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EXTENDED TO NOVEMBER 15, 2017

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.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A	or the	e 2016 calendar year, or tax year beginning and e	ending	_	
В	Check if applicable	C Name of organization	-	D Employer identific	cation number
	Addre	WILLISTON BASIN CHAPTER OF API			
	Name chang	Doing business as		45-0	388975
F	∏lnitial _return ∏Final	,	Room/suite	E Telephone number	
Ĺ	return_ termin				572-9557
	ated]Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	121,334.
늗	return Applic	WILLISTON, ND 38802		H(a) is this a group re	
L	tion	F Name and address of principal officer KEN CALIDATIAN		for subordinates	
_		822 2ND AVE EAST, WILLISTON, ND 58801		H(b) Are all subordinates in	
		empt status 501(c)(3) _X 501(c)(6) ◀ (insert no.) 4947(a)(1) or	r 527	1	list (see instructions)
		te: N/A		H(c) Group exemption	
	art i	organization X Corporation Trust Association Other ► Summary	L Year	of formation: 1982 N	State of legal domicile: ND
_	-	Briefly describe the organization's mission or most significant activities SCHOL	ARCHT	DC & DONATT	ONS TO
Governance	1	NEEDY INDIVIDUALS	MICHIL	FB & BONATIO	OND 10
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets
3 A	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
Š	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	0
Viti	6	Total number of volunteers (estimate if necessary)		. 6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٠	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		31,670.	25,675.
ا ﴿	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		52.	43.
8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		151,625.	95,616.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		183,347.	121,334.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	<u> </u>
S	15	Salaries, other compensation, employee benefits (Part IX-column (A), lines 5-10) -		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<i> </i>	0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 1/1 > (5)	<u>:0. </u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-1/1d, 11f-24e)	! L	230,838.	<u>130,134.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	′ <u> </u>	230,838.	130,134.
	19	Revenue less expenses Subtract line 18 from line 12		<47,491.	<u>> <8,800.</u> >
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)	<u> </u>	43,420.	34,752.
P. P	21	Total liabilities (Part X, line 26)	<u> </u>	307.	439.
Ž	22	Net assets or fund balances Subtract line 21 from line 20		43,113.	34,313.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge	
		Secretary of affects			
Sig	n	Signature of officer		Date 5//	2/17
Hei	re	KEN CALLAHAN, PRESIDENT			<u>- </u>
		Type or print name and title	11	Date Check	PTIN
		Print/Type preparer's name Preparer's signature		\	
Pai		HEIDI LEE, CPA HEIDI LEE, CPA		5/09/17 self-employ	
	parer	Firm's name EIDE BAILLY LLP		Firm's EIN ▶	45-0250958
Use	Only	Firm's address PO BOX 1387			1 577 2157
		WILLISTON, ND 58802-1387		Phone no. 70	1-577-2157
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Orm	rt III Statement of Program Service Accomplishments
rai	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	DEVELOP AND ADHERE TO THE HIGHEST LEVEL INDUSTRY STANDARDS, PROTECT
	THE ENVIRONMENT AND LEAD IN HEALTH AND SAFETY PERFORMANCE. IMPROVE THE
	ENERGY INDUSTRY BY PROMOTING EDUCATION AND SCHOLARSHIPS TO MAKE AN
	IMPACT ON THE COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	N/A
	
4b	(Code) (Expenses \$
	N/A
4c	(Code) (Expenses \$
	N/A
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses

Form **990** (2016)

Form 990 (2016) WILLISTON BASIN CHAPTER OF API Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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	_		ĺ
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			· ·
_	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
4.0	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			1.
	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			ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44		Х
	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		X_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		 •• •
'	the organization's separate of 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	Ì	X_
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			 ** -
ıza	Schedule D, Parts XI and XII	12a	ĺ	x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
U	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)(u)(2 If "Ves." complete Schedule F.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, 70		
•	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_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	L_	Х
			990	(2016)

Form 990 (2016)

