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

Federal Regulation: Economic, job and energy security implications of federal hydraulic fracturing regulation May 2, 2012

For Individuals:

1. Name:

2. Address:

3. Email Address:

4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Kathleen Sgamma
- 2. Name of Organization(s) You are Representing at the Hearing: Western Energy Alliance (formerly the Independent Petroleum Association of Mountain States IPAMS)
- 3. Business Address: 410 17th St, Suite 700, Denver, CO 80202
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: (303) 623-0987

Name/Organization <u>Kathleen Sgamma, Western Energy Alliance</u> Title/Date of Hearing <u>Federal Regulation: Economic, job and energy security implications of federal</u> <u>hydraulic fracturing regulation, May 2, 2012</u>

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. Political Science, Massachusetts Institute of Technology

M.S. Information Systems, Virginia Tech

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.

No

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.

Seven years of experience working with and representing oil and natural gas producers trying to operate on federal lands.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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.

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

I represent 400 companies involved in all aspects of environmentally responsible development of oil and gas on public lands in the West.

Name/Organization <u>Kathleen Sgamma, Western Energy Alliance</u> Title/Date of Hearing <u>Federal Regulation: Economic, job and energy security implications of federal</u> hydraulic fracturing regulation, May 2, 2012

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.

Vice President of Government & Public Affairs, Western Energy Alliance

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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 challenged 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 concerned 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). Currently in appeal to the 10th Circuit Court of Appeals.

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)).

Attached

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)

2010 **Open to Public**

OMB No. 1545-0047

Department	of the	Treasury
	~	

Inter	nal Rever	nue Service	The organization may have to use a copy of this return to satisfy state report	ting require	ements.	Inspection
<u>A</u>	For the	e 2010 cale	ndar year, or tax year beginning , 2010, and ending			, 20
В	Check if	applicable:	C Name of organization Western Energy Alliance		D Employ	er identification number
	Address	change	Doing Business As			84 0700841
~	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telepho	one number
	Initial ret	turn	410 17th Street 700			303 623 0987
	Termina	ted	City or town, state or country, and ZIP + 4			
	Amende	ed return	Denver CO 80202-4428		G Gross r	eceipts \$
	Applicat	ion pending	F Name and address of principal officer:	H(a) Is this a	a group return	for affiliates? 🗌 Yes 🗹 No
				H(b) Are al	l affiliates ir	ncluded? Yes No
<u> </u>	Tax-exe	mpt status:	_ 501(c)(3) _ 501(c) (6) ◀ (insert no.) _ 4947(a)(1) or _ 527	lf "No	o," attach a	list. (see instructions)
J	Websit	te: 🕨		H(c) Group	o exemptior	n number 🕨
		organization:	Corporation Trust Association Other L Year of formation	n: 1974	M State	of legal domicile: CO
Pa	art I	Summ	ary			
	1	Briefly de	scribe the organization's mission or most significant activities: Western E	Energy All	iance is a	n organization of indi-
Ð		viduals a	nd businesses dedicated to more efficiently exploring, developing, and produc	ing oil an	d natural	gas using environ-
anc		mentally	sound methods, promoting their beneficial uses, and economic, environmenta	I and ene	rgy secur	ity solutions, and pro-
, Li		viding re	presentation, information, and education on issues affecting the industry at loc	cal, state a	and feder	al levels.
Ň	2	Check th	s box \blacktriangleright [] if the organization discontinued its operations or disposed of more than 25% of it	s net assets		
ୁ ଅ	3	Number	of voting members of the governing body (Part VI, line 1a)		3	123
es	4	Number	of independent voting members of the governing body (Part VI, line 1b) $\ .$		4	123
Ϋ́İ	5	Total nur	ber of individuals employed in calendar year 2010 (Part V, line 2a)		5	12
Activities & Governance	6	Total nur	ber of volunteers (estimate if necessary)		6	150
-	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a	956
	b	Net unre	ated business taxable income from Form 990-T, line 34		7b	0
				Prior Ye	ar	Current Year
e	8	Contribu	ions and grants (Part VIII, line 1h)		0	0
enu	9	Program	service revenue (Part VIII, line 2g)	1	,900,025	2,077,560
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		18,069	18,619
-	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		(32,754)	(2,499)
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	,885,340	2,093,680
	13		d similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14		paid to or for members (Part IX, column (A), line 4)		0	0
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1	,062,361	1,133,179
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		0	0
ğ	b		draising expenses (Part IX, column (D), line 25) ►			
ш	17		benses (Part IX, column (A), lines 11a–11d, 11f–24f)		685,654	797,480
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1	,748,015	1,930,659
	19	Revenue	less expenses. Subtract line 18 from line 12		137,325	163,021
s or				nning of Cu		End of Year
sset	20		ets (Part X, line 16)		,625,609	2,921,935
Net Assets or Fund Balances	21		lities (Part X, line 26)		,288,387	1,421,693
			s or fund balances. Subtract line 21 from line 20	1	,337,222	1,500,242
Pa	art II	Signat	ure 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	Print/Type preparer's name	Preparer's signature	Preparer's signature Date				PTIN
Use Only	Firm's name	Firm's EIN ►					
	Firm's address ►	Phone no.					
May the IRS	discuss this return with the pre-	eparer shown above? (see instructior	ns)				🗌 Yes 🗌 No
			_				F 000 (0010)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2010) F	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: Western Energy Alliance is an organization of individuals and businesses dedicated to more efficiently exploring, developing, an producing oil and natural gas using environmentally-sound methods in the intermountain west, promoting the beneficial uses of natural gas, and the economic, environmental and energy security solutions provided, and representing, informing, and educatin its members, the public, elected officials and regulatory agencies on issues affecting the industry at local, state and federal level	oil 1g
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	∕ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∕ ∕ 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. Se 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocatio 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 4e	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ►	· · · · · · · · · · · · · · · · · · ·
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Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		~
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>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	~	
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>	6		~
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>	7		~
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>	8		~
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>	9		~
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>	10		r
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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, Parts I and IV</i>	14b		~
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, Parts II and IV</i> .	15		~
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, Parts III and IV</i>	16		~
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 (see instructions)</i>	17		r
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>	18	~	
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>	19		~
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	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>	21		~
22	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? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 </i>	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	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? If "Yes," complete Schedule L, Part II.	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		~
34	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>	34		~
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		V
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .	07		~
		37		-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	~	
		_		(2010)

