# SCANNED JUN 2 9 2021

EXTENDED TO OCTOBER 15, 2020

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A I	For the	e 2018 calendar year, or tax year beginning DEC 1, 2018 and e	nding N	OV 30, 20	<u> 19</u>	
В	Check if applicabl	C Name of organization  ROCKY MOUNTAIN SECTION OF THE		D Employer ide	ntification	on number
2	Addre. Chang	SS DEED TONE AGOIL OF DEMPOTERING GROUNTED				
	Name chang			83	8-606	0963
	Initial return	,	Room/suite	E Telephone nu		
L	Final return/ termin			30	<u> 13-57</u>	3-8621
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		160,961.
<u> </u>	return Applic Ition	DENVER, CO 80202		H(a) Is this a gro		
_	tion pendir	F Name and address of principal officer	1	for subordii		Yes X No
	Tay.ay	empt status: 501(c)(3)	527	H(b) Are all subordin		(see instructions)
		re: WWW.RMS-AAPG.ORG	$U^{\infty}$	H(c) Group exen		•
		organization: X Corporation Trust Association Other	L Year			ite of legal domicile: CO
	art I	Summary				
ω.	1	Bnefly describe the organization's mission or most significant activities. HOLD	CONVE	NTIONS FO	R DI	SCUSSION
Governance		OF SCIENTIFIC SUBJECTS AND PROBLEMS WITHI	N THE	SCOPE OF	PET	ROLEUM
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its r	et assets	
8	3	Number of voting members of the governing body (Part VI, line 1a)			3	5
ತ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	5
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5	0
Activities		Total number of volunteers (estimate if necessary)			6	0
Act		Total unrelated business revenue from Part VIII, column (C), line 12		•	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 38	<del></del>	D.: V	7b	0.
		Contributions and grants (Part \/III line 1b)	-	Prior Year	0.	Current Year 0.
Revenue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	-	24,90		160,854.
Ş.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			8.	107.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,00		160,961.
-	$\overline{}$	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		28,17		15,424.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
Ø	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	·		
ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u></u>	34,46		<u> 173,886.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	62,64		189,310.
	19	Revenue less Expenses, Subtract line 18 from line 12		-37,63	6.	<u>-28,349.</u>
Soci		RECLI 18	Be	ginning of Current Y		End of Year
Sset	20_	Terral assets (Party) Une (16)	<u> </u>	269,56		241,211.
Net Assets or Fund Balabees	<b>\</b> 84\	Total lightlines (Part X, line 26)		060 56	0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		269,56	0.1	241,211.
		Itles (Doer that declare that I have examined this return, including accompanying schedules	and atatam	anto and to the hact	of my kno	wiledge and holief it is
		rand complete. Declaration of preparer (other than officer) is based on all information of which				Minago and bollot, It is
Huc	, corres	The III sometiment of the intermediate of the	on proparci	nas any knowicogo.	<del></del>	
Sig	ın '	Signature of officer		Date		
Hei		PETER D. BUCKMAM PRESIDENT EVECT		1	4 Ju	x 2020 K
		Type or print name and title		<del> </del>		
		Print/Type preparer's name Preparer's sagnature		ate Che	*	PTIN
Paid	d	JAMES L BURDICK		7-2-20 If self-	employed	P00022343
Pre	parer	Firm's name BURDICK & ASSOCIATES P.C.		Firm's EI		6-3075049
Use	Only	Firm's address 8390 E CRESCENT PKWY STE 110				
		GREENWOOD VILLAGE, COV80111		Phone no	<u>.303-</u>	<u>813-1380</u>
<u>Ma</u>	y the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No
8320	001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ıs.			Form <b>990</b> (2018)

