

**COMMITTEE ON NATURAL RESOURCES**

**Disclosure Form**

**As required by and provided for in House Rule XI, clause 2(g) and  
the Rules of the Committee on Natural Resources**

**Effect of the President's FY2012 Budget and Legislative Proposals for the  
Bureau of Land Management (BLM) and the U.S. Forest Service's  
Energy and Minerals Program on Private Sector Job Creation, Domestic  
Energy and Minerals Production and Deficit Reduction  
April 5, 2011**

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: James Schroeder, President & CEO, Mesa Energy Partners LLC
2. Name of Organization(s) You are Representing at the Hearing:  
Western Energy Alliance
3. Business Address: 1001 17<sup>th</sup> St., Suite 1140, Denver, CO 80202
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

Name/Organization James E. Schroeder, Western Energy Alliance

Title/Date of Hearing Effect of the President's FY2012 Budget and Legislative Proposals for the Bureau of Land Management (BLM) and the U.S. Forest Service's Energy and Minerals Program on Private Sector Job Creation, Domestic Energy and Minerals Production and Deficit Reduction, April 5, 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

B.S Geology/Geophysics, University of Redlands, 1965

M.S. Geology, San Diego State University, 1967

Numerous industry certificates and advanced training courses

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Western Energy Alliance, President and Executive Committee

American Association of Petroleum Geologists

Independent Producers Association of America (IPAA)

Research Partnership to Secure Energy for America (RPSEA), Board of Directors

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Standard Oil Company of California, Exploration Geologist/Geophysicist

Pacific Lighting Corporation, Manager of Gas Supply, domestic and international

Simasko Production Company, Vice President Exploration and Operations

NICOR Oil and Gas Corporation, Senior Vice President and Chief Operating Officer

Schroeder Associates, LLC, President, domestic and international consulting firm to the oil and gas Industry

Mesa Hydrocarbons, LLC, Founder, President and Chief Operating Officer

Laramie Energy, LLC, Founder, President and Chief Operating Officer

Mesa Energy Partners, LLC, Founder, President and Chief Executive Office

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Jim is an independent oil and gas operator with operations on public lands within the Rocky Mountain region. Over the last 15 to 20 years he has worked closely with BLM field offices and the Colorado State Office, Counties, and communities to ensure the deployment of best practices through which to mitigate surface disturbances, protect water and reduce emissions; and has worked closely with various Forest Service districts in the development of oil and gas wells and the construction of pipelines; worked closely with State of Colorado Department of Wildlife in developing off-site and set-asides for the protection of animal habitat. Recognized as the Colorado Oil and Gas Conservation Commission's Operator of the Year for introducing multi-well pad, directional drilling to the Piceance Basin of western Colorado in order to mitigate operational surface disturbance and reduce emissions.

Name/Organization James E. Schroeder, Western Energy Alliance

Title/Date of Hearing Effect of the President's FY2012 Budget and Legislative Proposals for the Bureau of Land Management (BLM) and the U.S. Forest Service's Energy and Minerals Program on Private Sector Job Creation, Domestic Energy and Minerals Production and Deficit Reduction, April 5, 2011

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President

h. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None.

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

*Western Energy Alliance v. Interior Secretary Ken Salazar, et al.*, Case No. 10-CV-237F. This lawsuit challenges rules issued by the BLM and U.S. Forest Service that direct federal employees to ignore statutory provisions in Section 390 of the Energy Policy Act of 2005, 42 U.S.C. § 15942 regarding categorical exclusions under the National Environmental Policy Act, 42 U.S.C. § 4332.

*Western Energy Alliance, et al. v. Interior Secretary Ken Salazar, et al.*, Case No. 10-CV-0226-DNF. This lawsuit concerns the failure of the Dept. of the Interior and BLM to comply with their non-discretionary obligation to issue mineral leases to the top qualified bidders at competitive lease sales within sixty days of the date leases are paid for as mandated by the Mineral Leasing Act, 30 U.S.C. §226(b)(1)(A).

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** , 2009, **and ending** , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **Independent Petroleum Association of Mountain St.**  
 Doing Business As **IPAMS**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**410 17th Street 700**  
 City or town, state or country, and ZIP + 4  
**Denver CO 80202-4428**

**D** Employer identification number  
**84 : 0700841**

**E** Telephone number  
 ( **303** ) **623 0987**

**F** Name and address of principal officer: **Marc W Smith**  
**same as C above**

**G** Gross receipts \$

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **ipams.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1974**

**M** State of legal domicile: **CO**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>IPAMS is an organization of individuals and businesses dedicated to promoting a positive business climate for the responsible development and use of natural gas and oil in the Intermountain West.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>130</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>129</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>10</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>889</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>0</b>	<b>0</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,059,269</b>	<b>1,900,025</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>40,719</b>	<b>18,069</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>59,386</b>	<b>(32,754)</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,159,374</b>	<b>1,885,340</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,007,499</b>	<b>1,062,361</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>858,664</b>	<b>685,654</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>1,866,163</b>	<b>1,748,015</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,932,111</b>	<b>2,496,029</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>293,211</b>	<b>137,325</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>2,659,486</b>	<b>2,625,609</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,459,589</b>	<b>1,288,387</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,199,897</b>	<b>1,337,222</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (see instructions) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no. ▶ ( ) \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:  
**IPAMS is an organization of individuals and businesses dedicated to promoting a positive business climate for the responsible development and use of natural gas and oil in the Intermountain West.**

**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  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  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**Monitor current industry developments, issues, and legislation. Distribute weekly newsletter (to approximately 1,200) and other frequent communications to keep members and press informed.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**Annual meeting - present speakers from industry to inform membership, provide a forum for members to discuss issues, and conduct the Organization's business - attendance of approximately 400**

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**Speakers events and educational meetings - inform and educate membership on on general and technical issues - attendance ranges from 50 - 250 per event - monthly or more frequently**

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e Total program service expenses** ►

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	✓	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	✓	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part IX.</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	12A	✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		✓
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? <i>If "Yes," complete Schedule G, Part I</i>		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		✓
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		✓

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		✓
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		✓
<b>23</b>	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? <i>If "Yes," complete Schedule J.</i>	✓	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		✓
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		
<b>25b</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? <i>If "Yes," complete Schedule L, Part I.</i>		
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		✓
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		✓
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>28b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>28c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	✓	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		✓
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		✓
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		✓
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		✓
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		✓
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		✓
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI.</i>		✓
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .		
	<b>1a</b>   21		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b>   0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	
<b>2a</b>	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>2a</b>   10		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		✓
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .	✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	✓	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
	<b>12b</b>		

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9a</b>	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 . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	b Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► none
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Sarah S Cornwell 410 17th Street Suite 700 Denver CO 80202

