

EXTENDED TO OCTOBER 15, 2018

Form .990

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	Do not enter
Internal Revenue Service	▶ Information

social security numbers on this form as it may be made public.

Open to Public Inspection

A F	or the	2016 calendar year, or tax year beginning DEC 1, 2016 and ending	NOV 30, 2017	
		C Name of organization	D Employer identific	ation number
a	heck if pplicable	ROCKY MOUNTAIN SECTION OF THE AMERICAN		
	Address change			
-	Name		4 83-60	060963
F	Jchange]Initial	Doing business as		700703
<u> </u>	_ireturn ∏F⊪ai	Number and street (or P.O. box if mail is not delivered to street address) Room/suit		72 0601
<u> </u>	Ireturn/ termin-	910 16TH STREET, SUITE 1214		573-8621
	ated ∏Amende	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	186,660.
<u> </u>	Jreturn Applica	DENVER, CO 80202	H(a) Is this a group re	
L_	_tion pending	F Name and address of principal officer	for subordinates	• — —
		910 16TH STREET, SUITE 1150, DENVER, CO 80	2 H(b) Are all subordinates in	
			If "No," attach a l	ist (see instructions)
		► WWW.RMS-AAPG.ORG	H(c) Group exemption	
K F	orm of a	organization: X Corporation Trust Association Other ▶	ar of formation: 1985 M	State of legal domicile: CO
Pa		Summary		
Φ	1 E	Briefly describe the organization's mission or most significant activities HOLD CONV	ENTIONS FOR I	DISCUSSION
Governance	(OF SCIENTIFIC SUBJECTS AND PROBLEMS WITHIN TH	E SCOPE OF PI	STROLEUM
Ë	2 (Check this box I if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	sets.
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	5
	l	lumber of independent voting members of the governing body (Part VI, line 1b)	4	5
Activities &		fortal number of individuals employed in colonday year 2016 (Part V. by 20)	5	0
ij	6 7	otal number of volunteers (estimate if necessary)	3/ 6	0
疲	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12	(<u>P</u>) 7a	0.
⋖	bi	let unrelated business taxable income from Form 990-T, June 30	76	0.
		otal unrelated business revenue from Part VIII, column (C), line 12 (1) let unrelated business taxable income from Form 990-T, line 32 (1)	Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue	1	Program service revenue (Part VIII, line 2g)	174,086.	186,551.
Ş		eventment macro (Dart VIII) column (A) imag 2 4 and 7d)	116.	109.
æ	l	Program service revenue (Part VIII, line 2g) nivestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	1	Street Towards (Fart VIII, Coldmit (A), Intes 5, 60, 50, 700, and Te)	174,202.	186,660.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,608.	61,010.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	l .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ë	l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
쫎	į.	otal fundraising expenses (Part IX, column (D), line 25)	450 665	450 450
-	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	178,867.	159,163.
	18	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	189,475.	220,173.
	19 F	Revenue less expenses Subtract line 18 from line 12	-15,273.	-33,513.
ssets or salances		Ĺ	Beginning of Current Year	End of Year
alar	20 1	otal assets (Part X, line 16)	340,709.	307,196.
Net As Fund B	21	otal liabilities (Part X, line 26)	0.	0.
<u> </u>	22 1	let assets or fund balances. Subtract line 21 from line 20	340,709.	307,196.
	art II	Signature Block		
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my	knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	rer has any knowledge.	
		12U2	8/29	1/18
Sign	n	Signature of officer	Date	
Her	1	LETER D. BUCKUM SECRETARY + TROUSUR	25A	
	1	Type or print name and title		
		Print/Type preparer's name Preparer's signafore	Date, Check	[[PTIN
Paid		THERESA S. WILLIAMS Thurse Willens	1 1121 50 11	
		Firm's name BURDICK & ASSOCIATES, P.C.	Firm's EIN	26-3075049
		Firm's address 8390 E CRESCENT PKWY STE 110	, 1 HIH 2 FHA	20 30/3042
300	····,	GREENWOOD VILLAGE, CO 80111	Dhama 20	3-813-1380
	<u> </u>		I Phone no. 3 U	
May	tne IA	S 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.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2016)

83-6060963 ASSN. OF PETROLEUM GEOLOGISTS Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission. HOLD CONVENTIONS FOR DISCUSSION OF SCIENTIFIC SUBJECTS AND PROBLEMS WITHIN THE SCOPE OF PETROLEUM GEOLOGISTS IN THE ROCKY MOUNTAIN AREA Did the organization undertake any significant program services during the year which were not listed on the Yes X No 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 186,551. 199,210 • Including grants of \$) (Revenue \$) (Expenses \$ CONVENTIONS HELD DURING THE YEAR including grants of \$ (Code) (Expenses \$) (Expenses \$ (Code including grants of \$ Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$ 199,210.