# ROCKY MOUNTAIN SECTION OF THE AMERICAN ASSN OF PETROLEUM GEOLGIST

	n 990 (2018) AMERICAN ASSN OF PETRO	LEUM GEOLGIST	83-6060963	Page 2
Pâ	intellia Statement of Program Service Accomplishment	s		
	Check if Schedule O contains a response or note to any line in t	his Part III		
1	Briefly describe the organization's mission: HOLD CONVENTIONS FOR DISCUSSION OF	CCTENIMIETO CIIDIECMO A	AND DDODIEMS	
	WITHIN THE SCOPE OF PETROLEUM GEOLO			
	WITHIN THE DEGLE OF TELROBEOM GEODE	GIDID IN THE ROCKI MC	ONIAIN AREA	<del></del>
2	Did the organization undertake any significant program services during	the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in	how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for eac			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the	amount of grants and allocations to other	rs, the total expenses, a	nd
	revenue, if any, for each program service reported.  (Code) (Expenses \$166, 902. Including grants	) (0	126 (	553 \
44	CONVENTIONS HELD DURING THE YEAR	; or \$ / (Revenue	e\$ 120,0	,,, <u>,</u> ,
	CONVENTIONS HELD BONING THE TEAN			
				<del></del>
			<del>/</del>	
			<u> </u>	
		\ /-		
4b	(Code) (Expenses \$ including grants	of\$) (Revenue	e \$	,
				<del></del>
				<del></del>
4c	(Code) (Expenses \$ including grants	of\$) (Revenue	e\$	)
		· · · · · · · · · · · · · · · · · · ·		
			<del></del>	
			<del></del>	
4d	Other program services (Describe in Schedule O)	-		
	Expenses \$ including grants of \$	) (Revenue \$	)	
<u>4e</u>	Total program service expenses ► 166,902.			
			Form <b>99</b>	<b>0</b> (2018)

## ROCKY MOUNTAIN SECTION OF THE Form 990 (2018) AMERICAN ASSN OF PETROLEUM GEOLGIST Part V Checklist of Required Schedules

<u>83-6060963</u>

Page 3

			1	
	le the organization described in section 501(a)(2) or 4047(a)(1) (ather than a private foundation)?	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A		1	, v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<del> </del>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-	<del>  ^</del>
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	٦	<del> </del>	
7	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	<del></del> -	<del>                                     </del>	<del> </del>
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	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	1	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	l
	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	_	]	<u> </u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.		1	207
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	<u> </u>	X
þ	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	ļ	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	·			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	İ	v
	Schedule D, Parts XI and XII	12a		X
D	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
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
13 14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ł	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
. •	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	}	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	L	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	X	<u> </u>

ROCKY MOUNTAIN SECTION OF THE Form 990 (2018) AMERICAN ASSN OF PETROLEUM GEOLGIST 83-6060963 Page 4 Part: IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 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 X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24¢ d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 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," X complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

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

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

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O Part 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
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	•	į	, ',
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gaming	أخسانك	و التو ما كمن كارس	
	(gambling) winnings to prize winners?			_1c	!	,

Х

Х

33

34

35a

35b

36

37

Page 5

Form 990 (2018) AMERICAN ASSN OF PETROLEUM GEOLGIST

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

NA ARPY	The state of the s	<u></u>			_	
0-	Enter the number of employees reported as Form W.2. Transmitted of Wass and Tay Statements	l	ı		Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			7		
	filed for the calendar year ending with or within the year covered by this return	2a		20.00	इ.हे.मीर्	8.58.70
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned by the sum of lines 1a and 2a is greater than 250 years and by required to a file (see mathematical).			2b	77-52 10	8- v. 3
2-	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	sj		a-c. masey		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a_	├	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b	├	<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•		1	
h	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country.	accou	int) r	4a	(6,2554.)	X Section
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	)ccou	nts (ERAR)	W. 2		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	10000	ilis (FBAN)	140 milit	ECTE.	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	action	2	5a 5b	<del> </del>	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	2011011	·	5c	<del> </del>	-22
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orc	ianization solicit	30		$\vdash$
O.	any contributions that were not tax deductible as charitable contributions?	110 010	jamzation solicit	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions i	or oifts	- Ou		
	were not tax deductible?		J. 9.1.5	6b	<b>i</b> i	ĺ
7	Organizations that may receive deductible contributions under section 170(c).			1		SNIII
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	B.S. Corpore	E- 28-29
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		provided to the payor	7b	<b> </b>	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	ouired			
Ŭ	to file Form 8282?		1000	7c		l
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			100	(4°%)
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e	T. O'L OR. THAT	30.30.4.30
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			F. 100	200	
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					B: 43
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		
0	Section 501(c)(7) organizations. Enter.					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				291
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		The state of the s		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l				3.30 A
	amounts due or received from them )	11b	<u> </u>	1244 XX		ZZ1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	S4 . 5 31 . de	Lar Non a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				17.5	1,47,44
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	~:	A 72 176
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	透數、	d, 307	
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	<u> </u>	100	1	
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b	<b>  </b>	<del>-</del>
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or			
	excess parachute payment(s) during the year?			15	16. Sec. 25. Sec. 15.	X
	If "Yes," see instructions and file Form 4720, Schedule N			EXT.	T.E.E.	
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16	£,,; 7.%	X 3352 9
	If "Yes," complete Form 4720, Schedule O			<b>网络</b>	1000 1000	(4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
				Form	1990 (	(2018)