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

**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
George Solich President	1	✓		✓				0	0	0
Chuck Stanley Immediate Past President	.5	✓		✓				0	0	0
James Schroeder First Vice President	.5	✓		✓				0	0	0
Fred Barrett Second Vice President	.5	✓		✓				0	0	0
Jerry Barnes Vice President	.5	✓		✓				0	0	0
Jim Brown Vice President	.5	✓		✓				0	0	0
Ted Brown Vice President	.5	✓		✓				0	0	0
Peter Dea Vice President	.5	✓		✓				0	0	0
Don DeCarlo Vice President	.5	✓		✓				0	0	0
Rich Frommer Vice President	.5	✓		✓				0	0	0
Daryll Howard Vice President	.5	✓		✓				0	0	0
Jim Kleckner Vice President	.5	✓		✓				0	0	0
Logan Magruder Vice President	.5	✓		✓				0	0	0
Don McClure Vice President	.5	✓		✓				0	0	0
Frank Muscara Vice President	.5	✓		✓				0	0	0
Jay Neese Vice President	.5	✓		✓				0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Gary Packer Vice President	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Bobby Plowman Vice President	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Tom Sheffield Vice President	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Neal Stanley Vice President	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Duane Zavadil Vice President	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Porter Bennett Vice President Natural Gas Markets	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
John Benton Vice President Crude Oil Markets	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Tim Hopkins Vice President Government & Public Affairs	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Bill Lancaster Vice President Membership	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Jeff Lang Vice President Events	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Greg Ruben Vice President Natural Gas Transportation	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Rebecca Watson Secretary	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Phil Doty Treasurer	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
<b>1b Total</b>								<b>691,306</b>	<b>0</b>	<b>56,671</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **four**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	<input checked="" type="checkbox"/>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Environ International Corp P.O. Box 8500-1980 Philadelphia PA 19178-1980	air quality contracting	225,785
PAC/WEST 8600 SW St., Suite 100 Helens Dr. Wilsonville OR 97070	wildlife research	163,337

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **two**

<b>Part VIII Statement of Revenue</b>				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions).	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f . . . . .							
<b>Program Service Revenue</b>			<b>Business Code</b>					
	<b>2a</b> <b>Dues and sponsorships</b> . . . . .		<b>900099</b>	<b>1,791,925</b>	<b>1,791,925</b>			
	<b>b</b> <b>Registration fees</b> . . . . .		<b>900099</b>	<b>108,100</b>	<b>108,100</b>			
	<b>c</b> . . . . .							
	<b>d</b> . . . . .							
	<b>e</b> . . . . .							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . .			<b>1,900,025</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			<b>18,069</b>			<b>18,069</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
		<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		<b>309,350</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	<b>342,993</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			<b>(33,643)</b>	<b>(33,643)</b>		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses. . . . .		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		<b>Business Code</b>						
<b>11a</b> <b>Employment advertising</b> . . . . .		<b>900099</b>	<b>889</b>		<b>889</b>			
<b>b</b> . . . . .								
<b>c</b> . . . . .								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			<b>889</b>					
<b>12 Total revenue.</b> See instructions. . . . .			<b>1,885,340</b>	<b>1,866,382</b>	<b>889</b>	<b>18,069</b>		

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	492,053			
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 . . . . .	431,598			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	20,506			
9 Other employee benefits . . . . .	64,989			
10 Payroll taxes . . . . .	53,215			
11 Fees for services (non-employees):				
a Management . . . . .	35,956			
b Legal . . . . .	5,054			
c Accounting . . . . .				
d Lobbying . . . . .	75,354			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . . . .				
g Other . . . . .	44,120			
12 Advertising and promotion . . . . .	13,474			
13 Office expenses . . . . .	69,737			
14 Information technology . . . . .	37,557			
15 Royalties . . . . .				
16 Occupancy . . . . .	86,240			
17 Travel . . . . .	32,148			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .	226,423			
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	29,753			
23 Insurance . . . . .	6,835			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>Dues</b> . . . . .	6,740			
b <b>Training &amp; Publications</b> . . . . .	14,404			
c <b>Miscellaneous</b> . . . . .	1,859			
d . . . . .				
e . . . . .				
f All other expenses . . . . .				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,748,015			
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	111,850	<b>1</b>	51,540
	<b>2</b> Savings and temporary cash investments . . . . .	2,379,436	<b>2</b>	2,445,451
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	37,981	<b>4</b>	29,937
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	78,259	<b>9</b>	55,228
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 106,357		
	<b>b</b> Less: accumulated depreciation . . . . .	10b 62,904	45,310	<b>10c</b> 43,453
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,659,486	<b>16</b>	2,625,609	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	310,883	<b>17</b>	150,835
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,148,706	<b>19</b>	1,137,553
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,459,589	<b>26</b>	1,288,388
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	1,199,897	<b>32</b>	1,337,221
<b>33</b> Total net assets or fund balances . . . . .		<b>33</b>		
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,659,486	<b>34</b>	2,625,609	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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

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

**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? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

- Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		✓
<b>2b</b>		✓
<b>2c</b>		
<b>3a</b>		✓
<b>3b</b>		

# Political Campaign and Lobbying Activities

2009

Open to Public Inspection

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>Independent Petroleum Association of Mountain States</b>	Employer identification number <b>84 0700841</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ 1,000
- 3 Volunteer hours . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . ▶ \$
- 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  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ 0
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ 0
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ 0
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group.

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 1e, column (a) or (b) is:</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is:</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures			0		

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	<input checked="" type="checkbox"/>
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	<input checked="" type="checkbox"/>

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	<b>1,791,925</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	<b>140,711</b>
<b>b</b> Carryover from last year	<b>2b</b>	<b>0</b>
<b>c</b> Total	<b>2c</b>	<b>140,711</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	<b>268,789</b>
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	<b>0</b>

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**Check 07/23/09 to Friends of Gary R. Herbert, UT Governor**

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

Employer identification number

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or pleasure)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ **Independent Petrol**

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ **410 17th Street**

b Assets included in Form 990, Part X . . . . . ▶ \$ **700**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ .....%
  - b** Permanent endowment ▶ .....%
  - c** Term endowment ▶ .....%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations
  - (ii)** related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		<b>47,841</b>		<b>19,037</b>
<b>e</b> Other		<b>58,516</b>		

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶









**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	150,850	158,500		
	<b>2</b> Less: Charitable contributions . . . . .			0	
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	150,850	158,500		309,350
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	1,550	19,668		21,218
	<b>6</b> Rent/facility costs . . . . .	33,220	26,109		59,329
	<b>7</b> Food and beverages . . . . .	73,520	106,698		180,218
	<b>8</b> Entertainment . . . . .	1,700			1,700
	<b>9</b> Other direct expenses . . . . .	34,761	45,767		80,528
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 342,993 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				(33,643)	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .	19,037			
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," explain: _____ _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

			Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:			
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%	
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%	
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ .....			
	Address ▶ .....			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....			
<b>c</b>	If "Yes," enter name and address of the third party:			
	Name ▶ .....			
	Address ▶ .....			
<b>16</b>	Gaming manager information:			
	Name ▶ .....			
	Gaming manager compensation ▶ \$ .....			
	Description of services provided ▶ .....			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions:			
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....			

