLARSHIPS					
						- - -
			. 			
4 0	 	evenue	\$)
	MISCELLANEOUS PROGRAM SERVICE					
				~		
						-
						-
4 c	Other program services. (Describe in Schedule O.) SEE SCHEDULE O				_	
<u> </u>	(Expenses \$ 39,259. including grants of \$) (Revenue \$)	
BAA	Total program service expenses ► 206,650.			For	200	(2014)
DWW	TEEA0102L 05/28/14			1 011	330	(2014)

Form 990 (2014) AMERICAN INSTITUTE OF PROF. GEOLOGISTS
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		Х
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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	Х	
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		Х
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		Х
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 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? <i>If 'Yes,' complete Schedule D, Part V</i>	10	~ 0.00 = 0.08	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.			
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ŧ	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	11 b		х
•	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	11 c		Х
	I 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	11 d	├─	х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	b 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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ļ	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 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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 (see instructions)	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		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	20	<u> </u>	X
ا	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u></u>	<u> </u>

r-ai	LELY SAN CHECKIST OF Required Schedules (Commune)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		х
24 a	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 Schedulé K. If 'No, 'go to line 25a	24a 24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
•	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	-	
t	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 'Yes', complete Schedule L, Part II	26	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		х
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).			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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		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		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		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		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf '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		
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		
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		х
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		х
BAA		Forn	990	(2014)

Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .	1		. 3.4
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0 : :	3	1 15 Miles
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	NESC.
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 2a	0	11/4	25 % Eps 37
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	21	-	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	£27 ·		· ·
3 a 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 0	3t		
4 a 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		х
b If 'Yes,' enter the name of the foreign country: ►			11 . 85.
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	بالغناء	1	عييسا
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 t	-	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	. 50	<u> </u>	<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	ion 6 a	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61	X	
7 Organizations that may receive deductible contributions under section 170(c).	40.7	, 5,5,0	電流
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7.		عائشا
services provided to the payor?	71		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	<u> </u>	1	
Form 8282?	7.	c	
d If 'Yes,' indicate the number of Forms 8282 filed during the year			(الأفوان
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.0	₽	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	F	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7.	g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7	h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	200		1326
organization have excess business holdings at any time during the year?	. 8	<u> </u>	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9	a	<u> </u>
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	b	<u> </u>
10 Section 501(c)(7) organizations. Enter:			10
a 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			
11 Section 501(c)(12) organizations. Enter:	170		
a Gross income from members or shareholders	**************************************		ا فران المالية المالية المالية المالية المالي
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	ر ا		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	а	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			1. 1.
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		1 4
a Is the organization licensed to issue qualified health plans in more than one state?	. 13	а	
Note. See the instructions for additional information the organization must report on Schedule O		4.	
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	3, 5 2, 5		
c Enter the amount of reserves on hand	5.3		1
14a Did the organization receive any payments for indoor tanning services during the tax year?	. 14	a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14		
RAA TEFA01051 05/28/14	Fo	m 990	(2014

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 Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 36 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. 36 b Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? SEE SCHEDULE O 6 7 a 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? .SEE SCHEDULE O Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X a The governing body? X **b** Each committee with authority to act on behalf of the governing body?... 8Ь 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 X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b Х operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 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 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a Х X 15_b **b** 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 16 a 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?..... 16 b 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 Another's website Other (explain in Schedule O) 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. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: 20 #285 WENDY DAVIDSON 12000 N WASHINGTON STREET, THORNTON CO 80241 303-412-6205

ı		
Form 990 (2014) AMERICAN INSTITUTE OF PROF. GEOLOGISTS	84-6061199	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	ompensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated	d Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending wit organization's tax year.		
 List all of the organization's current officers, directors, trustees (whether individuals or organization compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid 	s), regardless of amount of	ř.