### ROCKY MOUNTAIN SECTION OF THE

AMERICAN ASSN OF PETROLEUM GEOLGIST

83-6060963 Page 6

Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			$\overline{\mathbf{x}}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5	٠.	, ,	•
	If there are material differences in voting rights among members of the governing body, or if the governing	<b> </b>		``-'.
	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 5	, ,		,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	i '		1
	officer, director, trustee, or key employee?	2	needer a	X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	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		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-,,	12,1
а	The governing body?	8a	_X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
	The section of the se		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 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	j	
13	Did the organization have a written whistleblower policy?	13		<u>x</u>
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
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?		1	
а	The organization's CEO, Executive Director, or top management official	15a		<u>x</u>
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		-,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		- 1	- !
	taxable entity during the year?	16a	1	X
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	· · · .	· 25	٠,٠٠٠
	exempt status with respect to such arrangements?	16b	`	,
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3))	s only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply	• • • • • • • • • • • • • • • • • • • •	-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
. •	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			
	CAROL DALTON - 303-945-2073		-	/
	910 16TH STREET, SUITE 1150, DENVER, CO 80202			

### ROCKY MOUNTAIN SECTION OF THE

				PETROLEUM		83-6060963	Page 7
Part VII Compensation	of Officers, D	Directors	, Tru	ustees, Key Em	ployees, Highest	Compensated	

Employees, and Independent Contractors

	Check if Schedule O contains a response or note to any line in this Part VII	
tion A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

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

Check this box if neither the organiza		orga	uuza			npel	ısat	ſ	ſ ·	
(A)	(B)	ł		(C	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position do not check more than ox, unless person is bot officer and a director/trus			than	one	Reportable	Reportable	Estimated
	hours per	box				s bot	h an teel	compensation	compensation	amount of
	week	-			I	171103	100,	from	from related	other
	(list any	iect						the	organizations	compensation
	hours for	5	   8			sated		organization (W-2/1099-MISC)	(W·2/1099·MISC)	from the
	related organizations	age .	trus	ľ	8	nedu		(VV-2/1099-WII3C)		organization and related
	below	Eg Eg	tronal		ploy	yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key en	Highest compensated employee	E E			organizations
(1) LYN GEORGE	3.00		_							<u> </u>
PRESIDENT		<u> </u>	<u> </u>	X			<u> </u>	0.	0.	0.
(2) HEIDI SCHOENSTEIN	1.00	1								
PRESIDENT-ELECT		ļ	<u> </u>	X				0.	0.	0.
(3) PETER BUCKNAM	4.00	1						_	_	
SECRETARY-TREASURER		ļ	<u> </u>	X		<u> </u>	ļ	0.	0.	0.
(4) ANNA PHELPS	1.00	-								•
SECRETARY-TREASURER ELECT	1 00			X	$\vdash$			0.	0.	0.
(5) JULIA RAUSCH LEMASTER	1.00	{		,,					٥ ا	0
PAST PRESIDENT			-	X	-	-		0.	0.	0.
		{								
	<del>-  </del>	ļ		_	-					
		-								
	<del></del>									
		1								
					-		_			
	<u> </u>	İ								
		1								
		L								
		<u> </u>								
		_			<u> </u>					
		-								
				_	ļ					
		{			1					
		$\vdash$	<u> </u>	ļ			<u> </u>			
,	-	}			}			}		
		-	ļ		-	$\vdash$				
		1								,
<del></del>			Ь_	Ь		$\Box$		L		

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2018) AMERICAN ASSN OF PETROLEUM GEOLGIST 83-6060963 Page 9
Part VIII Statement of Revenue