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer identification number

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Independent Petroleum Association of Montana Colorado State Vice President 0700841	410 17th Street						700	Denver CO 80202	84	
Montana State Vice President	303						623 0987	Marc W Smith	ipams.org	
Nebraska State Vice President	1974							the responsible		
New Mexico State Vice President	130	✓								
North and South Dakota State Vice President	129	✓						10	200	
Oregon and Washington State Vice President IPAMS is an organization of individuals and	889	✓					IPAMS	same as C above		
Utah State Vice President	40,719	✓					0	2,059,269	1,900,025	
Wyoming State Vice President	18,069	✓					2,159,374	1,885,340	0	
Banking & Finance Committee Chair	0	✓					1,007,499	1,062,361	0	
Legislative, Legal, & Regulatory Chair	0	✓					858,664	685,654	1,866,163	
Air Quality Subcommittee Chair	2,659,486	✓					2,625,609	1,459,589	1,288,387	
NGV Subcommittee Chair	1,337,222	✓					1,748,015	293,211	CO	
Tax Subcommittee Chair	137,325	✓								
Tax Subcommittee Chair	59,386	✓					(32,754)	6		
Wildlife Subcommittee Chair Kimberly Mazza		✓								
Communications Committee Chair	.5	✓					0		0	
At-Large Terry Dobkins	.25	✓					0	0	0	
At-Large	.25	✓					0	0	0	
At-Large Tom Hendrick	.25	✓						0	0	
At-Large	.25	✓					0	0	0	
At-Large		✓						0	0	

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer identification number

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Independent Petroleum Association of Colorado State Vice President 410 17th Street 0700841	700						700	Denver CO 80	84	
Montana State Vice President	303						623 0987	Marc W Smith	ipams.org	
Nebraska State Vice President	1974							the responsible		
New Mexico State Vice President	130	✓								
North and South Dakota State Vice President 889	129	✓						10	200	
Oregon and Washington State Vice President IPAMS is an organization of individuals and	0	✓					IPAMS	same as C above		
Utah State Vice President 40,719	0	✓					0	2,059,269	1,900,025	
Wyoming State Vice President	18,069	✓					2,159,374	1,885,340	0	
Banking & Finance Committee Chair	0	✓					1,007,499	1,062,361	0	
Legislative, Legal, & Regulatory Chair	0	✓					858,664	685,654	1,866,163	
Air Quality Subcommittee Chair 1,199,897	2,659,486	✓					2,625,609	1,459,589	1,288,387	
NGV Subcommittee Chair	1,337,222	✓					1,748,015	293,211	CO	
Tax Subcommittee Chair	137,325	✓								
Tax Subcommittee Chair	59,386	✓					(32,754)	6		
Wildlife Subcommittee Chair Kimberly Mazza		✓								
Communications Committee Chair	.5	✓					0		0	
At-Large Terry Dobkins	.25	✓					0	0	0	
At-Large	.25	✓					0	0	0	
At-Large Tom Hendrick	.25	✓						0	0	
At-Large	.25	✓					0	0	0	
At-Large		✓						0	0	

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer identification number

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Independent Petroleum Association of Colorado State Vice President 410 17th Street 0700841	700						Denver CO 80001	84		
Montana State Vice President	303						623 0987 Marc W Smith	ipams.org		
Nebraska State Vice President	1974							the responsible		
New Mexico State Vice President	130	✓								
North and South Dakota State Vice President 889	129	✓						10	200	
Oregon and Washington State Vice President IPAMS is an organization of individuals and	0	✓					IPAMS	same as C above		
Utah State Vice President 40,719	0	✓					0	2,059,269	1,900,025	
Wyoming State Vice President	18,069	✓					2,159,374	1,885,340	0	
Banking & Finance Committee Chair	0	✓					1,007,499	1,062,361	0	
Legislative, Legal, & Regulatory Chair	0	✓					858,664	685,654	1,866,163	
Air Quality Subcommittee Chair 1,199,897	2,659,486	✓					2,625,609	1,459,589	1,288,387	
NGV Subcommittee Chair	1,337,222	✓					1,748,015	293,211	CO	
Tax Subcommittee Chair	137,325	✓								
Tax Subcommittee Chair	59,386	✓					(32,754)	6		
Wildlife Subcommittee Chair Kimberly Mazza		✓								
Communications Committee Chair	.5	✓					0		0	
At-Large Terry Dobkins	.25	✓					0	0	0	
At-Large	.25	✓					0	0	0	
At-Large Tom Hendrick	.25	✓					0	0	0	
At-Large	.25	✓					0	0	0	
At-Large		✓						0	0	

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer identification number

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Independent Petroleum Association of Colorado State Vice President 410 17th Street 0700841	700						Denver CO 80001	84		
Montana State Vice President	303						623 0987 Marc W Smith	ipams.org		
Nebraska State Vice President	1974						the responsible			
New Mexico State Vice President	130	✓								
North and South Dakota State Vice President	129	✓						10	200	
Oregon and Washington State Vice President IPAMS is an organization of individuals and	0	✓					IPAMS	same as C above		
Utah State Vice President	0	✓					0	2,059,269	1,900,025	
Wyoming State Vice President	18,069	✓					2,159,374	1,885,340	0	
Banking & Finance Committee Chair	0	✓					1,007,499	1,062,361	0	
Legislative, Legal, & Regulatory Chair	0	✓					858,664	685,654	1,866,163	
Air Quality Subcommittee Chair	2,659,486	✓					2,625,609	1,459,589	1,288,387	
NGV Subcommittee Chair	1,337,222	✓					1,748,015	293,211	CO	
Tax Subcommittee Chair	137,325	✓								
Tax Subcommittee Chair	59,386	✓					(32,754)	6		
Wildlife Subcommittee Chair Kimberly Mazza		✓								
Communications Committee Chair	.5	✓					0		0	
At-Large Terry Dobkins	.25	✓					0	0	0	
At-Large	.25	✓					0	0	0	
At-Large Tom Hendrick	.25	✓					0	0	0	
At-Large	.25	✓					0	0	0	
At-Large		✓						0	0	