- 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 nor any related organization compensated any current officer, director, or trustee

BAA

	organiz		-	(C)						
(A) Name and Title	(B) Average hours per	Pos than	ition one both dir	(do n box, an c ector	ot che unles officer /truste	eck moss s pers and a ee)	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) WILLIAM J SIOK EXECUTIVE DIREC (2)	- 4 -	Х	х	Х				0.	0.	0.
(3)					_					
(4)					<u></u>					
(5)		_		-	_					
(6)		-			_					
<u>(7)</u>		-	_		_	-	_			
		_		_	-		-			
					_		_			
(10)						-				
(11)							-			
(12)										
(13)										
(14)										

TEEA0107L 02/27/14

Form 990 (2014)

Part VII Section A. Officers, Directors, 110	T	ney	CIII		_	es, a	anc	i rigilest coll	ipensaleu Emp	Toyees (continuea)
(A) Name and title	Average hours per week	offic	Position not check more than o , unless person is both cer and a director/truste			ıs both or/trus!	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza tions below dotted fine)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(717)									••	
(18)		-								
(19)										
(20)									 .	
(21)										
(22)										
(23)										
(24)										
(25)					-		-			
1 b Sub-total	l		Ш 		<u> </u>	<u> </u>	>	0.	0.	0.
c Total from continuation sheets to Part VII, Secti							>	0.	0.	0.
d Total (add lines 1b and 1c)	to those I	sted	abov	ve) v		recei	ved	0 . more than \$100,00	0.00 of reportable com	0. pensation
from the organization > 0										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	ctor, or tru ch individu	ıstee, <i>ıal</i> .						nighest compensa		3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great	er than \$1	50,00	mpe 30?	nsa If '\	ition Yes'	com	oth <i>piet</i>	ner compensation te Schedule J for	from	
such individualDid any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye.	e comper	nsatio	n fr	om	any	unre	late	ed organization or	individual	4 X 5 X
Section B. Independent Contractors	s, comple	16 30	, rieu	uic	3 10	300)11 p	erson		· · · · · · · · · · · · · · · · · · ·
1 Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen the c	dent alen	co. dar	ntra year	ctors endi	tha	at received more to with or within the oil	han \$100,000 of ganization's tax yea	r.
(A) Name and business add	····							(B) Description	,	(C) Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited to	o the	se	liste	abo	ve)	who received more	than	
BAA		TEEAC	108L	03/	09/15					Form 990 (2014

	•	Check if Schedule O	contains i	a resp	onse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
	,	, , , ,	1 B	,	; .		function revenue	revenue	under sections 512-514
rants		Federated campaigns Membership dues		1 a	54,685.		,	, , ,	8 (
ts, G		Fundraising events		1 c					1 1
a, Gif	1	Related organizations Government grants (contributions)	ons)	1 d 1 e	·	,			والمستريخ والمراجع
Contributions, Gifts, Grants and Other Similar Amounts	f	f All other contributions, gifts, grants, and similar amounts not included above 1 f		11,923.					
ad of	9	Noncash contributions included							The second second
	h	Total. Add lines 1a-1f	••••		Business Code	66,608.	<u> </u>		
venu	2 a	CONVENTIONS & I	MEETIN	<u>gs</u> _		152,147.	152,147.	China and the state of the stat	
e Re		NEWSLETTER ADV	ERTISI	NG _		14,165.	14,165.		
Program Service Revenue	d	MISCELANEOUS _				4,447.	4,447.		
gram	e f	All other program serve	e revenu						
P. O		Total. Add lines 2a-2f		5 L		170,759.	的复数对多方式	MARKARUE MARK	
	3	Investment income (incother similar amounts)	luding div	udends	s, interest and	1,783.			
	4	Income from investmen		 xempt	bond proceeds.		1,763.		
	5	Royalties		<u>.</u>		er all has the distance has a	2013478.00	, W. S. Oak Van Lan Division to	1982 6 100 AS M 88 (1980 N 198 N 198 N
	6.5	Gross rents	(i) R	eal	(ii) Personal				
		Less: rental expenses			 				
	ł .	Rental income or (loss) .						A 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	d	Net rental income or (lo	oss) .						
	7 a	Gross amount from sales of assets other than inventory	(i) Secu	ırıtıes	(II) Other				
		Less, cost or other basis and sales expenses							
	1	: Gain or (loss) I Net gain or (loss)				4788 C 444 21	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To the control of the	
ā	1	Gross income from fun	draising e	vents		A TOP FOR ASS.	1 3 w 1 c, 100	2.3 x 基础 1.30	
Other Revenu		(not including . \$ of contributions reporte	d on line	1c).		ا از این	Bright grown north	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
æ	l	See Part IV, line 18			a	graf by a to have		Constitution of the State of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
重	•	Less: direct expenses			b		7 7 7	A College College	A CONTRACTOR
δ	i	: Net income or (loss) fro : Gross income from gan		_	events	Harry Comment		\$ 400,000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Gross income from gan See Part IV, line 19							
		Less: direct expenses : Net income or (loss) fro			b[<u> </u>			· · · · · · · · · · · · · · · · · · ·
		Gross sales of inventor and allowances	_	_			,	i i con	
		and allowances Less: cost of goods sol			a b				***
		: Net income or (loss) from				-			
		Miscellaneous Reven			Business Code			•	
	11 a								
	۰								
,	1 -	I All other revenue • Total. Add lines 11a-11				•			
	1	Total revenue. See ins				239.150	172.542	0.	0