Form **990** (2016)

ROCKY MOUNTAIN SECTION OF THE AMERICAN

Total program service expenses

ASSN. OF PETROLEUM GEOLOGISTS

83-6060963

Form 990 (2016) ASSN. OF PET
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)?			х
_	If "Yes," complete Schedule A	1 2		$\frac{\mathbf{x}}{\mathbf{x}}$
2	Is the organization required to complete Schedule B, Schedule of Contributors			<u>~</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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		¥. €.	****
	as applicable.		,	: 4
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		Х
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		Х
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		Х
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	İ		,,
	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_V
	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,	,_		\ \v_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			🐷
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
	complete Schedule G, Part III	19	L	$^{\perp}$

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_ <u></u>		
	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	l	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		· / is	221
	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	1	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			\vdash
٠.	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	٠		一
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	سم	 	
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ĺ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300	 	\vdash
30	If "Yes," complete Schedule R, Part V, line 2	36		
27		36		\vdash
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X	
	Note. All Form 990 filers are required to complete Schedule O	38		(2016)

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	Check if Schedule O contains a response or note to any line in this Part V	_			
``				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			,
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				á
	filed for the calendar year ending with or within the year covered by this return	2a 0		8	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,	ĹŽú
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C	ס	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			37 (1)	2 6 2
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)		77	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	,	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
С	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	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	rices provided to the payor?	7a	1	l
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d	, v 200	· *	,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	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		
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:		1	121	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	ļ!		
11	Section 501(c)(12) organizations. Enter.	1	*	7 9 9 9	
а		11a		, ,	***
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	(4),	
	amounts due or received from them)	11b	. 23	.i	·
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	112	184	 ^ ,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			\$ \$ \$.	(2)
а	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		Ž.	· 💥	13-3
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			<i>"′</i>
С	Enter the amount of reserves on hand	13c		JH.	100
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		

ASSN. OF PETROLEUM GEOLOGISTS

83-6060963

Form 990 (2016) 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

 \mathbf{X} Check if Schedule O contains a response or note to any line in this Part Vi Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent į. Ž\$. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other <u>k 100</u> Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7**b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 11 X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 1. 2 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records CAROL DALTON - 303-945-2073 910 16TH STREET, SUITE 1150, DENVER, 80202 CO

ASSN. OF PETROLEUM GEOLOGISTS

83-6060963

Form 990 (2016) 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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

Check this box if neither the organization n	or any related	orga	nıza			nper	nsat		director, or trustee	
(A)	(B)	1		_ (C				(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	more	than o	one	Reportable	Reportable	Estimated
	hours per	box	, unte	ss per	rson	s bott or/trus	h an i	compensation	compensation	amount of
	week	\vdash	or an		9010	, u u s		from	from related	other
	(list any	Individual trustee or director			l			the	organizations	compensation from the
	hours for related	0 tg	<u>a</u>		ŀ	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ustee	Itrus		ු ස	преп	ĺ	(VV-2/1038-IVIIOC)		and related
	below	lad t	Institutional trustee		Key employee	Highest compensated employee	<u> </u>			organizations
	line)	udivic	nstitu	Officer	Key er	Highe	Former			
(1) ANDY HENNES	3.00		Ī		Ť		Ē			
PRESIDENT] _		X				0.	0.	0.
(2) JULIA RAUSCH LEMASTER	1.00									
PRESIDENT ELECT				X_	L			0.	0.	0.
(3) LYN GEORGE	4.00									
SECRETARY-TREASURER			L.	Х			_	0.	0.	0.
(4) HEIDI SCHOENSTEIN	1.00							_		_
SECRETARY-TREASURER ELECT				Х	_	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	_	0.	0.	0.
(5) CAT CAMPBELL	1.00							_		
PAST PRESIDENT				Х	_		<u> </u>	0.	0.	0.
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	ROCKY MO	UNTAIN S	SE(נידי	ON	1 (OF	TI	HE AMERICAN		_	-	
	990 (2016) ASSN. OF									83-6060	<u> </u>	Р	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per	(do box	not c	Posi heck i ss per	tion more		one h an	(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	orç ar	other npensa rom th ganizat id relat anizat	e tion ted
С	Sub-total Total from continuation sheets to Part V	II, Section A	<u> </u>	<u> </u>	L	L	<u> </u>	>	0.	0 0	•		0.0
2	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization	not limited to ti	nose	liste	ed a	bov	e) w	ho r		·	<u>•1</u>	Yes	(
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual		•	•	•	•			, ,	3	. * *	X
4 5	For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes	, " CC	mpl	ete :	Sch	edul	e J	for such individual	-	4		х
Sec	rendered to the organization? If "Yes," conction B. Independent Contractors	nplete Schedu	le J	for s	uch	per	son				5_	<u> </u>	X
1	Complete this table for your five highest content of the organization. Report compensation for										nsation	from	
	(A) Name and business			ON					(B) Description of		Comp	C) ensatio	on
											_	_	