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer identification number

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Independent Petroleum Association of Colorado State Vice President 410 17th Street 0700841	700							Denver CO 80001	84	
Montana State Vice President	303						623 0987	Marc W Smith	ipams.org	
Nebraska State Vice President	1974							the responsible		
New Mexico State Vice President	130	✓								
North and South Dakota State Vice President 889	129	✓						10	200	
Oregon and Washington State Vice President IPAMS is an organization of individuals and	0	✓					IPAMS	same as C above		
Utah State Vice President 40,719	0	✓					0	2,059,269	1,900,025	
Wyoming State Vice President	18,069	✓					2,159,374	1,885,340	0	
Banking & Finance Committee Chair	0	✓					1,007,499	1,062,361	0	
Legislative, Legal, & Regulatory Chair	0	✓					858,664	685,654	1,866,163	
Air Quality Subcommittee Chair 1,199,897	2,659,486	✓					2,625,609	1,459,589	1,288,387	
NGV Subcommittee Chair	1,337,222	✓					1,748,015	293,211	CO	
Tax Subcommittee Chair	137,325	✓								
Tax Subcommittee Chair	59,386	✓					(32,754)	6		
Wildlife Subcommittee Chair Kimberly Mazza		✓								
Communications Committee Chair	.5	✓					0		0	
At-Large Terry Dobkins	.25	✓					0	0	0	
At-Large	.25	✓					0	0	0	
At-Large Tom Hendrick	.25	✓						0	0	
At-Large	.25	✓					0	0	0	
At-Large		✓						0	0	

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization	Employer identification number
--------------------------	--------------------------------

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
	Independent Petroleum Association of Mountain States 700			
	889			
	410 17th Street	1974		

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ 0
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ 0

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
303 Denver CO 80202-4428										
0										
2,159,374				Marc W Smith 129						
<b>Total</b>			1,900,025	129						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
2,059,269		
0		
1,007,499		
		40,719

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Porter Bennett ipams.org	Board member	42,766	Natural gas consulting proj		✓
200					
IPAMS	same as C above	IPAMS is an organ	the responsible developer		
1,885,340				0	

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

0700841

0700841

Part VI Section A Line 1a The Board of Directors delegates to the Executive Committee authority to act on its behalf as

84

Part VI Section B Line 12c Decisions that would be affected by conflicts of interest are only undertaken by the Executive Committee, and are carefully considered for potential conflicts before action is taken.

Part VI Section B Line 15b Four independent Board members including the President, A Vice President, the Treasurer, and a former President, comprise the compensation committee. None of these Board members have a conflict of Independent Petroleum Association of Mountain States employees of the organization. In establishing the total compensation amounts, they reviewed data for similarly qualified persons in functionally comparable positions at similarly situated trade and other associations. In addition, they considered overall industry employment conditions because of their relevance. All of these factors were considered the final determination of the compensation amounts and were contemporaneously documented and retained.

Part VI Section C Line 19 the organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

1,000

0

Name of the organization

Employer identification number

**IPAM: the responsible developm**

**Monitor current industry developments, issues, and legislation. Distribute weekly newsletter (to approximately 1,200) and other frequent communications to keep members and press informed.**

**Annual meeting - present speakers from industry to inform membership, provide a forum for members to discuss issues, and conduct the Organization's business - attendance of approximately 400**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Schedule

An organization should use Schedule O (Form 990), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990.

### Who Must File

All organizations that file Form 990 must file Schedule O (Form 990). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11A and 19. If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

### Specific Instructions

Use as many continuation sheets of Schedule O (Form 990) as needed.

Complete the required information on the appropriate line of Form 990 or its schedules prior to using Schedule O (Form 990).

Identify clearly the specific part and line(s) of Form 990 or its schedule(s) to which each response relates. Follow the part and line sequence of Form 990 or the part and line sequence of its schedule(s).

**Late return.** If the return is not filed by the due date (including any extension granted), use a separate attachment to provide a statement giving the reasons for not filing on time. **Do not use** this schedule to provide the late-filing statement.

**Amended return.** If the organization checked the *Amended return* box on Form 990, line B, use Schedule O (Form 990) to list each part or schedule and line item of the Form 990 that was amended.

**Group return.** If the organization answered "Yes" to Form 990, line H(a) but "No" to line H(b), use a separate attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the instructions for Form 990, *I. Group Return*.

**Parts III, V, VI, VII, and XI.** Use Schedule O (Form 990) to provide any narrative information required for the following questions.

1. Part III, *Statement of Program Service Accomplishments*.

- "Yes" response to line 2.
- "Yes" response to line 3.
- Other program services on line 4d.

2. "No" response to Part V, *Statements Regarding Other IRS Filings and Tax Compliance*, line 3b.

3. Part VI, *Governance, Management, and Disclosure*.

- Material differences in voting rights in line 1a.
- "Yes" responses to lines 2 through 7b.
- "No" responses to lines 8a, 8b, and 10b.
- "Yes" response to line 9.

e. Description of process for review of Form 990, if any, in response to line 11A.

f. "Yes" response to line 12c.

g. Description of process for determining **compensation** on lines 15a and 15b.

h. If applicable, in response to line 18, an explanation as to why the organization did not make any of Forms 1023, 1024, 990, or 990-T publicly available.

i. Description of public disclosure of documents in response to line 19.

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

a. Estimate of average hours per week, if any, devoted to **related organizations** for which compensation was reported in columns (E) or (F).

b. Description of reasonable efforts undertaken in regard to column (E).

5. Part XI, *Financial Statements and Reporting*.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

**Schedule E (Form 990 or 990-EZ).** If applicable, use Schedule O (Form 990) to explain a "Yes" response to lines 6a or 6b or a "No" response to line 7. If additional space is needed, use Schedule O (Form 990) to explain a "No" response to line 3, 4a, 4b, 4c, or 4d, and a "Yes" response to line 5a, 5b, 5c, 5d, 5e, 5f, 5g, or 5h.

**Schedule G (Form 990 or 990-EZ).** If applicable, use Schedule O (Form 990) to describe the custody or control arrangement and payments of fundraising expenses or reimbursements as required in Part 1, line 2b, columns (iii) and (v), respectively.

**Schedule K (Form 990).** If applicable, use Schedule O (Form 990) to describe the organization's use of alternative 12-month reporting periods with respect to **bond issues** reported on Schedule K (Form 990).

**Schedule L (Form 990 or 990-EZ).** Use Schedule O (Form 990) if additional space is needed to report information required by Schedule L (Form 990 or 990-EZ).

**Schedule R (Form 990).** If applicable, use Schedule O (Form 990) to provide the **group exemption** relationships described on Schedule R (Form 990), and to describe the method used to determine the amount(s) reported on Schedule R (Form 990), Part V, line 2.