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r	esponse or note to any	Ine in this Part IX .		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments.	10 041	10.041		
2	See Part IV, line 21	19,041.	19,041.		The second secon
_	individuals. See Part IV, line 22 Grants and other assistance to foreign	42,134.	42,134.		
3	organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				15
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management	1 240	1,348.		
	a Legal	1,348.	1,348.		
		19,100.	19,100.		
	e Professional fundraising services. See Part IV, line 17.	19,100.		N3.5 E & N2 + 7/	
	Investment management fees		HANDANA WASALAT	Chapter after after aftering toward of the forth	
	Other. (If line 11g amt exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0) .				
	Advertising and promotion	67.	67.		
13	Office expenses	621.	621.		
14	Information technology	4,545.	4,545.		
15	Royalties	370.	370.		
16	Occupancy	9,354.	9,354.	<u></u>	
17 18	Payments of travel or entertainment	9,334.	9,334.		
10	expenses for any federal, state, or local public officials	·			
19	Conferences, conventions, and meetings	93,581.	93,581.		
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	600	600		
23 24	Insurance Other expenses, Itemize expenses not	600.	600.	2 (2,0)	X 0 8 10 000 8 8 8 6
27	covered above (List miscellaneous expenses				
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			The state of	
	MISCELLANEOUS	9,895.	9,895.		
	DUES & SUBSCRIPTIONS	2,076.	2,076.		
	• TELEPHONE	1,648.	1,648.		<u> </u>
	PRINTING AND PUBLICATIONS	1,118.	1,118.		<u> </u>
	e All other expenses	1,147.	1,147.		<u> </u>
25	Total functional expenses. Add lines 1 through 24e	206,650.	206,650.	0.	. 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				
BA	SOP 98-2 (ASC 958-720)	TEFA01101 0		<u> </u>	Form 990

Pa	rt 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
	1	Cash – non-interest-bearing		1	
- 1	2	Savings and temporary cash investments	477,614.	2	513,574.
-	3	Pledges and grants receivable, net		3	
- 1	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	43,046.	5	39,586.
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	The state of the s	6	The second second
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	•	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		8	
		Less: accumulated depreciation		10 c	
	11	Investments — publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11.		13	
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	520,660.	16	553,160.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
s e		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		- (2) L	
E C	27	Unrestricted net assets	520,660.	27	553,160.
39	28	Temporarily restricted net assets		28	
D E	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Ø	30	Capital stock or trust principal, or current funds		30	
æ	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et /	33	Total net assets or fund balances	520,660.	33	553,160.
Z	34	Total liabilities and net assets/fund balances	520,660.	34	553,160.
BA	A				Form 990 (2014)

		84-6061199	Page 12	2
Pai	t-XIX Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · · · · · · · · · · · · · ·		1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	239,150.	_
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,650.	
3	Revenue less expenses. Subtract line 2 from line 1	. 3	32,500.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	520,660.	
5	Net unrealized gains (losses) on investments	5	-	_
6	Donated services and use of facilities	6		_
7	Investment expenses	. 7		-
8	Prior period adjustments	8		_
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			_
	column (B))	10	553,160.	<u>.</u>
Pa	tixilial Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	•	. [}
			Yes No	_
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			5
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		War Talahai a	
	in Schedule O.			
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re	viewed on a	3-38 57 3 2 3	3
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
	Were the organization's financial statements audited by an independent accountant?		2b X	_
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	separate		3
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
,	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit, 	2 c	_
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	. За Х	_
	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		_
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BAA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Form 990 (2014	4)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

• Section 527 organizations: Complete Part I-A only.

