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Department of the Treasury

Internal Revenue Service

DLN: 93493156008258

OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

Open to Public Inspection

		2017		2017			
			alendar year, or tax year beginning 01-01-2017 , and ending 12-31 C Name of organization	-2017	D Employer	ıdentıfı	ication number
	ck if ap dress cl	plicable :hange	DICKINSON AREA CHAPTER OF THE AMERICAN PETROLEUM INSTITUTE				cation number
	me cha	- 1			45-03602 ——	63	
	tıal retu		Doing business as				
	al return, iended	/terminated return	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telephone	number	
		n pending	DO BOY 2002		(701) 575	-8171	
			City or town, state or province, country, and ZIP or foreign postal code		, ,		
			DICKINSON, ND 586022002		G Gross rece	pts \$ 31	10,583
			F Name and address of principal officer	H(a) Is	this a group retu	rn for	
			RUSS SCHANK PO BOX 2002		ubordinates?		□Yes 🗹 No
			DICKINSON, ND 586022002		re all subordinates icluded?	;	☐ Yes ☐No
Ta	k-exem	npt status	☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		"No," attach a list	: (see	instructions)
W	ebsite	e:▶ N/A		H(c) G	roup exemption n	umber	>
(Forr	n of org	ganızatıon	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of f		1 State (D	of legal domicile
Pa	rt I		mary				
			scribe the organization's mission or most significant activities SHIPS FOR EDUCATION IN PETROLEUM RELATED FIELDS AND TRAINING PR	OGRAMS	FOR THE AREA IN	IDUSTE	RY PERSONNEL
2	_						
=	_						
governance	٠, ر	Check thi	is box $lacktriangle$ if the organization discontinued its operations or disposed of m	ore than	25% of its net ass	atc	
5			of voting members of the governing body (Part VI, line 1a)			ີ່ 3	6
ĕ	4 1	Number o	of independent voting members of the governing body (Part VI, line 1b)			4	6
ACHVILIES &	5	Total nun	nber of individuals employed in calendar year 2017 (Part V, line 2a)			5	0
5	6 -	Total nun	nber of volunteers (estimate if necessary)			6	50
3	7a -	Total unr	related business revenue from Part VIII, column (C), line 12			7a	0
	b i	Net unrel	lated business taxable income from Form 990-T, line 34			7b	0
					Prior Year		Current Year
q,	8 (Contribut	tions and grants (Part VIII, line 1h)		10,07	2	4,913
Ravenua	9 1	Program	service revenue (Part VIII, line 2g)			0	0
δΛċ	10 I	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		11,30	3	13,976
<u> </u>	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,79	6	34,825
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		82,17	1	53,714
	13 (Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		27,74	4	25,644
	14 E	Benefits p	paid to or for members (Part IX, column (A), line 4)			0	0
\$?	15 9	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)			0	0
nse	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	b 1	Total fundr	raising expenses (Part IX, column (D), line 25) ▶0				
ă	17 (Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,40	2	18,749
	18	Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line 25)		49,14	6	44,393
	19 F	Revenue	less expenses Subtract line 18 from line 12		33,02	5	9,321
8 8 8 8				Beginn	ning of Current Yea	r	End of Year
Net Assets of Fund Balances		-	(D 1) (L 16)				
Ba	l		ets (Part X, line 16)		267,13	+	276,957
	l		ullities (Part X, line 26)			0	0
			ts or fund balances Subtract line 21 from line 20		267,13	6	276,957
	t II		ature Block erjury, I declare that I have examined this return, including accompanying s	chedules	and statements	and to	the hest of my
now	edge a	and belie	f, it is true, correct, and complete Declaration of preparer (other than office				
iny k	nowled	dge					
		*****	*		2018-05-21		
Sign		Signati	ure of officer		Date		
lere	:	RUSS S	SCHANK PRESIDENT				
		Туре о	r print name and title				
			Print/Type preparer's name Preparer's signature Da DAKLEY THOENY OAKLEY THOENY 20	te 18-05-21	Check I If PO	.N 1707107	7
Paid	k	<u> </u>		10 03-51	self-employed		
^o re _l	oare	'I ⊢	Firm's name BRADY MARTZ & ASSOCIATES		Firm's EIN ► 45-03		
Jse	Onl	ly $ $ $ $	rrm's address ▶ 2257 3RD AVENUE WEST		Phone no (701) 48	3-6000	
			DICKINSON, ND 586012605				
1ay t	he IRS	discuss	this return with the preparer shown above? (see instructions)			√ γ	'es 🗌 No