**Other.** Use Schedule O (Form 990) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



*Do not include on Schedule O (Form 990) any social security number(s), because this schedule will be made available for public inspection.*

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** , 2008, **and ending** , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization **Independent Petroleum Association of Mountain St.**  
 Doing Business As **IPAMS**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**410 17th Street 700**  
 City or town, state or country, and ZIP + 4  
**Denver CO 80202-4428**

**D** Employer identification number  
**84 0700841**

**E** Telephone number  
 ( **303** ) **623 0987**

**F** Name and address of principal officer: **Marc W Smith**  
**same as C above**

**G** Gross receipts \$

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **ipams.org**

**K** Type of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1974** **M** State of legal domicile: **CO**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>IPAMS is an organization of individuals and businesses dedicated to promoting a positive business climate for the responsible development and use of natural gas and oil in the Intermountain West.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>130</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>129</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>10</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>889</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0</b>	<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,059,269</b>	<b>1,900,025</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>40,719</b>	<b>18,069</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>59,386</b>	<b>(32,754)</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>2,159,374</b>	<b>1,885,340</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>0</b>	<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,007,499</b>	<b>1,062,361</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0</b>	<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>858,664</b>	<b>685,654</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,866,163</b>	<b>1,748,015</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>293,211</b>	<b>137,325</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,659,486</b>	<b>2,625,609</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,459,589</b>	<b>1,288,387</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (see instructions) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no. ▶ ( ) \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:  
**IPAMS is an organization of individuals and businesses dedicated to promoting a positive business climate for the responsible development and use of natural gas and oil in the Intermountain West.**

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  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  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**Monitor current industry developments, issues, and legislation. Distribute weekly newsletter (to approximately 1,200) and other frequent communications to keep members and press informed.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**Annual meeting - present speakers from industry to inform membership, provide a forum for members to discuss issues, and conduct the Organization's business - attendance of approximately 400**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**Speakers events and educational meetings - inform and educate membership on on general and technical issues - attendance ranges from 50 - 250 per event - monthly or more frequently**

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		✓
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?		✓
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	✓	
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	✓	
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		✓
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	✓	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?		✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		✓
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		✓
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		✓
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		✓
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	✓	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		✓
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	✓	
<b>24a</b> 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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		✓

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		✓
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		✓
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		✓
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .		
	<b>1a</b> <span style="float: right;">21</span>		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> <span style="float: right;">0</span>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	
<b>2a</b>	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>2a</b> <span style="float: right;">10</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		✓
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	✓	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	<b>130</b>
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	<b>129</b>
<b>2</b>	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? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<input checked="" type="checkbox"/>	
<b>11</b>	Is there any officer, director or 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 . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O. (see instructions)	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ none** . . . . .
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ Sarah S Cornwell 410 17th Street Suite 700 Denver CO 80202** . . . . .

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
George Solich President	1	✓		✓				0	0	0
Chuck Stanley Immediate Past President	.5	✓		✓				0	0	0
James Schroeder First Vice President	.5	✓		✓				0	0	0
Fred Barrett Second Vice President	.5	✓		✓				0	0	0
Jerry Barnes Vice President	.5	✓		✓				0	0	0
Jim Brown Vice President	.5	✓		✓				0	0	0
Ted Brown Vice President	.5	✓		✓				0	0	0
Peter Dea Vice President	.5	✓		✓				0	0	0
Don DeCarlo Vice President	.5	✓		✓				0	0	0
Rich Frommer Vice President	.5	✓		✓				0	0	0
Daryll Howard Vice President	.5	✓		✓				0	0	0
Jim Kleckner Vice President	.5	✓		✓				0	0	0
Logan Magruder Vice President	.5	✓		✓				0	0	0
Don McClure Vice President	.5	✓		✓				0	0	0
Frank Muscara Vice President	.5	✓		✓				0	0	0
Jay Neese Vice President	.5	✓		✓				0	0	0
Duane Zavadil Vice President	.5	✓						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Gary Packer Vice President	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Bobby Plowman Vice President	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Tom Sheffield Vice President	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Neal Stanley Vice President	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Duane Zavadil Vice President	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Porter Bennett Vice President Natural Gas Markets	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
John Benton Vice President Crude Oil Markets	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Tim Hopkins Vice President Government & Public Affairs	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Bill Lancaster Vice President Membership	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Jeff Lang Vice President Events	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Greg Ruben Vice President Natural Gas Transportation	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Rebecca Watson Secretary	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Phil Doty Treasurer	.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
<b>1b Total</b>								<b>691,306</b>	<b>0</b>	<b>56,671</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **four**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	<input checked="" type="checkbox"/>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Environ International Corp P.O. Box 8500-1980 Philadelphia PA 19178-1980	air quality contracting	225,785
PAC/WEST 8600 SW St., Suite 100 Helens Dr. Wilsonville OR 97070	wildlife research	163,337

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► **two**

<b>Part VIII Statement of Revenue</b>				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions).	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f . . . . .							
<b>Program Service Revenue</b>			<b>Business Code</b>					
	<b>2a</b> <b>Dues and sponsorships</b> . . . . .		<b>900099</b>	<b>1,791,925</b>	<b>1,791,925</b>			
	<b>b</b> <b>Registration fees</b> . . . . .		<b>900099</b>	<b>108,100</b>	<b>108,100</b>			
	<b>c</b> . . . . .							
	<b>d</b> . . . . .							
	<b>e</b> . . . . .							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . .			<b>1,900,025</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			<b>18,069</b>			<b>18,069</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
		<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		<b>309,350</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	<b>342,993</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			<b>(33,643)</b>	<b>(33,643)</b>		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses. . . . .		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		<b>Business Code</b>						
<b>11a</b> <b>Employment advertising</b> . . . . .		<b>900099</b>	<b>889</b>		<b>889</b>			
<b>b</b> . . . . .								
<b>c</b> . . . . .								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			<b>889</b>					
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			<b>1,885,340</b>	<b>1,866,382</b>	<b>889</b>	<b>18,069</b>		