alldys) or mago nobecgal

Schedule C (Form 990 or 990-EZ) 2014

		' to Form 990, Part IV, line 4, or Form 990- nat have filed Form 5768 (election under section			
		nat have NOT filed Form 5768 (election under			
F	art II-A.	·			-
r the Prox	e organization answered 'Yes,' xy Tax) (see instructions), the	' to Form 990, Part IV, line 5 (Proxy Tax) (s n	ee instructions) or F	orm 990-E.Z, Part V, line	2 35C
		ganizations: Complete Part III			
Vame	of organization			Employer identificat	ion number
	CRICAN INSTITUTE OF			84-6061199	
Par	Complete if the or	ganization is exempt under section	n 501(c) or is a s	ection 527 organiz	ation.
1	Provide a description of the o	organization's direct and indirect political co	ampaign activities in	Part IV SEE PART	[V
2	Political expenditures			►\$	
3	Volunteer hours				
Par	tll B Complete if the or	ganization is exempt under section	n 501(c)(3).		
1	Enter the amount of any exci	se tax incurred by the organization under	section 4955	▶\$	
2	Enter the amount of any exce	se tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
	Was a correction made?	<u>.</u>			Yes No
	If 'Yes,' describe in Part IV.	·			ш ш
		ganization is exempt under section	on 501(c) . except	section 501(c)(3).	
		pended by the filing organization for section			
2	Enter the amount of the filing o	organization's funds contributed to other organ	zations for section 527	exempt > \$	
2				•	
3	line 17b	ditures. Add lines 1 and 2. Enter here and	• • • •	▶\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes X No
5	- organization made naumente	and employer identification number (EIN) s. For each organization listed, enter the ar is received that were promptly and directly del I action committee (PAC). If additional spa	nount naid from the f	ilina organization's func	is Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)			9		
(2)			1		
(3)					
(4)					
(5)					
(6)		L			

Schedule C (Form 990 or 990-EZ) 201	4 AMERICAN IN	STITUTE OF PROF.	GEOLOGISTS	84-606	1199 Page 2
Part II-A Complete if section 501(the organizatior	is exempt under sec	tion 501(c)(3) and		
A Check ► If the filin	g organization belong	s to an affiliated group (and	list in Part IV each affili	ated group member's nam	e,
address,	EIN, expenses, and	I share of excess lobbying	expenditures)		
B Check ► I if the filir	ng organization ched	cked box A and 'limited cor	itrol' provisions apply		
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pu	blic opinion (grass roots lo	bbying)		
b Total lobbying expendit	ures to influence a l	egislative body (direct lobb	yıng) .		
c Total lobbying expendit	ures (add lines 1a a	nd 1b)			
d Other exempt purpose					
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)			
f Lobbying nontaxable an both columns	mount. Enter the am	ount from the following tab	ele in		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:	1	2 - 2 - 20 C - 1 - 1
Not over \$500,000		20% of the amount on line 1e.		Angelia Carrier	· 新门道法的分子。
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000.	[[[]] [[]] [[]] [[]] [[]] [[]] [[]]	San Andrews
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.	The second	to the work of the same
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess of	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000.		Pur De Line	Contract to the second
g Grassroots nontaxable	amount (enter 25%	of line 1f) .			
h Subtract line 1g from lii	ne 1a. If zero or less	s, enter -0			
i Subtract line 1f from lin	ne 1c. If zero or less	, enter -0			
j If there is an amount othe section 4911 tax for this	er than zero on either s year?	line 1h or line 1i, did the org	anızatıon file Form 4720	reporting	Yes No
(Som	ne organizations tha	4-Year Averaging Period L It made a section 501(h) el Is below. See the instructi	ection do not have to	complete all of the five	
	_	ying Expenditures During			
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount				1 2 - 5 - 5 - 6 - 7 - 8 - 19 S	
e Grassroots ceiling amount (150% of line 2d, column (e))	Control of the Contro				
f Grassroots lobbying expenditures .					
amount (150% of line 2d, column (e)) f Grassroots lobbying				Schedule C (Fo	rm 990 or 990-E2