<u> 2</u> 20070	•	Check if Schedule O cont	taine a reenonee	or note to any lu	ne in this Part VIII			
		Officer is 30 fedure 9 con	ians a response	or role to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
rar	b	Membership dues	1b					
S, G	c	: Fundraising events	1c		John Aufre Walter Hill John Park	a spirithini mumini aldica isasa sa		
iift ar,	d	Related organizations	1d					
s, ( mil		Government grants (contribut	tions) 1e					
ion		All other contributions, gifts, gran						
the		similar amounts not included abo	1 1					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f \$					
<u>8</u>	h	Total. Add lines 1a-1f		<u> </u>		STELLING HOLE	<b>克斯斯斯斯</b>	
		,		Business Code		AND CASE WIND	ing to the state of the state of	
8	2 a	SPONSORSHIP INC	COME	541900	34,201.			34,201.
Program Service Revenue	b	·						
Scale	С	·						
ev.	d	l		,				
5 F	е	·						
ءَ ا	f	All other program service reve	enue	541900	126,653.	6 1 .77 1 .77 MIZ ANT	LECK A PERMIT PROPERTY.	126,653.
	g	Total. Add lines 2a-2f			160,854.	MARK TANK		A CARLOTTER
	3	Investment income (including	dividends, intere	est, and				4.55
		other similar amounts)	•	<b>•</b>	107.			107.
	4	Income from investment of ta	x-exempt bond p	proceeds				
1	5	Royalties .		<u> </u>	त संदेश विशेषद्वतस्य स्ट्राइट १ स्ट्राइट स्ट्राइट	#1245 -214 125 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t all the transmitted and	z. 25 Jediń ramentel inch 3 im 3
			(ı) Real	(ii) Personal				
	6 a							
		Less: rental expenses	<del></del>	<del></del>				
		Rental income or (loss)	L	<u> </u>			Principal Street	
		Net rental income or (loss)		. •	TORL STORE STORE STORES	GREET SE VERSEELEN	WHITE COLUMN STATE OF THE STATE	Bibartarano.an dai
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory	,					
	þ	Less cost or other basis						
		and sales expenses						
	_	Gain or (loss)	L				ERSONIE MARKATA	
		Net gain or (loss) Gross income from fundraisin	a avanta (nat		September 1	finesis da l'appliant	Contraction of the contraction o	
i e	8 a	including \$	•	1				ing has in the same and
Ve.			of		ng guai opal cop. 'Yakan	particular programme in the programme in the		ti da mislamini ja kaj di seperanja
Other Reve		contributions reported on line Part IV, line 18	·					
Per	<b>h</b>	Less: direct expenses	a b		Jugung a Ladi t megalin transfirs, il			
5		Net income or (loss) from fund		<u> </u>			re, earlier and ree	The state of the s
	. 0 e	Gross income from gaming ac	-			MATERIAL DE		
	• •	Part IV, line 19	а					
	b	Less direct expenses	- b					
		Net income or (loss) from gam	ning activities	<b>•</b>	HARMANIA MARIENTA VARIA	START THOUGHT STREET, MANAGEM	The control of the co	the real section and the section of Mi
[		Gross sales of inventory, less			No Mathematica de Comercial de	And minimum of the series of t	Translate intil Albania tal pangra Crass Santal	Control of the Contro
		and allowances	а					
	. b	Less cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	<b></b>				
1		Miscellaneous Hevenu	ie	Business Code		Per Militaria		
	11 a							
	þ	<u></u>						
,	С							
	d	All other revenue		L	ļ <u>.</u>	ar atom gride ba harannas carent t	THE THE STATE OF T	Compagnition of Party of Contract
	е	Total. Add lines 11a-11d		. ▶	, ,	PARKET STATE	SECTION OF SECTION	<b>医原物学的</b>
	12	Total revenue. See instructions	<u> </u>	<u>_</u>	160,961.	0.	0.	160,961.

