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EXTENDED TO JULY 15, 2016

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

D

▶ 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

<u>A F</u>	or the	2014 calendar year, or tax year beginning $$ DEC 1 , 2014 $$ and $$	ending N	OV 30, 2015	
Вс	heck if	C Name of organization		D Employer identific	ation number
aţ	Oplicable	ROCKY MOUNTAIN SECTION OF THE AMERICAN	V.		
	Address change	ASSN. OF PETROLEUM GEOLOGISTS			
	Name change	Doing business as	_	1 83-60	060963
	Initial		Room/suite	E Telephone number	
<u> </u>	Final	910 16TH STREET, SUITE 1125		•	573-8621
	⊐return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,112.
	ated Amende			H(a) Is this a group re	
;	⊒return ∃Applica-	F Name and address of principal officer		7 ''	
L	Jtión pending	1	202	for subordinates	
				H(b) Are all subordinates in	
		npt status501(c)(3) _X501(c) (6) ◀ (insert no.)4947(a)(1) o	01 527	-	list (see instructions)
		: ► WWW.RMS-AAPG.ORG	1	H(c) Group exemption	
		rganization: X Corporation Trust Association Other	L Year	or tormation: 1985 M	State of legal domicile: CO
Pa		Summary	CONTE	NAME OF THE PART OF	DIGGIGGION
စ္ပ		riefly describe the organization's mission or most significant activities. HOLD			
an		F SCIENTIFIC SUBJECTS AND PROBLEMS WITH			
eru		heck this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
& Governance	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	
8	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	5 0
es	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
Activities	6 T	otal number of volunteers (estimate if necessary)		6	0
\cti	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	bΝ	et unrelated business taxable income from Form 990 , line 34 Comment	·	7b	0.
		total number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 34 fet unrelated business taxable income from Form 990 ft, line 34 fontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) investment income (Part VIII, column (A), lines 3, 4 and 76)		Prior Year	Current Year
a	8 C	contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9 P	rogram service revenue (Part VIII, line 2g)	70/	447,355.	14,000.
eve	10 Ir	envestment income (Part VIII, column (A), lines 3, 4 and 70)	/ŏ/	125.	112.
Œ	11 C	When the second (Death (III) and the second (A) have 5 Cel	Icó I	0.	0.
		otal revenue add lines 8 through 11 (must equal Part VIII, column A cline 13)		447,480.	14,112.
	1	irants and similar amounts paid (Part IX, column (A), lines 1-3)		54,657.	178,430.
	1	enefits paid to or for members (Part IX, column (A), line 4)	~	0.	0.
Ø	l	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Pe -	Į.	otal fundraising expenses (Part IX, column (D), line 25)	0.		
щ	ł	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		234,718.	36,305.
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		289,375.	214,735.
				158,105.	-200,623.
es.		Revenue less expenses Subtract line 18 from line 12	D,	eginning of Current Year	End of Year
ass	00 7	Catal conside (Dout V. line 10)	1.00	556,605.	355,982.
SSE	20 1	otal assets (Part X, line 16)	·	0.	0.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)	-		355,982.
	<u> 22 </u>	let assets or fund balances Subtract line 21 from line 20 Signature Block		556,605.	333,364.
				and to the heat of m	u knowledge and helief it is
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and behel, it is
ube	, correct	and complete. Declaration of prepare (other than officer) is based on all information of wh	inch prepare		20.4/
		Signature/bi officer		Date /5 /o	2016
Sig				1	
Her	e	Type or print name and title	eden	<u> </u>	
_				Date Check	PTIN
ς.		Print/Type preparer's name Preparer's agnature	<u> </u>	#	- 7↓
Paid		JAMES L BURDICK		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	٠,	Firm's name BURDICK & ASSOCIATES, P.C.		Firm's EIN	26-3075049
Use	Only	Firm's address 8390 E CRESCENT PKWY 57E 110			0 040 4000
		GREENWOOD VILLAGE, CO V0111		Phone no. 3 0	3-813-1380
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	_		X Yes No