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(election under section 301(11)).				
For each 'Yes' response to lines 1a through 1ı below, provide in Part IV a detailed description	(6	3)	(t	<u>)) </u>
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?			414	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			· - (5(v))	wy .
c Media advertisements?				the second section of the second
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	. —			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j Total. Add lines 1c through 1:	. 1377	- Progg		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	24.2		ECONTRACTOR	11 40 mar 2 1
b If 'Yes,' enter the amount of any tax incurred under section 4912	100 m A	16. Jak	All residence in	ل ُ تَدَالًا لِللَّهُ مَا عَلَمُ
•				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 .	عَمَاكُمُنْ ا	Berting.	_ T8050498263.49	Carrent Reverse
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	701()(7)	l	man the state of	1788 B. G. 1848
Part III-A Complete if the organization is exempt under section 501(c)(4), section section 501(c)(6).	oU1(c)(5)	, or		
				Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		•	. 3	X
Part III-B Complete if the organization is exempt under section 501(c)(4), section ! (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR answered 'Yes.'	501(c)(5) (b) Part	, or s III-A,	line 3, is	
1 Dues, assessments and similar amounts from members		1	<u></u>	<u>54,685.</u>
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politiexpenses for which the section 527(f) tax was paid).	cal	是 第二章		
a Current year		2 a		19,100.
ь Carryover from last year		2 b		
c Total .		2 c		19,100.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		44,188.
A. If notices were cent and the amount on line 2s exceeds the amount on line 2 what notice of the exceed		12 1		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4		0
5 Taxable amount of lobbying and political expenditures (see instructions)	•• •	5		0. 0.
a randore amount or robbying and pointed experiences (see instructions)		ı -		U.

Part-IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES

NONE

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2011

OMB No 1545-0047

1 07	pen to Public	Inspection
1	Ope	드 .

Employer identification number

AMEDICAN INSTITUTE OF PROF	CEOLOGISTS					84-6061199	
Paritim General Information on Grants and Assistance	rants and Assist	nce					
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	to substantiate the amine grants or assistant rocedures for monitorin	# : ₹	ne grants or assistance, the grantees' eligibility for the grants or assistance, and	eligibility for the grants o	r assistance, and	:	Yes X No
Rantil Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Ye 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.	ince to Domestic for any recipient	Organizations a that received m	izations and Domestic Governments. Complete if the organization answered 'Yes' to seeived more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Comple art II can be duplic	te if the organizat ated if additional	ion answered 'Ye space is needed.	s' to
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
(1) AIPG FOUNDATION STREET THORNTON, CO 80241			19,041.	0.			
<u></u>							
(4)							
(5)							
(6)							
<u>6</u>							
(8)							

Schedule I (Form 990) (2014)

TEEA3901L 06/19/14

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

3 Enter total number of other organizations listed in the line 1 table BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014) AMERICAN INSTITUTE OF PROF. GEOLOGISTS

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

car be duplicated it additional space is needed:	מכם וא וומכתכת.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	25	42,134.			
2	;				
677					
1					
S.					
v					
7					
Part IV العبر العبر المعاومة	de the information	required in Part I,	line 2, Part III, co	umn (b), and any other	r additional information.

Schedule I (Form 990) (2014)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

2014

OMB No. 1545-0047

Open To Public lispection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN INSTITUTE OF PROF. GEOLOGISTS

Employer identification number

84-6061199

Part: Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected
'	i	person and organization		Yes	No
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					Ī
(6)					

section 4958

►\$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

> \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In o	iefault?	(h) App by boa comm	proved ard or attee?	(i) Wi agreer	itten nent?
			То	From			Yes	No	Yes	No	Yes	No
(1) JOHN MIKELS	FORMER T	ADVANCED		X	43,046.	39,586.		X		X	X	
(2)							I					
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total		• • •			 ▶\$	39,586.		300 Y	3,00	200		

Rartill Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-F7) 2014	AMERICAN	TNSTTTHTE	OF PROF	CEOLOGI

84-6061199

Page 2

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship between interested person and the organization (c) Amount of transaction (e) Sharing of organization's revenues? (a) Name of interested person (d) Description of transaction Yes No (1) (2) (3) (4) (5) (6) <u>(7)</u> (8)

(9) (10)

Partivs Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

at www.irs.gov/torms

Employer identification number

84-6061199

AMERICAN INSTITUTE OF PROF. GEOLOGISTS

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

LOBBYING EXPENSES INCURRED IN PROTECTING AND PROMOTING THE INTERESTS OF THE MEMBERS

FOUNDATION DONATIONS & PASSTHRU

NEWSLETTERS ARE PREPARED AND DISTRIBUTED TO MEMBERS TO PROVIDE INFORMATION OF PROFESSIONAL SIGNIFICANCE AND TO NOTIFY MEMBERS OF ACTIVITIES

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

CERTIFIED PROFESSIONAL GEOLOGISTS AND STUDENTS

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

MEMBERS ELECT EXECUTIVE COMMITTEE

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

MAJOR DECISIONS REQUIRE VOTE OF MEMBERS

FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.