Cat No 11282Y

Form **990** (2017)

Form	990 (2	2017)					Page 2		
Par	t III	Statement of	of Program Service	Accomplis	hments				
		Check If Sched	ule O contains a respon	se or note to	any line in this Part III		🗆		
1	Briefly	describe the or	ganızatıon's mıssıon						
SCH	OLARSH	IPS FOR EDUCA	TION IN PETROLEUM RI	ELATED FIELD	S AND TRAINING PROG	RAMS FOR THE AREA INDUSTRY PE	RSONNEL		
	Did th								
-		rior Form 990 or	, •		vices during the year wh	inch were not listed on	☐ Yes ☑ No		
			e new services on Sche	dule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program								
	servic	□ Yes 🗹 No							
	If "Ye	s." describe thes	e changes on Schedule	0					
4	Descr Section	ibe the organizat	ion's program service a	accomplishmer s are required	to report the amount o	largest program services, as measu f grants and allocations to others, tl			
4a	(Code) (Expenses \$	19,000	ıncludıng grants of \$) (Revenue \$)		
	See Ad	dditional Data							
4b	(Code) (Expenses \$	6,644	ıncludıng grants of \$) (Revenue \$)		
	See Ad	dditional Data							
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)		
4d	Other	program service	es (Describe in Schedule	e O)					
		enses \$	•	ding grants of	\$) (Revenue \$)		
4e	Total	program servi	ce expenses >	25,6	44				
							Form 990 (2017)		

or X as applicable

Checklist of Required Schedules

Section 501(c)(3) organizations.

Part IV

Page 3

No Νo

Nο

Nο

Nο

No

Nο

Nο

No

Nο

Nο

No

No

Νo

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Νo

No

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No

Form 990 (2017)

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11d

11e

11f

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12b

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14a

14b

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Yes

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? 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? Did the organization receive or hold a conservation easement, including easements to preserve open space.

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Was the organization included in consolidated, independent audited financial statements for the tax year?

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

for public office? If "Yes," complete Schedule C, Part I 💆

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I OIIII	350 (2017)			Page 4		
Par	Part IV Checklist of Required Schedules (continued)					
			Yes	No		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No		
b	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	Yes			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22				

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

22 Yes

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24a

24b

24c

24d

25a

25b

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Yes

Form **990** (2017)

Νo

Νo

Nο

No

Nο

Dage 1

orm !	990 (2017)			Page 5
Par	t V 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	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	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 reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	OD		
·	If res, to fine 3a of 3b, did the organization file Form 6880-17	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
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).			
а	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?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7 g		
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 sponsoring organization have excess business holdings at any time during	711		
	the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O 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.	13a		
_	The organization is necessary to issue qualified feeding plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INO
	in res, has it hed a roth 720 to report these payments of two, provide an explanation in Schedule O		orm 00	0 (2017)

orm	990 (2017)			Page 6
Part	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	nes
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		
			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year a 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	P.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No_
	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?	11a	Yes	
	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		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	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		No
14	Did the organization have a written document retention and destruction policy?	14		No
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
	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?	166		
	ction C. Disclosure	16b		
	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
19	☐ Own website ☐ Another's website ☑ Upon request ☐ 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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records MARISA ARMSTRONG PO BOX 2002 DICKINSON, ND 58601 (701) 225-4431			

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated compensation hours per than one box, unless person compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Individual to director Highest compensated employee organizations MISC) MISC) related Institutional below dotted organizations emplo line) trustee P 1.00 (1) KYLE STEFFES Х n Ω 1ST VICE-CHAIR 1 00 (2) DAPHNE SENN 0 2ND VICE-CHAIR 1 00 (3) TROY KESSEL Ω Х 0 3RD VICE-CHAIR 1 00 (4) KRISTI BAUMGARTNER Х 0 0 SECRETARY 1 00 (5) MARISA ARMSTRONG 0 TREASURER 1.00 (6) RUSS SCHANK Х 0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	Average hours per than one box, unless person week (list any hours director/trustee) Position (do not check more hours per than one box, unless person from the organization (Woorganization							(E) Reportable compensation from related organizations (w-	(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-MI5C)	2/1099-MISC	organizati		ed
c ·	Sub-Total Fotal from continuation sheets to F Fotal (add lines 1b and 1c)	Part VII, Sectio	nΑ.		٠.		* * * *			0		0		0
2	Total number of individuals (includin of reportable compensation from the	g but not limited	to thos			bove	e) who	rece	eived mo	re than \$1	00,000	•		
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e •	mpl	oyee,	or hi	ghest co	mpensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No
5							vidual for	5		No				
Se	ection B. Independent Contrac	tors											'	_
1	Complete this table for your five high from the organization Report compe	hest compensate										npens	sation	
	Name	(A) and business addre	ess							Desc	(B) ription of services		Comper	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 0