Secu	Charlet School Q Contains a recent	·		ompiete column (A)	
<u> </u>	Check if Schedule O contains a responsable of the contains a respo	nse or note to any line in (A)		(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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	15,424.	ļ	AND THE PARTY OF THE PARTY.	STATE OF THE STATE
2	Grants and other assistance to domestic			医多类性 化二甲基	<b>自己是一个</b>
_	individuals. See Part IV, line 22		·	数では近くの記録を推動の表別を	CALLEY THE SECOND OF THE
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	}	1		
4	Individuals See Part IV, lines 15 and 16				THE CONTROL OF STREET AND STREET, ASSESSED.
4	Benefits paid to or for members  Compensation of current officers, directors,			THE RESERVE THE PARTY PARTY.	- Lat 1.7. 1/2 (\$50.2551.14)
5	trustees, and key employees			1	
6	Compensation not included above, to disqualified				
J	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			<u> </u>	<u></u>
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				
b	Legal				
C	Accounting	4,800.			
đ	Lobbying		7 Tay 76/7/2014 - 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fig. of the first of the same	
е	Professional fundraising services. See Part IV, line 17		CONTRACT WAY		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	17 (22	<del> </del>	<del> </del>	
12	Advertising and promotion	17,623. 7,242.			
13	Office expenses	1,444.	-		
14	Information technology	<del></del>			<u> </u>
15 16	Royalties Occupancy	<u> </u>			
16 17	Travel				
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	133,624.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not covered above. (List impedianeous expenses in line 24c. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule C.)	The control of the control of			
а	PRINTING	10,231.	<u> </u>		<del></del>
b	BANK CHARGES	366.			
C					<u> </u>
d		<del></del>			
	All other expensesAdd base 1 through 24s	100 210			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	189,310.			
26	Joint costs. Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here  uf following SOP 98-2 (ASC 958-720)			1	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 89,509. 61,053. 1 Cash - non-interest-bearing 1 180,051 180,158. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 269,560. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 19 Deferred revenue 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, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 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 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 0. 31 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 269,560. 241,211. 32 32 Retained earnings, endowment, accumulated income, or other funds 269,560% 33 241,211. 33 Total net assets or fund balances 269,560. 241,211. Total liabilities and net assets/fund balances

ROCKY MOUNTAIN SECTION OF THE AMERICAN ASSN OF PETROLEUM GEOLGIST

Form	1 990 (2018) AMERICAN ASSN OF PETROLEUM GEOLGIST	83-606	0963	Pag	ge <b>12</b>
Pa	Reconciliation of Net Assets				
	· Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>61.</u>
2	Total expenses (must equal Part iX, column (A), line 25)	2			<u> 10.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>49.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>_269</u>	<u>, 5</u>	60.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	241	. , 2	11.
Pa	Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		MAN TO	海沿	他們
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	10 m	20	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			7/2
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	12 3 3	J. 2.	1.33
	consolidated basis, or both			建剂	143
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	i	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	922	125 236	Twing.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil				
	Act and OMB Circular A-133?	=	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE

Department of the Treasury Internal Revenue Service (Form 990)

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

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

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

AMERICAN ASSN OF PETROLEUM GEOLGIST

是成的 General Information on Grants and Assistance

ROCKY MOUNTAIN SECTION OF THE

Name of the organization

OMB No 1545-0047	2018	Open to Public
		·

Employer identification number

83-6060963

criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance?	oring the use of grant	funds in the Unite	d States.		:	Yes X No
-	Domestic Organia	zations and Domesti	c Governments.	Somplete if the orga	ınızatıon answered "Y	es" 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	\$5,000. Part II can	be duplicated if addit	ional space is need	pep			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VARIOUS STATE & REGIONAL SOCIETIES GRANTS AND AWARDS			15 424	0			EDUCATION IN THE FIELD OF PETROLEUM GEOLOGY
							,
				,			
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	nd government or	Suoi	isted in the line 1 table				<b>A A</b>
Ι.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)

# ROCKY MOUNTAIN SECTION OF THE

Page 2

83-6060963

Schedule I (Form 990) (2018) AMERICAN ASSN OF PETROLEUM GEOLGIST

[Partill] 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

′	(f) Description of noncash assistance										
	(e) Method of valuation (book, FMV, appraisal, other)				dditional information.						
	(d) Amount of non- cash assistance				(b), and any other ac						
	(c) Amount of cash grant		,		ne 2; Part III, column						
	(b) Number of recipients				equired in Part I, lir	,			!		
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance				[Partily] Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information.					•	

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ROCKY MOUNTAIN SECTION OF THE

Employer identification number

AMERICAN ASSN OF PETROLEUM GEOLGIST	83-6060963
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
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:	<del> </del>
INFORMATION IS AVAILABLE UPON REQUEST	
·	
	_ <del></del>
· · · · · · · · · · · · · · · · · · ·	
	/
	· ·