83-6060963 ASSN. OF PETROLEUM GEOLOGISTS Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 . Briefly describe the organization's mission HOLD CONVENTIONS FOR DISCUSSION OF SCIENTIFIC SUBJECTS AND PROBLEMS WITHIN THE SCOPE OF PETROLEUM GEOLOGISTS IN THE ROCKY MOUNTAIN AREA Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 208, 250 • Including grants of \$ ______) (Revenue \$) (Expenses \$ CONVENTIONS HELD DURING THE YEAR Other program services (Describe in Schedule O) (Expenses \$ 208,250. 4e Total program service expenses ▶

ROCKY MOUNTAIN SECTION OF THE AMERICAN

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			Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 98-197 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			1
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII .	12a	<u> </u>	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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	1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ļ		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	000	

			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 19 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 or for domestic individuals 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	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	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	1		
	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), 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		
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	Ĭ		
	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		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		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	<u></u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34_		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		1	
	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?	1		
	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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2014)

Pai	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Contourie Contains a responde of free to any line in the Cart		Yes	No
4.	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable 1a 0		162	140
	Enter the number of Forms W 2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
28	filed for the calendar year ending with or within the year covered by this return 2a 0			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
.	If "Yes," enter the name of the foreign country			
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	The state of the s	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
U.	any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Dulith a second and converse of C7F made portly as a contribution and partly for goods and converse provided to the poure?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
e	P. I.I.	7e	ļ	
f	1 1 r. 1 10	7f		
g	16 th and the second of the se	7g		
h	the state of the s	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	l	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	_	1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1-
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
C		+	-	177
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	11	

ROCKY MOUNTAIN SECTION OF THE AMERICAN

ASSN. OF PETROLEUM GEOLOGISTS

83-6060963

Form 990 (2014) 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 of Cabardida Constitute a recognized or note to any line in this Bort VI						\mathbf{x}				
<u>Soc</u>	Check if Schedule O contains a response or note to any line in this Part VI						<u> </u>				
Sec	tion A. Governing Body and Management					Yes	No				
	Table the growth as of waters marsh are of the governing hady at the and of the tay year	1 40	1	ı	-	res	NO				
та	Enter the number of voting members of the governing body at the end of the tax year	1a			4	1					
	If there are material differences in voting rights among members of the governing body, or if the governing	ŀ									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	46	ļ	ı	5						
	Enter the number of voting members included in line 1a, above, who are independent	1b_	h any eth		4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ııp witi	n any our	le i	2		х				
_	officer, director, trustee, or key employee?	ho dire	act cupor		-						
3	Did the organization delegate control over management duties customarily performed by or under the	ie dire	oct super	VISION	,		X				
_	of officers, directors, or trustees, or key employees to a management company or other person?	000	on filed?		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form				5		X				
5											
6	Did the organization have members or stockholders?				6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoir	it one or				v				
	more members of the governing body?				7a		_X_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	STOCK	nolaers, e	or			v				
	persons other than the governing body?	1.			7b		<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by	the followi	ng:		v					
а	The governing body?				8a	X					
þ	Each committee with authority to act on behalf of the governing body?				_8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	achec	at the				37				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			 -	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Code.)		1	Γ				
					F	Yes	No				
	Did the organization have local chapters, branches, or affiliates?			•	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	ers, affilia	tes,			ļ				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990				1		3.5				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		X_				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b		ļ				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"	describe			ļ 1					
	ın Schedule O how this was done .				12c	 					
13	Did the organization have a written whistleblower policy?				13	-	X				
14	Did the organization have a written document retention and destruction policy?				14		X				
15	Did the process for determining compensation of the following persons include a review and appro-		ındepen	dent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			ŀ		1				
а	The organization's CEO, Executive Director, or top management official				15a	 	X				
b	Other officers or key employees of the organization				15b		X				
	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 arrange	ement	with a								
	taxable entity during the year?				16a	ļ	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			ation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızat	ion's				i				
	exempt status with respect to such arrangements?				16b	<u></u>	<u> </u>				
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►NONE		-	<u> </u>							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Se	ction 501	(c)(3)s only	avaılat	ole					
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	t of intere	est policy, a	nd finan	icial					
	statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks	and reco	rds ►							
	CAROL DALTON - 303-945-2073										
	910 16TH STREET, SUITE 1150, DENVER, CO 80202										