Part	_	I Statement of	Revenue						rage 3
				a respo	onse or note to any	/ line in this Part VII	ı		🗆
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a			revenue		512-514
ributions, Gifts, Grants Other Similar Amounts		Membership dues		1b	4,913				
ira nou		: Fundraising events		1c	,				
s. (An		Related organizatio		1d					
Gift Ilar		Government grants (co		1e					
S. I		All other contributions,							
tior sr S	•	and similar amounts no above		1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution	ons included						
Contr and C		ın lınes 1a-1f \$							
<u>ة</u> ك	h	Total.Add lines 1a-1	.f		<u> </u>	4,913			
El e	٦-				Busines	s Code			
Service Revenue	2a _			-					
ı, Ç	b								
rΜC	C								
32	d								
ran	e f	All other program se							
Program		Fotal.Add lines 2a-2f			_				
		nvestment income (ii			nterest, and other				
	SI	ımılar amounts) 🛚 .			,	12,45	8 12,458		
		ncome from investme				<u> </u>			
	5 R	Royalties	(ı) Rea			<u> </u>			
	6a	Gross rents	(I) Kea	ı	(II) Personal	\dashv			
	b	Less rental expenses							
	С	Rental income or				-			
		(loss)							
	a	Net rental income o			(1) Ohloon	1			
		Gross amount from sales of	(ı) Securit	55,729	(II) Other				
		assets other than inventory		33,723					
	b	Less cost or				-			
		other basis and sales expenses		54,211					
		Gain or (loss)		1,518		┥			
		Net gain or (loss) .			<u> </u>	1,51	8 1,518		
Ð		Gross income from for (not including \$		ents of					
n He		contributions reporte See Part IV, line 18		a	225,695	5			
}e^		Less direct expense		ь	202,658	_			
ar F		Net income or (loss)			ents	 23,03	7		23,037
Other Revenue		Gross income from g		ies					
O		See Part IV, line 19		а					
	b	Less direct expense	s	ь		-			
		Net income or (loss)		actıvıt	ies				
	10a	Gross sales of invent	ory, less						
		returns and anowand	.es	a					
	b	Less cost of goods s	sold	b					
	С	Net income or (loss)		invent					
	11:	Miscellaneous aUNREALIZED LOSS			Business Code 52300	00 11,78	8 11,788		
	-1-	UNREALIZED LOSS	ON INV		32300	11,70	11,700		
	b								
	-								
	С					+			
	d	All other revenue .				1			+
	e	Total. Add lines 11a	-11d		•	11,78	8		
	12	Total revenue. See	Instructions			·			0 22.22
					•	53,71	4 25,764	1	0 23,037 Form 990 (2017)

orr	m 990 (2017)				Page 10
	Irt IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	plete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX		<u></u>	V
	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) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,644			
2	Grants and other assistance to domestic individuals See Part IV, line 22	19,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 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 persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ä	a Management				
	Legal				
	Accounting	1,200			
	d Lobbying	-,			
	e Professional fundraising services See Part IV, line 17				
		2,247			
	Investment management fees	·			
•	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,496			
	Advertising and promotion	1,968			
13	Office expenses	210			
14	Information technology	600			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	1,840			
20	Interest				
	Payments to affiliates				_
	Depreciation, depletion, and amortization				
	Insurance	2,031			
	<u> </u>	2,031			
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 O)				
	a COST ADJUSTMENTS	1,920			
	b APPAREL	590			
	c CHAMBER MEMBERSHIP	320			
	d MISCELLANEOUS	170			
	e All other expenses	157			
	Total functional expenses. Add lines 1 through 24e	44,393			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

13

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16

17

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19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30 0

31

32

33

34

267,136

267,136

267.136

267,136

Page **11**

10,141

150

276,957

0

0

276,957

276,957

276.957

Form **990** (2017)

Check	ıf	Schedule	0

		(A) Beginning of year		(B) End of year
L	Cash-non-interest-bearing	9,462	1	
2	Savings and temporary cash investments	257,524	2	

contains a response or note to any line in this Part IX .