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	492,053			
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	431,598			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,506			
9 Other employee benefits	64,989			
10 Payroll taxes	53,215			
11 Fees for services (non-employees):				
a Management	35,956			
b Legal	5,054			
c Accounting				
d Lobbying	75,354			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	44,120			
12 Advertising and promotion	13,474			
13 Office expenses	69,737			
14 Information technology	37,557			
15 Royalties				
16 Occupancy	86,240			
17 Travel	32,148			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	226,423			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,753			
23 Insurance	6,835			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Dues	6,740			
b Training & Publications	14,404			
c Miscellaneous	1,859			
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,748,015			
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	111,850	1	51,540
	2	Savings and temporary cash investments . . . . .	2,379,436	2	2,445,451
	3	Pledges and grants receivable, net . . . . .		3	
	4	Accounts receivable, net . . . . .	37,981	4	29,937
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .	78,259	9	55,228
	10a	Land, buildings, and equipment: cost basis	106,357		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	10b 62,904		
			45,310	10c	43,453
	11	Investments—publicly traded securities . . . . .		11	
	12	Investments—other securities. See Part IV, line 11 . . . . .		12	
	13	Investments—program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
15	Other assets. See Part IV, line 11 . . . . .		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,659,486	16	2,625,609	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	310,883	17	150,835
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .	1,148,706	19	1,137,553
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22	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	
	24	Unsecured notes and loans payable . . . . .		24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,459,589	26	1,288,388
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .		27	
	28	Temporarily restricted net assets . . . . .		28	
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .	1,199,897	32	1,337,221
33	Total net assets or fund balances . . . . .		33		
34	Total liabilities and net assets/fund balances . . . . .	2,659,486	34	2,625,609	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		✓
b	Were the organization's financial statements audited by an independent accountant? . . . . .		✓
c	If "Yes" to lines 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? . . . . .		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		✓
b	If "Yes," did the organization undergo the required audit or audits? . . . . .		

# Return of Organization Exempt From Income Tax

**2007**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2007 calendar year, or tax year beginning \_\_\_\_\_, 2007, and ending \_\_\_\_\_, 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: **Independent Petroleum Association of Mountain States**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **410 17th Street Suite 700 700**  
 City or town, state or country, and ZIP + 4: **Denver CO 80202-4428**

**D** Employer identification number: **0700841**  
**E** Telephone number: **( 303 ) 623 0987**  
**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**G** Website: ▶ **ipams.org**

**J** Organization type (check only one) ▶  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ \_\_\_\_\_  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____ )	1e		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		382,509
	3	Membership dues and assessments	3		1,458,927
	4	Interest on savings and temporary cash investments	4		64,083
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶ _____ )	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11		2,893	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,908,412	
Expenses	13	Program services (from line 44, column (B))	13		420,218
	14	Management and general (from line 44, column (C))	14		1,381,383
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		1,801,601
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		106,811
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		799,875
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		906,686

**Part II** Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	216,602	216,602	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	630,544	630,544	
27	Pension plan contributions not included on lines 25a, b, and c	27	43,592	43,592	
28	Employee benefits not included on lines 25a - 27	28	71,282	71,282	
29	Payroll taxes	29	51,187	51,187	
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32	489	489	
33	Supplies	33	21,865	21,865	
34	Telephone	34	16,840	16,840	
35	Postage and shipping	35	4,410	4,410	
36	Occupancy	36	68,107	68,107	
37	Equipment rental and maintenance	37	5,361	5,361	
38	Printing and publications	38	54,756	54,756	
39	Travel	39	99,704	99,704	
40	Conferences, conventions, and meetings	40	426,613	420,218	6,395
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	15,966	15,966	
43	Other expenses not covered above (itemize):				
a	Dues, Subscr, training	43a	15,322	15,322	
b	Bank charges	43b	5,707	5,707	
c	Parking	43c	14,012	14,012	
d	Computer admin services	43d	37,848	37,848	
e	Loss/asset retirements	43e	1,394	1,394	
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,801,601	420,218	1,381,383

Joint Costs. Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>Oil &amp; Gas Industry Trade Association</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a PUBLISH PERIODIC NEWSLETTER - UPCOMING PROGRAMS CURRENT INDUSTRY DEVELOPMENTS & ISSUES DISTRIBUTION OF APPROXIMATELY 1,200 _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
b ANNUAL MEETING - PRESENT SPEAKERS FROM INDUSTRY TO INFORM MEMBERSHIP CONDUCT ORGANIZATION'S BUSINESS ATTENDANCE OF APPROXIMATELY 400 _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
c SPEAKERS AND EDUCATIONAL MEETINGS - INFORM AND EDUCATE MEMBERSHIP ON GENERAL AND TECHNICAL ISSUES; ATTENDANCE RANGES FROM 20 - 250 PER MEETING _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
d COMMUNITY OUTREACH EFFORT - EDUCATE PUBLIC ABOUT THE INDUSTRY ASSIST & TRAIN MEMBERSHIP IN COMMUNITY RELATIONS _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . . <input type="checkbox"/>	

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing . . . . .	29,713	45	129,225
	46 Savings and temporary cash investments . . . . .	1,526,279	46	1,657,283
	47a Accounts receivable . . . . .			
	b Less: allowance for doubtful accounts . . . . .	20,464	47c	43,965
	48a Pledges receivable . . . . .			
	b Less: allowance for doubtful accounts . . . . .		48c	
	49 Grants receivable . . . . .		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) . . . . .			
	b Less: allowance for doubtful accounts . . . . .		51c	
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .	69,863	53	46,863
	54a Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment: basis . . . . .			
	b Less: accumulated depreciation (attach schedule) . . . . .		55c	
	56 Investments—other (attach schedule) . . . . .		56	
	57a Land, buildings, and equipment: basis . . . . .	64,463		
	b Less: accumulated depreciation (attach schedule) . . . . .	42,111	21,906	57c
58 Other assets, including program-related investments (describe ► . . . . .)			58	
59 Total assets (must equal line 74). Add lines 45 through 58 . . . . .	1,668,225	59	1,899,688	
Liabilities	60 Accounts payable and accrued expenses . . . . .	97,336	60	246,220
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .	771,014	62	746,782
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65 Other liabilities (describe ► . . . . .)		65	
66 Total liabilities. Add lines 60 through 65 . . . . .	868,350	66	993,002	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	799,875	67	906,686
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	799,875	73	906,686	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73 . . . . .	1,668,225	74	1,899,688	





Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		<input checked="" type="checkbox"/>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		<input checked="" type="checkbox"/>
c	Dues, assessments, and similar amounts from members	85c	1,458,927
d	Section 162(e) lobbying and political expenditures	85d	75,369
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	218,839
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	NA
b	Gross receipts, included on line 12, for public use of club facilities	86b	NA
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	NA
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	NA
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	
90a	List the states with which a copy of this return is filed	NONE	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	8
91a	The books are in care of	The organization	
	Located at	410 17th Street Ste 700	
	Telephone no.	(303) 623 0987	
	ZIP + 4	80202-4428	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)** Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country ▶ .....