ROCKY MOUNTAIN SECTION OF THE AMERICAN

ASSN. OF PETROLEUM GEOLOGISTS

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax 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

	(B)			((;) ::			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUE CLUFF	3.00									
PRESIDENT		<u> </u>		Х				0.	0.	0
(2) CAT CAMPBELL	1.00							_	_	
PRESIDENT ELECT				X		<u> </u>		0.	0.	0
(3) ANDY HENNES	4.00							_		_
SECRETARY-TREASURER		_		X				0.	0.	0 .
(4) JULIA RAUSCH LEMASTER	1.00							_		_
SECRETARY-TREASURER ELECT		ļ		X		ļ		0.	0.	0 .
(5) ELMO BROWN	1.00				ļ			_		_
PAST PRESIDENT				X				0.	0.	0.
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Section A. Officers, Directors,	Trustees, Ney Er	пріоу	ees	<u>, ani</u>	u nij	gne	SLU	ompensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average		not c	heck	ition more	than		Reportable	Reportable		{	stimate	
	hours per week				rson ı ırecto			compensation from	compensation from related		ar	nount other	Of
	(list any	ş						the	organization		com	pensa	ation
	hours for	or director				ted	ļ	organization	(W-2/1099-MIS			rom th	
	related	stee	ruste			beusa		(W-2/1099-MISC)				anızat	
	organization below	ual tr	onal	 	ploye	t com						d relat anızatı	
	line)	co Individual trustee	institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Former) org.	arnzan	OHS
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		1_	<u></u>										
1b Sub-total								0.		0.	ļ		0.
c Total from continuation sheets to P	art VII, Section A				•			0.		0.			<u> </u>
d Total (add lines 1b and 1c) 2 Total number of individuals (including	but not limited to	thoso	licte		hove	\ \a\	20 re	0.	L COO of reportab	0.	l		0
2 Total number of individuals (including compensation from the organization	_	inose	IISTE	eu ai	DOVE	;) WI	10 16	sceived more than \$100	,,000 or reportab	16			(
												Yes	No
3 Did the organization list any former of			e, ke	ey er	nplo	yee	, or l	nighest compensated e	mployee on				3,5
line 1a? If "Yes," complete Schedule 3 4 For any individual listed on line 1a, is to			amn	ane:	ation	an	d oth	ner compensation from	the organization		3		X
and related organizations greater than									and organization		4		х
5 Did any person listed on line 1a receive	·				-		relat	ed organization or indiv	idual for services	;			
rendered to the organization? If "Yes, Section B. Independent Contractors	" complete Sched	ule J I	for s	<u>uch</u>	pers	on		··· <u>·</u>		_	5	l	<u> X</u>
Complete this table for your five higher	est compensated i	ndepe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of con	npens	ation	from	
the organization Report compensation													
(A Name and bus		NT	∩NT1				ĺ	(B) Description of s	services	c		C) Insatio	וח
Traine and suc		14(ON!	<u>. </u>			\dashv	2000.p.io.	73.71000				
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	-				-								
													
2 Total number of independent contrac		not li	mite	d to		_	sted	above) who received r	nore than				
\$100 000 of compensation from the o	organization 🕨				(כ							

ROCKY MOUNTAIN SECTION OF THE AMERICAN

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Form 990 (2014)

ASSN. OF PETROLEUM GEOLOGISTS

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b b Membership dues 1c c Fundraising events **1d** d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$_ Total. Add lines 1a-1f **Business Code** 14,000. 2 a SPONSORSHIP INCOME 541900 14,000. Program Service Revenue f All other program service revenue 14,000 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 112. 112 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 (II) Other (i) Securities 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 \$ _____ of 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 b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 0. 0. 14,112. 14,112. Total revenue See instructions.