X

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Νo 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a 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? 5h If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a 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 Section 501(c)(7) organizations. Enter 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Entera Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016) WILLISTON BASIN CHAPTER OF API 45-0388975 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line da, db, di 10b below, describe the circumstances, processes, di changes in achedule O	See II	nstructions						
	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a_		5					
	If there are material differences in voting rights among members of the governing body, or if the governing	ł		}					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			1					
b	Enter the number of voting members included in line 1a, above, who are independent	1b_	(2	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	ct supervision	ļ					
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	is filed?	4		<u>X</u>			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X X X			
6	Did the organization have members or stockholders?			6		X			
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or		İ				
	persons other than the governing body?			7b		<u>X</u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	1					
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenue	e Code)						
					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 cl	hapter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13		-	12a		X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	esc <i>r</i> ibe						
	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 approve		ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	<u> </u>	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)			1	ł				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			_			
	taxable entity during the year?		-	16a	ļ	<u>X</u>			
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			İ					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatıo	n's						
	exempt status with respect to such arrangements?	سسب		16b	L				
<u>Sec</u>	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	tion 501(c)(3)s only)	availat	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, co	nflict o	of interest policy, ar	id finan	cial				
	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 bo	oks a	nd records 🕨						
	EIDE BAILLY, LLP - 701-577-2157								
	210 UNIVERSITY AVE, WILLISTON, ND 58801								

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

(A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week	 					100,	from	from related	other
	(list any hours for	iect			,	L_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5	itee			žį.		(W-2/1099-MISC)	(***-2/1033-141100)	organization
	organizations	truste	i i]	e je	ag m		(** 2) 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	,	Key employee	est cc	<u></u>			organizations
	line)	Ē	Instil	Officer	Key	Highest compensated employee	Form			
(1) KEN CALLAHAN	0.00						ĺ	_		_
PRESIDENT		<u> </u>	ļ	X		$ldsymbol{oxed}$		0.	0.	0.
(2) SCOTT BENNETT	0.00		İ				ĺ	_	_	
VICE PRESIDENT		<u> </u>	$oxed{oxed}$	X		<u> </u>	<u> </u>	0.	0.	0.
(3) KERRI ESPELAND	0.00	ļ		Ì			1	_	_	_
SECRETARY			_	X		<u> </u>	<u> </u>	0.	0.	0.
(4) DARREN SCHMIDT	0.00				Ì	1		_		
TREASURER		ļ	<u> </u>	X	_	<u> </u>		0.	0.	0.
(5) JONATHAN IBLINGS	0.00	}		l	ŀ	1			}	
BOARD MEMEBER		ļ	1	X	ļ	╙		0.	0.	0.
(6) CRYSIE HENDERSHOT	0.00	1	}			1	}			
BOARD MEMEBER		<u> </u>	-	X	<u> </u>	_	<u> </u>	0.	0.	0.
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(A) Name and title .		(B) Average hours per week	box.	not c , unle	ss pe	ntion more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) imate ount other	
		(list any hours for related organizations below line)	Individual trustee or director	Inolvidual trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		fro orga and	pensa om the inizati relati nizati	e ion ed
			_											
							-						_	
														
											-			
											_			
С	Sub-total Total from continuation sheets to Part	t VII, Section A	_					>	0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including bu compensation from the organization		nose	liste	ed al	bov	e) wi	no r	eceived more than \$100		0.			<u>0.</u> 0
3	Did the organization list any former office		uste	e, ke	y er	nplo	oyee	or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the	sum of reportab	le co	-						the organization		3		<u> </u>
5	and related organizations greater than \$ Did any person listed on line 1a receive	or accrue compe	nsat	ion 1	from	any	y unr			idual for services		4		X
	rendered to the organization? If "Yes," c									£100,000 of a sec		5		_ X
1	Complete this table for your five highest the organization Report compensation										——	(C		
	(A) Name and busine	ess address	N	INC	E				Description of s	services	С	omper		n
								\dashv						
		 							<u></u>					
				-				-						
		·												
2	Total number of independent contractor		ot li	mite	d to		se la	stec	d above) who received n	nore than				
	\$100,000 of compensation from the org	ariiZatiUl1					<u> </u>					Form	990 (2016)

Form 990 (2016) WILLISTON BASIN CHAPTER OF API 45-0388975 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 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 \$ h Total. Add lines 1a-1f **Business Code** 25,675. 25,675. 2 a MEMBERSHIP DUES AND AS 900099 Program Service Revenue f All other program service revenue 25,675 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 43 43 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ▶ (i) Securities (II) Other 7 a Gross amount from sales of 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

632009 11-11-16

Net income or (loss) from sales of inventory Miscellaneous Revenue

11 a API CHILI COOK-OFF

c PETROLEUM BANQUET

Total revenue. See instructions.

d All other revenue

e Total. Add lines 11a-11d

ь API GOLF TOURNAMENT

Form **990** (2016)

0.