the organization Report compensation for the calendar year en	iding with or within the organization's tax year	
(A)	(B)	(C)
Name and business address NO	NE Description of services	Compensation
		
2 Total number of independent contractors (including but not lim	ited to those listed above) who received more than	i i i i i i i i i i i i i i i i i i i
\$100,000 of compensation from the organization	0	

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Page 9

Form	990	(2016) ASSN. OF PETRO	LEUM GE	OLOGISTS		83-6060	963 Page 9
Pai	t VI	II Statement of Revenue	_				
		Check if Schedule O contains a response or	note to any lin	e in this Part VIII	/B)	(0)	<u></u>
			٠,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a			,	*		x .
۵,5 آ	c			*			
ar /	d	. .		ž.		,	
ini,	е	Government grants (contributions)		·	* * * *		
e ti	f	All other contributions, gifts, grants, and					
필등		similar amounts not included above 1f			***		
ĘĘ	. 9				.		
=	- 1	Total. Add lines 1a-1f	usiness Code	-#			\$-25°3. 74
<u>ي</u>	2 a		541900	121,451.		S. Maridilla an	121,451.
S a	_ b	CRONGORGUER THOONG	541900	47,725.			47,725.
Se	c						
ran 3ev	c	1					
Program Service Revenue	e	·	E 41000	17 275		-	17 275
L	f		541900	17,375. 186,551.	* * # } }	*4*************************************	17,375.
	3	Total. Add lines 2a-2f Investment income (including dividends, interest	and	100,551.		<u> </u>	***.
	3	other similar amounts)	, and	109.	1		109.
	4	Income from investment of tax-exempt bond pro-	ceeds			·	
	5	Royalties					
		(i) Real	(II) Personal				
	6 a	a Gross rents		**************************************		·	
	t	b Less rental expenses					
		c Rental income or (loss)	•			* ' '	
		d Net rental income or (loss) a Gross amount from sales of (i) Securities	(II) Other	2~		2. 3.	
		assets other than inventory	(ii) Other	· ^*			
	l t	b Less cost or other basis		. 4 1 2			
		and sales expenses			* * * * * *		
	(c Gain or (loss)					i
	(d Net gain or (loss)	<u> </u>				
Other Revenue	8 8	a Gross income from fundraising events (not including \$ of		***			* \$
ě		contributions reported on line 1c) See				*	
ē		Part IV, line 18 a					
₹		b Less. direct expenses b					* - *
	1	c Net income or (loss) from fundraising events	<u> </u>				an 3.247
	"	a Gross income from gaming activities See Part IV, line 19			Cran de		la isaa
	,	b Less direct expenses				**************************************	
		c Net income or (loss) from gaming activities		· Marian calanda and and and and			s c
	i i	a Gross sales of inventory, less returns	·	á 1	* { # * * * ** *	* * *	
		and allowances a					
		b Less cost of goods sold b					2.16
		c Net income or (loss) from sales of inventory			18.8		ļ
	-		usiness Code	*».			
	11 :	a b	-				
	l	c		 		 	
		d All other revenue					
	,	e Total. Add lines 11a-11d				*** **	
	12	Total revenue. See instructions		186,660.	0.	0.	
6320	09 11-	11-16					Form 990 (2016)