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a MEETINGS, CONFERENCES, PROGRAMS					382,509
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,458,927
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	64,083	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a commission	519100	2,893			
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		2,893		64,083	1,841,436
105 Total (add line 104, columns (B), (D), and (E))					1,908,412

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	MTGS & CONFS - PROVIDE SEMINARS AND TRAINING FOR MEMBERS AND THEIR EMPLOYEES, FORUM FOR KEY INDUSTRY SPEAKERS & MEMBERS TO EXCHANGE INFORMATION & IDEAS
94	INFORM INDEPENDENTS ON TAX, LANDS, ROYALTY ISSUES, ETC. PUBLICATIONS, MONITOR ISSUES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	✓

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Marc W. Smith* Date: 5/15/08

Marc W. Smith Executive Director

Type or print name and title

---

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

INDEPENDENT PETROLEUM ASSOCIATION OF MOUNTAIN STATES  
 #84-0700841  
 12/31/07

FORM 990: PAGE 2: PART II: LINE 42: DEPR, DEPL, AND AMORT

FURNITURE & OFFICE EQUIPMENT	<u>\$15,966</u>
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FORM 990: PAGE 3: PART IV: LINE 57: LAND, BUILDINGS, & EQUIPMENT

<u>FURNITURE &amp; EQUIPMENT</u>	<u>COST</u>	<u>ACCUM DEPR</u>	<u>BOOK VALUE</u>
2006	<u>\$66,463</u>	<u>(\$44,557)</u>	<u>\$21,906</u>
2007	<u>\$64,463</u>	<u>(\$42,111)</u>	<u>\$22,352</u>

FORM 990: PAGE 3: PART IV: LINE 62: SUPPORT & REVENUE - FUTURE PERIODS

	<u>2008</u>	<u>2006</u>
MEMBERS' DUES RECEIVED DURING THE CURRENT YEAR FOR MEMBERSHIP IN THE NEXT YEAR	<u>\$746,782</u>	<u>\$771,014</u>

**Part V - A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter 0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Logan Magruder 1775 Sherman Street, Suite 1525 Denver CO 80203	Immed Past Pres - 2 hrs	-0-	-0-	-0-
Randy Bolles 2120 Carey Ave., Ste. 102 Cheyenne WY 82001	Vice President - 2 hrs	-0-	-0-	-0-
Don DeCarlo 20 N. Broadway, Ste 1500 Oklahoma City OK 73102	Vice President - 2 hrs	-0-	-0-	-0-
Jim Felton 1099 18th St., Ste. 2300 Denver CO 80202	Vice President - 2 hrs	-0-	-0-	-0-
Steve Frazier 700 17th St., Ste 1300 Denver CO 80202	Vice President - 2 hrs	-0-	-0-	-0-
Rich Frommer 370 17th St., Ste 3000 Denver CO 80202	Vice President - 2 hrs	-0-	-0-	-0-
Tim Hopkins 350 Indiana St. Ste. 400 Golden CO 80401	Vice President - 2 hrs	-0-	-0-	-0-
Jim Kleckner 1999 Broadway, Ste 3700 Denver CO 80202	Vice President - 2 hrs	-0-	-0-	-0-
Phil Kriz 1050 17th St., Ste. 1850 Denver CO 80265	Vice President - 2 hrs	-0-	-0-	-0-
Don McClure EnCana Oil & Gas (USA) Inc. Denver CO 80202	Vice President - 2 hrs	-0-	-0-	-0-
T Greg Merrion 610 Reilly Ave. Farmington NM 87401	Vice President - 2 hrs	-0-	-0-	-0-
Jay Neese 1050 17th St., Ste 500 Denver CO 80265	Vice President - 2 hrs	-0-	-0-	-0-
Gary Packer 1401 17th St., Ste 1000 Denver CO 80202	Vice President - 2 hrs	-0-	-0-	-0-
Rick Ross 1700 Broadway, Ste 2300 Denver CO 80290-2301	Vice President - 2 hrs	-0-	-0-	-0-
Jim Schroeder 1512 Larmier St., Ste 1000 Denver CO 80202	Vice President - 2 hrs	-0-	-0-	-0-
George Solich (brother of Geoff Solich) 8450 E. Crescent Pkwy, Ste 400 Greenwood Village CO 80111	Vice President - 2 hrs	-0-	-0-	-0-
Neal Stanley 147 Garfield St. Denver CO 80206-5516	Vice President - 2 hrs	-0-	-0-	-0-
Jay Still 1401 17th St., Ste 1200 Denver CO 80202	Vice President - 2 hrs	-0-	-0-	-0-
Duane Zavadil 1099 18th, Ste 2300 Denver CO 80202	Vice President - 2 hrs	-0-	-0-	-0-
Steve Barnes 1801 Broadway, Ste. 350 Denver CO 80202	Committee Chair - 2 hrs	-0-	-0-	-0-
Chris Carter 7074 S. Revere Parkway Centennial CO 80112	Committee Chair - 2 hrs	-0-	-0-	-0-
Eric Dillé 600 17th St. Ste. 1100 Denver CO 80202	Committee Chair - 2 hrs	-0-	-0-	-0-
Jeff Lang 475 17th St., Ste 1200 Denver CO 80202	Committee Chair - 2 hrs	-0-	-0-	-0-
Andy Logan 324 Garden St. Golden CO 80403	Committee Chair - 2 hrs	-0-	-0-	-0-
Kim Mazza 1401 17th St., Ste.1200 Denver CO 80202	Committee Chair - 2 hrs	-0-	-0-	-0-
Kevin Norris 621 17th St., Ste. 1140 Denver CO 80293	Committee Chair - 2 hrs	-0-	-0-	-0-
Dave Banko 385 Inverness Pkwy., Ste 420 Englewood CO 80112	At-large - .5 hrs	-0-	-0-	-0-
Jerry Barnes 1515 Arapahoe, Ste 1000 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-