47,684.

25,316.

18,262.

95,616.

121,334

4,354.

47,684.

25,316.

18,262.

121

4,354.

334

Business Code 900099

900099

900099

900099

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 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. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				··· -
6	Compensation not included above, to disqualified			1	
	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)	<u> </u>			
9	Other employee benefits				
10	Payroll taxes			\ <u>-</u>	
11	Fees for services (non-employees)				
а	Management				
	Legal				
C	Accounting	13,130.			·
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				-
g	, ,				
	column (A) amount, list line 11g expenses on Sch O.)	7 262		 	
12	Advertising and promotion	7,363.	-	 	
13	Office expenses	9,269.		 	
14	Information technology			 	
15	Royalties				
16	Occupancy				
17	Travel			 	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	15,767.			
19 20	Interest	15,707.		 	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<u> </u>	 	
23	Insurance	2,405.		 	
24	Other expenses Itemize expenses not covered	3/100.			
	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.) DONATIONS	62,542.			
	SCHOLARSHIPS	13,500.		 	
C	CDEDIE CARD FEED	5,006.		 	
	OTHER	1,152.		 	
	All other expenses				_
25	Total functional expenses Add lines 1 through 24e	130,134.		 	
26	Joint costs. Complete this line only if the organization	20012041			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here			1	

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	38,546.	1	32,288.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,500.	4	130.
	5	Loans and other receivables from current and former officers, directors,			
		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	:	1	
s		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ë	8	Inventories for sale or use	1,374.	8	2,334.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	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)	43,420.	16	34,752.
	17	Accounts payable and accrued expenses	307.	17	439.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u>-</u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,		1	
ij	1	key employees, highest compensated employees, and disqualified persons			
Liabilities		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	<u></u>
	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			
	1	Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	307 .	26	439.
		Organizations that follow SFAS 117 (ASC 958), check here and			
es	İ	complete lines 27 through 29, and lines 33 and 34.			
ည္ဆ	27	Unrestricted net assets		27	
3ak	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶			
		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	43,113.	32	34,313.
Z	33	Total net assets or fund balances	43,113.	33	34,313.
	34	Total liabilities and net assets/fund balances	43,420.	34	34,752.

	990 (2016) WILLISTON BASIN CHAPTER OF API	<u>45-038</u>	<u>8975</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	1,3	<u>34.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	0,1	<u>34.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<	8,8	<u>00.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	3,1	<u>13.</u>
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	3	4,3	13.
Pa	rt XII 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	e O	1 .		
2a	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 review	ed on a	1		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				[
þ	Were the organization's financial statements audited by an independent accountant?		_2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both		Ì		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	he audıt,			
	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 So	hedule O			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit		}	
	Act and OMB Circular A-133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	{	1

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization

		9					'	прісусі	identinos tion maniber
		WILL	ISTON BASI	N CHAPTER OF	API			4	<u>5-0388975 </u>
	rt I	Reason for Public (
he	organi	zation is not a private found	ation because it is (For lines 1 through 12, o	heck only	one box)			
1	\square	A church, convention of chi	urches, or association	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2	\square	A school described in section	on 170(b)(1)(A)(ii). (Attach Schedule E (Forn	1 990 or 99	90-EZ))			
3	Ш	A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	ii).		
4		A medical research organiza	ation operated in co	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Enter t	the hospital's name,
		city, and state							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a go	overnmental unit	describ	ed in
		section 170(b)(1)(A)(ıv). (C	omplete Part II)						
6		A federal, state, or local gov	ernment or governm	nental unit described in s	section 17	'0(b)(1)(A)	(v).		
7		An organization that normal	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the	general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II)						
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	: II)				
9		An agrıcultural research org	anızatıon described	in section 170(b)(1)(A)(i x) op erate	ed in conju	inction with a lar	d-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the	name, city	, and state of th	e college	e or
		university							
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership	fees, a	nd gross receipts from
		activities related to its exem	ipt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its	support	from gross investment
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ired by the orgai	nization	after June 30, 1975.
		See section 509(a)(2). (Con	•						
11	\vdash	An organization organized a							_
12		An organization organized a							
		more publicly supported org							heck the box in
		lines 12a through 12d that o				•		-	
а	·	Type I. A supporting orga	•		•	-			-
		the supported organization			ı majority d	or the aire	ctors or trustees	or the s	upporting
		organization You must c	•		د طفید مید		ad araanization/a	N by bo	
D	٠ ــــــ	Type II. A supporting orga							
		control or management of			ame perso	ms mai cc	miroi or manage	the sup	ported
_		organization(s) You mus Type III functionally inte			in connec	tion with	and functionally	integrate	ad with
C	·	its supported organization	•					integrate	With,
d		Type III non-functionally		•				d organi	zation(e)
·	·	that is not functionally into	• • • • • • • • • • • • • • • • • • • •					_	
		requirement (see instructi	=	-				allone	1011035
۰	. [Check this box if the orga	•	•				Type III	
		functionally integrated, or					. , , , , , , , , , , , , , , , , , , ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Ente	r the number of supported of	-	ilany intogrator oupport					
		ride the following information	•	ed organization(s)	••				<u> </u>
) Name of supported	(II) EIN	(iii) Type of organization	(iv) is the orga in your governi	inization listed	(v) Amount of mo	onetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instr	uctions)	support (see instructions)
_									
F - 4.	_,		1	J	1	J .	J		