266.666 Pledges and grants receivable, net . . 3 150 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees Complete Part 5 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . .

Assets Notes and loans receivable, net . Inventories for sale or use . 8 9 Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11 Investments—other securities See Part IV, line 11 . 12 12

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

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

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?

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

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

separate basis, consolidated basis, or both

☐ Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

2a

2b

2c

3a

3b

Νo

Nο

No

Form 990 (2017)

Additional Data

Software Version:

SCHOLARSHIPS FOR EDUCATION IN PETROLEUM RELATED FIELDS AND TRAINING PROGRAMS FOR THE AREA INDUSTRY PERSONNEL

EIN: 45-0360263

Software ID:

DICKINSON AREA CHAPTER OF THE AMERICAN PETROLEUM INSTITUTE

Form 990 (2017)

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: DONATIONS TO MANY LOCAL AND STATE CHARITIES

SCHEDULE C

Political Campaign and Lobbying Activities

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

Open to Public

OMB No 1545-0047

Inspection

DLN: 93493156008258

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** DICKINSON AREA CHAPTER OF THE AMERICAN PETROLEUM INSTITUTE 45-0360263 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2017

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

Yes

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493156008258 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization DICKINSON AREA CHAPTER OF THE AMERICAN PETROLEUM INSTITUTE 45-0360263 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **GOLF TOURNAMENT GUMBO COOKOFF** (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 174,000 19,162 32,533 225,695 2 Less Contributions. 3 Gross income (line 1 minus 174,000 19,162 32,533 225,695 line 2) 4 Cash prizes 5,150 5,150 5 Noncash prizes 33,685 920 34,605 Direct Expenses Rent/facility costs 51,633 51,633 7 Food and beverages 25,496 133 25,629 8 Entertainment 1,500 1,500 Other direct expenses 56,332 1,847 25,962 84,141 **10** Direct expense summary Add lines 4 through 9 in column (d) 202,658 11 Net income summary Subtract line 10 from line 3, column (d) . 23,037 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes____ Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3					
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No						
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	ΣY	□Yes	□No						
13	Indicate the percentage of gaming acti	vity conducted in									
а	The organization's facility		13	а		%					
b	An outside facility		13	ь		%					
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s							
	Name ►										
	Address •										
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No						
Ь		evenue received by the organization ► \$ a the third party ► \$	and the								
c	If "Yes," enter name and address of the	e third party									
	Name •										
	Address ►										
16	Gaming manager information										
	Name ▶										
	Gaming manager compensation ▶ \$										
	Description of services provided ►										
	☐ Director/officer	☐ Employee ☐ Independent contractor									
17	Mandatory distributions										
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио						
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or spities during the tax year > \$	pent	63							
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).					
	Return Reference	Explanation									

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493156008258 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** DICKINSON AREA CHAPTER OF THE AMERICAN 45-0360263 PETROLEUM INSTITUTE Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Page 2

(4) (5)

- (6)
- (7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Return Reference

Explanation

Schedule I (Form 990) 2017

PART I, LINE 2 THE MONIES ARE GIVEN DIRECTLY TO THE RESPECTIVE AGENCIES FOR USE WITH THEIR SCHOLARSHIP FUND DISBURSEMENTS Schedule I (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -						DLN: 93493156008258	
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 990-leading to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule 0 (Form 990 or 990-EZ) and its instructions www.irs.gov/form990.		ions on on.	OMB No 1545-0047 2017 Open to Public Inspection		
Name of the org DICKINSON AREA PETROLEUM INSTI 990 Schedule	CHAPTER OF TI TUTE	HE AMERICAN emental Information	on		Employer iden 45-0360263	tification number	
Return Reference		Explanation					
FORM 990, PART VI, SECTION B, LINE 11B	TREASURER MARISA ARMSTRONG REVIEWS THE FORM 990 WITH THE BOARD PRIOR TO FILING						

Return Explanation
Reference

FORM 990 ALL DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC LIPON REQUEST

990 Schedule O, Supplemental Information

LINE 19

FORM 990, ALL DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST PART VI, SECTION C.

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, BANK CHARGES 5.496 PART IX, LINE 11G

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. REFUND OF SCHOLARSHIP 500 PART XI,

LINE 9