Form 990 (2014)

Form 990 (2014) ASSN. OF PETROLEUM GEOLOGISTS
Part IX Statement of Functional Expenses

	otatement of functional Expense				
Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a response of Include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	455 000	455 200		
	and domestic governments. See Part IV, line 21	175,380.	175,380.		
	Grants and other assistance to domestic		2 252		
	individuals. See Part IV, line 22	3,050.	3,050.		
3	Grants and other assistance to foreign	İ			
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	_			
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
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).				
а	Management	6,245.	6,245.		
b	Legal				
С	Accounting	6,485.		6,485.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	550.	550.		
13	Office expenses	6,909.	6,909.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,116.	16,116.		
20	Interest	~			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a					
b					
C					
d	All other expenses				·
е 25	Total functional expenses. Add lines 1 through 24e	214,735.	208,250.	6,485.	0.
<u>25</u> 26	Joint costs Complete this line only if the organization	MT = 1100 •			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
_	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2014)
Part X Balance Sheet ASSN. OF PETROLEUM GEOLOGISTS

Part X	Check if Schedule O contains a response or note to any line in this Part X			
	Officer if Confedence of Confedence of Final County with the County wi	(A)		(B)
· · ·		Beginning of year		End of year
1	Cash - non-interest-bearing	431,373.	_1	174,257.
2	Savings and temporary cash investments	125,232.	2	181,725.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
İ	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
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			
Sis	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
[₹] 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment. cost or other			
	basis Complete Part VI of Schedule D 10a			
6	Less accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	·····
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16_	Total assets. Add lines 1 through 15 (must equal line 34)	556,605.	16	355,982
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
က္က 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons		.	
Liabilities 23	Complete Part II of Schedule L	ļ	22	
23	Secured mortgages and notes payable to unrelated third parties		23	.=1
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
ļ	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.
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
Se	complete lines 27 through 29, and lines 33 and 34.			
ဋ္ဌ 27	Unrestricted net assets		27	···
g 28	Temporarily restricted net assets		28	
[29	Permanently restricted net assets		29	
ב	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 【X】			
<u>p</u>	and complete lines 30 through 34.	_		_
8 30	Capital stock or trust principal, or current funds	0.	30	0
g 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds	556,605.	32	355,982
Z 33	Total net assets or fund balances	556,605.	33	355,982
34	Total liabilities and net assets/fund balances	556,605.	34	355,982.

ROCKY MOUNTAIN SECTION OF THE AMERICAN 83-6060963 Page 12 ASSN. OF PETROLEUM GEOLOGISTS Form 990 (2014) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 14,112. Total revenue (must equal Part VIII, column (A), line 12) 1 214,735. 2 Total expenses (must equal Part IX, column (A), line 25) 2 -200,623. Revenue less expenses Subtract line 2 from line 1 3 3 556,605 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 Investment expenses 7 7 8 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 355,982. 10 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 X 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 Consolidated basis Both consolidated and separate basis J Separate basis b Were the organization's financial statements audited by an independent accountant? X 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 ___ Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За

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

Form 990 (2014)

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

SCHEDULE I (Form 990) Department of the Treasury

internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2014
2014
Open to Public Inspection

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

% X EDUCATION IN THE FIELD OF EDUCATION IN THE FIELD OF SDUCATION IN THE FIELD OF Employer identification number 83-6060963 (h) Purpose of grant or assistance PETROLEUM GEOLOGY ETROLEUM GEOLOGY ETROLEUM GEOLOGY Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 。 ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ROCKY MOUNTAIN SECTION OF THE AMERICAN (d) Amount of 85,104 40,276 50,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table OF PETROLEUM GEOLOGISTS (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? VARIOUS STATE & REGIONAL SOCIETIES 1 (a) Name and address of organization ROCKY MOUNTAIN ASSOCIATION OF GEOLOGISTS - 910 16TH STREET ASSN. or government TULSA, OK 74101-0979 Name of the organization DENVER, CO 80202 AAPG FOUNDATION P.O. BOX 979 Part II Parti

432101 10-15-14

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

Schedule I (Form 990) (2014)

ROCKY MOUNTAIN SECTION OF THE AMERICAN ASSN. OF PETROLEUM GEOLOGISTS

Schedule 1 (Form 990) (2014)

Page 2

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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 Part III

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

Schedule I (Form 990) (2014)

432102 10-15-14

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service ROCKY MOUNTAIN SECTION OF THE AMERICAN Employer identification number Name of the organization

Inspection

83-6060963 ASSN. OF PETROLEUM GEOLOGISTS FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GEOLOGISTS IN THE ROCKY MOUNTAIN AREA FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE SECRETARY-TREASURER FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE UPON REQUEST