Schedule A (Form 990 or 990-EZ) 2016 WILLISTON BASIN CHAPTER OF API 45-03889 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	tion A. Public Support						
1 Gills, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsectives a sentines Section B. Total Support Clined ary set (or fincal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total) Representation of the set of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, set (see instructions) 13 First five years. If the Form 990s is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2015 Schedule A. Part II, line 14 15 Public support percentage from 2015 Schedule A. Part II, line 14 15 Public support percentage from 2015 Schedule A. Part II, line 14 15 Public support percentage from 2015 Schedule A. Part II, line 14 15 Public support percentage from 2015 Schedule A. Part II, line 14 15 Public support percentage from 2015 Schedule A. Part II, line 14 15 Public support percentage from 2015 Schedule A. Part II, line 14 15 Public support percentage from 2015 Schedule A. Part II, line 14 15 Public support percentage from 2015 Schedule A. Part II, line 14 16 Public support percentage from 2015 Schedule A. Part II, line 14 17 10/5 **-date-and-circumstance leat **- 2016, if the organization of din ot check a box on line 13, 18a, or 18	Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Include any runusual grants 1) 2 Tax revenues leved for the organization's benefit and either pad to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support Sebrest line 3 the lines 5 Section B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities licens, rents, royalities and income from smillar sources 9 Net income from uncertained business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not the business from include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, act (see instructions) 13 First five years. If the Form 950 is for the organization of the Column (f) divided by line 11, column (f) 14 Public support percentage for 2016 (ine 6, column (f) divided by line 11, column (f) 15 Public support percentage for 2016 (ine 6, column (f) divided by line 11, column (f) 14 Significant organization divides as a publicly supported organization 15 Public support percentage for 2016 (ine 6, column (f) the organization of the organization meets the "facts and-circumstances" test. Check this box on line 13, 16a, column 13, 16a, column 14 is 10% or more, and if the organization meets the "facts and-circumstances" test. Check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test. Check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test. Check this box and stop here. Explain in Part VI how t	1	Gifts, grants, contributions, and						
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3. She portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support, Secret was \$ frontines. Section B. Total Support Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9. Net income from white sources, rents, royalties and income from similar sources. 9. Net income from threlated business activities, whether or not the business as regularly carried on 10. Other income On ont include gain or loss from the sale of capital assets (Explain in Part VI.) 11. Total support. Add lines 7 through 10. 2. Gross receipts from related activities, etc. (see instructions). 11. First five years. If the Form 90% is for the organization of the chick the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in east is the "facts and-circumstances" test. Check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. Check this box and stop here. The organization meets the "facts and-circumstances" test. Check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test. Check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test. Check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test. Check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test. Check this box and stop here. Explain in Part VI how t		membership fees received (Do not			-			
ization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total, Add lines 1 through 3. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5. Public support, Secretable's hashing 4. Section B. Total Support Calendaryers (or fiscal yars beginning in) 6. Public support secretable business and income from smallar sources on National Support and income from smallar sources on National Support and income from smallar sources on National Support secretable business activities, whether or not the business is regularly carried on 10. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) in 11. Total support, Add lines 7 through 10. Section S. Computation of Public Support Percentage 14. Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15. Public support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage from 2015 Schedules, Part II, line 14 16. Support percentage fr		include any "unusual grants ")				1		
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	-			_				
		•				-		
	18							ns >