Form 990 (2016)

ASSN. OF PETROLEUM GEOLOGISTS

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a respor		this Part IX		
	oot include amounts reported on lines 6b, Bb, 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	57,596.		. 52	* ;,
2	Grants and other assistance to domestic	3,414.	-		
_	individuals See Part IV, line 22	3,414.			*/ * * * * * * * * * * * * * * * * * *
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	Individuals. See Part IV, lines 15 and 16			## #\$ 15. 4	
4 5	Benefits paid to or for members Compensation of current officers, directors,				<u> </u>
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			l.——.	
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	14,082.			
b	Legal				
C	Accounting	4,810.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		~1 % % # 5	~ * }	 -
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)	C 200			
12	Advertising and promotion	6,308. 9,173.			
13	Office expenses	9,173.			
14	Information technology				
15	Royalties				
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	106,771.			
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)				
а	PRINTING	11,038.			
b	BANK FEES	6,981.			
С					
d					
е		120 172		_	
25	Total functional expenses. Add lines 1 through 24e	220,173.			
26	Joint costs. Complete this line only if the organization			•	
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			1	
	Check here if following SOP 98-2 (ASC 958-720)				
	- 1. (5.15.1/11lg 001 50 2 (F00 550-720)		1	<u> </u>	<u> </u>

ASSN. OF PETROLEUM GEOLOGISTS 83-6060963 Form 990 (2016) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 158,875 127,253. 1 Cash - non-interest-bearing 1 181,834. 179,943. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete ~ · · · • Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other [] 3 ** basis Complete Part VI of Schedule D 10a b 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 Total assets. Add lines 1 through 15 (must equal line 34) 340,709 307,196. 16 16 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 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 1.74 Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 σ. 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> 307,196. Form **990** (2016)

307,196.

307,196.

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340,709.

340,709.

340,709.

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32

33

34

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

ASSN. OF PETROLEUM GEOLOGISTS 83-6060963 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 186,660. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 220,173.Total expenses (must equal Part IX, column (A), line 25) 2 2 -33,513. 340,709. Revenue less expenses. Subtract line 2 from line 1 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 7 Investment expenses Prior period adjustments 8 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 307,196. column (B)) 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 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 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? 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 Both consolidated and separate basis ☐ Consolidated 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 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 (2016)

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

ROCKY MOUNTAIN SECTION OF THE AMERICAN

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Open to Public

Inspection

OMB No 1545-0047

P Information about Schedule I (Form 990) and its instructions is at www.l/s.gov/form990.

ROCKY MOUNTAIN SECTION OF THE AMERICAN ▶ Attach to Form 990.

≗ ⊠ Employer identification number 83-6060963 OF PETROLEUM GEOLOGISTS Part 1: General Information on Grants and Assistance ASSN.

<u>-</u>	DOES ILLE OLGANIZATION HANDER LEGICIOS LO SUDSTATURIE ELLE ATTORITO DI RESISTATION DI ASSISTATION DE ASSISTATION ALLA MANAGEMENTE DOES LILLE OLGANIZATION HANDER LA ASSISTATION ALLA MANAGEMENTE DOES LILLE OLGANIZATION HANDER LA ASSISTATION ALLA MANAGEMENT LA CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DEL CONTRACTORIA DE ASSISTATION ALLA MANAGEMENTE LA CONTRACTORIA DEL CO		
៦	criteria used to award the grants or assistance?	Yes	
<u>ت</u> 2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
Part II	Partil. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	1, for any	

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if addition	onal space is need	led	(f) Method of	7	
1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(n) Purpose of grant or assistance
AAPG FOUNDATION P.O. BOX 979 TULSA OK 74101-0979			000 05	c			EDUCATION IN THE FIELD OF
VARIOUS STATE & REGIONAL SOCIETIES			7,596.	0.			EDUCATION IN THE FIELD OF PETROLEUM GEOLOGY

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

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

Schedule I (Form 990) (2016)

ASSN. OF PETROLEUM GEOLOGISTS

Schedule I (Form 990) (2016)

Page 2

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

(f) Description of noncash assistance (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) (2016)	
	Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB_No 1545-0047

Open to Public Inspection

Name of the organization

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

ROCKY MOUNTAIN SECTION OF THE AMERICAN Emplo ASSN. OF PETROLEUM GEOLOGISTS

Employer identification number 83-6060963

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