**Part V - A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter 0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Fred Barrett 1099 18th Ste, 2300 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Rob Bayless 621 17th St., Ste 2300 Denver CO 80293	At-large - .5 hrs	-0-	-0-	-0-
Dominic Bazile 410 17th St., Ste. 1850 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Bill Bergner 1200 17th St., Ste 600 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Todd Berryman 600 17th St. Ste 500 S Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Tony Best 1776 Lincoln St., Ste. 700 Denver CO 80203	At-large - .5 hrs	-0-	-0-	-0-
Rob Bilger 390 Benmar Suite 100 Houston TX 77060	At-large - .5 hrs	-0-	-0-	-0-
Mike Bock 475 17th St., Ste 1100 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Bruce Bowman 1700 Lincoln, Ste 2800 Denver CO 80203	At-large - .5 hrs	-0-	-0-	-0-
Jim Brown 1125 17th St., Ste 1900 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Ted Brown 1625 Broadway, Ste 2000 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Jonny Brumley 777 Main Street, Ste 1400 Fort Worth TX 76102	At-large - .5 hrs	-0-	-0-	-0-
Robert Clark 1625 Broadway, Ste 2400 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Tom Crowe 5650 Greenwood Plaza Blvd., Ste #225H Greenwood Village CO	At-large - .5 hrs	-0-	-0-	-0-
Peter Dea 475 17th St., Ste. 1600 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Paul DeBonis 1560 Broadway, Ste 800 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Terry Dobkins 1225 17th St., Ste. 200 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Kurt Doerr 600 17th St., Ste 1100-N Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Cornelius Duprè 314 North Post Oak Lane Houston TX 77024	At-large - .5 hrs	-0-	-0-	-0-
Rich Eichler 4545 Post Oak Place, Suite 210 Houston TX 77027	At-large - .5 hrs	-0-	-0-	-0-
Jack Ekstrom 1401 17th St., Ste 1200 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Todd Ennenga 20 North Broadway, Ste. 1500 Oklahoma City OK 73102-8260	At-large - .5 hrs	-0-	-0-	-0-
Mark Erickson 14 Inverness Dr. East, Ste H-236 Englewood CO 80112	At-large - .5 hrs	-0-	-0-	-0-
Steve Fallin 1777 S Harrison Street, Ste P1 Denver CO 80210-3920	At-large - .5 hrs	-0-	-0-	-0-
Martin Fleming 15601 North Dallas Pkwy., Ste. 900 Dallas TX 75001	At-large - .5 hrs	-0-	-0-	-0-
Todd Flott 13727 Noel Rd., Ste. 500 Dallas TX 75240	At-large - .5 hrs	-0-	-0-	-0-
Tom Foncannon 1625 Broadway, Ste 1570 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Bill Griffin 1001 Louisiana Houston TX 77252	At-large - .5 hrs	-0-	-0-	-0-

**Part V - A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter 0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Rick Grisinger 1125 17th St., Ste 1900 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
John Harpole 1520 W. Canal Ct., Ste 200 Littleton CO 80120	At-large - .5 hrs	-0-	-0-	-0-
Alan Harrison 1515 Araphahoe, Tower 3, Ste. 1000 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Rick Hayley 1660 Lincoln, Ste 2950 Denver CO 80264	At-large - .5 hrs	-0-	-0-	-0-
Tom Hedrick 1000 Louisiana St. 9th Floor Houston TX 77002	At-large - .5 hrs	-0-	-0-	-0-
Andy Hendricks 6501 S. Fiddlers Green Cir., Ste 400 Greenwood Village CO 80111	At-large - .5 hrs	-0-	-0-	-0-
Steve Hulse 475 17th St. Ste.1300 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Bill Jones 2413 Wynterbrook Dr. Littleton CO 80126	At-large - .5 hrs	-0-	-0-	-0-
Bruce Kelso 950 17th St., Ste 2400 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Mike Kennedy 370 17th St., Ste 1700 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Scott Key 15 Inverness Way East, D303B Englewood CO 80112-5776	At-large - .5 hrs	-0-	-0-	-0-
Bill Lancaster 1560 Broadway, Ste 800 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Don Law 7555 E. Hampden Ave., Ste. 505 Denver CO 80231	At-large - .5 hrs	-0-	-0-	-0-
DJ Lay 1700 Lincoln St., Ste 1800 Denver CO 80203	At-large - .5 hrs	-0-	-0-	-0-
Jim Lightner 1675 Broadway, Ste 2000 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Joe Lima 6501 S. Fiddlers Green Cir., Ste 400 Greenwood Village CO 80111	At-large - .5 hrs	-0-	-0-	-0-
John Ludwig 6100 Western Place, Ste. 100 Fort Worth TX 76107	At-large - .5 hrs	-0-	-0-	-0-
Carter Mathies 1600 Broadway, Suite 900 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
David Miller 3811 Turtle Creek Blvd. Dallas TX 75219	At-large - .5 hrs	-0-	-0-	-0-
Rene Morin 5 Inverness Dr. East Englewood CO 80112	At-large - .5 hrs	-0-	-0-	-0-
Greg Morzano 175 Berkeley St. Boston MA 02116	At-large - .5 hrs	-0-	-0-	-0-
Frank Muscara 1740 Broadway, 4th Floor, C7301-046 Denver CO 80274	At-large - .5 hrs	-0-	-0-	-0-
Pierce Norton P.O. Box 871 Tulsa OK 74102-8471	At-large - .5 hrs	-0-	-0-	-0-
Mike Nuss 1801 Broadway, Ste 360 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Roger Parker 370 17th St., Ste 4300 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Randy Pharo 1776 Lincoln St., Ste 1100 Denver CO 80203	At-large - .5 hrs	-0-	-0-	-0-
Bill Picquet 304 Inverness Way South, Ste.295 Englewood CO 80112	At-large - .5 hrs	-0-	-0-	-0-
Chuck Pollard 1099 18th Street, Suite 400 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-

**Part V - A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter 0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Bob Plowman 1125 17th St., Ste 1900 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Ward Polzin 1700 Lincoln St. Ste. 1300 Denver CO 80203	At-large - .5 hrs	-0-	-0-	-0-
Kelly Price 5005 Mitchelldale, Ste 250 Houston TX 77092	At-large - .5 hrs	-0-	-0-	-0-
Shawn Reed 600-17th Street, Ste 2800 South Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
J.C. Ridens 707 17th St., Ste.3600 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Doug Rogers 9512 Larimer St., Ste. 200 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Greg Ruben P.O. Box 1087 Colorado Springs CO 80944	At-large - .5 hrs	-0-	-0-	-0-
Charlie Searle 918 17th St., CNBB 0300 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Dave Searle 1949 Sugarland Dr., Ste. 192 Sheridan WY 82801	At-large - .5 hrs	-0-	-0-	-0-
Ray Singleton 1801 Broadway, Ste 620 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Lem Smith 370 17th St., Ste.1700 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Geoff Solich (brother of George Solich) 1512 Larimer St., Ste 270 Denver CO 80202	Vice President - 2 hrs	-0-	-0-	-0-
Stan Sprinkle 1520 W. Canal Ct., Ste 220 Littleton CO 80123	At-large - .5 hrs	-0-	-0-	-0-
Phil Stalnaker 600 17th St., Ste 900N Denver CO 8002	At-large - .5 hrs	-0-	-0-	-0-
Mark Thompson 950 17th St., 8th Floor Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Brian Tooley 821 17th St., Ste 500 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Tom Tyree 4643 South Ulster St., 8th Floor Denver CO 80237	At-large - .5 hrs	-0-	-0-	-0-
Larry Van Ryan 3001 Northridge Dr. Farmington NM 87401	At-large - .5 hrs	-0-	-0-	-0-
Vaughn Venneberg 810 Houston Street Fort Worth TX 76102	At-large - .5 hrs	-0-	-0-	-0-
Dick Weber 1660 Lincoln, Ste 1600 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-
Barth Whitham 475 17th St., Ste. 1500 Denver CO 80202	At-large - .5 hrs	-0-	-0-	-0-