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	now, please comp	nete rait ii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	70,026.	165.416.	239,128.	175,109.	116,937.	766,616.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	i					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	70,026.	165,416.	239,128.	175,109.	116,937.	766,616.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						766,616.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	70,026.	165,416.	239,128.	175,109.	116,937.	766,616.
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44.	68.	185.	52.	43.	392.
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975			1			
(: Add lines 10a and 10b	44.	68.	185.	52.	43.	392.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	11,650.	15,179.	14,513.	8,186.	4,354.	53,882.
13	Total support (Add lines 9, 10c, 11, and 12)	81,720.	180,663.			121,334.	820,890.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	
	check this box and stop here						▶□
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2016 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	93.39 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	92.45 %
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	.05 %
18						18	.07 %
	33 1/3% support tests - 2016. If the			on line 14, and line	15 is more than 3	3 1/3%, and line	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	$\triangleright \mathbf{X}$
·	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organization						

Part IV Supporting Organizations

	and bill you checked 125 of 1 at 1, complete Sections A and of 11 you checked 125 of 1 at 1, complete			
<u></u>	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
<u> 26</u> C	tion A. All Supporting Organizations		1	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	į	1	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	}	1	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	_2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	_3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		'	
	despite being controlled or supervised by or in connection with its supported organizations	4b		l
_	Did the organization support any foreign supported organization that does not have an IRS determination	- <u> </u>	1	
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
50	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	F		
	was accomplished (such as by amendment to the organizing document).	5a	 	
D	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	 -	-
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>	+	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	1	1	
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	_		
	Part VI.	6	+	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7_		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8_		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			ļ
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	ĺ		ĺ
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	_9c_	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		1	{
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

	dule A (Form 990 or 990-EZ) 2016 WILLISTON BASIN CHAPTER			45-0388975 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov 20, 1970 (explain	in Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7_		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
_ <u>b</u>	Average monthly cash balances	1b		
_ <u>c</u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	 ,		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	_ 3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
	see instructions)	4		
<u> 5 </u>	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2_		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Chack hard if the durrent year is the organization's first as a non-functional	lly interm	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Par	t V Type III Non-Functionally Integrated 509			5-03889/5 Page 7
	on D - Distributions	(a)(a) Supporting Orga	anizations (continued)	Current Veer
	Amounts paid to supported organizations to accomplish exe		Current Year	
	Amounts paid to supported organizations to accomplish exemples and to perform activity that directly furthers exemple to the control of the c			
_	organizations, in excess of income from activity	or purposes or supported		
3	Administrative expenses paid to accomplish exempt purposition	es of supported organization	ne	
	Amounts paid to acquire exempt use assets	es of supported organization		
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions, Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t			
-	(provide details in Part VI) See instructions		1	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(1)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				<u> </u>
b				
С	From 2013			<u> </u>
d_	From 2014			
e	From 2015			
<u>f</u>	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
1	Carryover from 2011 not applied (see instructions)			
ــــــــــــــــــــــــــــــــــــــ	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h		<u> </u>	
6	•			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c Breakdown of line 7		 	
8 a	DISANDOWIT OF IIIIS /		 	
•	Excess from 2013			
	Excess from 2014		-	
	Excess from 2015			
	Excess from 2016			

Schedule A	(Form 990 or 990-EZ) 2016	WILLISTON	BASIN CH	APTER OF	API	45-0388975 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provide ; 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3, Part I	the explanations re ba, 6, 9a, 9b, 9c, 1 V, Section E, lines	equired by Part II, 1a, 11b, and 11c, 1c, 2a, 2b, 3a, and	line 10, Part II, line 17a or Part IV, Section B, lines 1 d 3b, Part V, line 1, Part V	17b; Part III, line 12, and 2; Part IV, Section C, Section B, line 1e, Part V,
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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.

Inspection

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

	WILLISTON BASIN CHAPTER OF API	45-0388975
FORM 990, I	PART III, LINE 4D, OTHER PROGRAM SERVICES:	
N/A		
N/A		
EODM 000 I	PART VI, SECTION B, LINE 11B:	
	REVIEWS FORM 990 AND APPROVES THE SIGNING OF T	HE FORM
IIID DOIMD I	ANTENNO TOTAL 330 MID MITROVED THE STOWARD OF T	III I OIGIT
FORM 990, I	PART VI, SECTION C, LINE 19:	
THE GOVERN	ING DOCUMENTS, CONFLICT OF INTEREST POLICY, AN	D THE FINANCIAL
INFORMATION	N ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
		
	•	