Form **990** (2010)

Eart W Statements Regarding Other IRS Filings and Tax Compliance Check II Schedule O contains a response to any question in this Part V Image: Check II Schedule O contains a response to any question in this Part V 1 Enter the number reported in Box 3 of Form 1996. Enter -0- if not applicable 1a 11 1 Enter the number reported in Box 3 of Form 1996. Enter -0- if not applicable 1a 11 2 Enter the number of forms W-3G induced in line 1a. Enter -0- if not applicable 1a 11 2 Enter the number of other Calendar year ending with ord within the year covered by this return? 2a 10 10 10 10 10 12 10	Form 99	0 (2010)		F	Page 5
1a Enter the number of Porms W-2G included in line 1a. Enter -0- if not applicable 11 17 1b Enter the number of engineering and the organization file factor portable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 0 2 Enter the number of engineering the arguinget arguinget engineering the arguinget arguinget enginget arguinget	Part				
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ,				Yes	No
c Did the organization comply with backup withholding rules for reportable payments. To vendors and reportable gaming (ambling withing to tripze winners?) 1c v 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax. 2a 1c v 3a Total enter the calendar year ending with or within the year covered by this return. 2a 1c v b If the sum of lines ta and 2a is greater than 250, you may be required to e-file. (see instructions) 3a v 3b Did the organization have unellead balaness gross income of \$1,000 r more during the year? 3b	1a				
reportable gaming (gambling) winnings to pize winners? 1c v 28 Exter the number of employees reported on Form W-3, Transmittal of Wage and Tax, 12 12 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 12 12 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 14 41 At any time during the calendar year, did the organization have an interest in, or a signature or other intancial accounts or other intancial accounts are formancial accounts are formadia account in a foreign country. 5a 14 54 At any time during the calendar year, did the organization have an interest in, or a signature or other intancial accounts. 5a 16 54 At any time during the calendar year, did the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a 16 56 50 56 56 56 56 56 57 Organization have annual gross receipts that are normaly greater than \$100,000, and did the organization include with even tax declutils? 7a 7a 7a 61 17 *s.* did the organization include with even of \$15 made party as a contribution and party for which it was required to file forealign tax was required to file organization	b				
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 12 b fat least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b ✓ Note. If the sum of lines 1a, and 2a is greater than 250, you may be required to e-file. (see instructions) 3a ✓ 3b Did the organization have unrelated business gross income during the year? 3a ✓ b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b ✓ 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: ► 3a ✓ 5e If "Yes," enter the name of the foreign country: ► 5a ✓ 5a ✓ 5e was the organization aparty to a prohibited tax shelter transaction at any time during the cale account? 5a ✓ 5a ✓ 6a V 5b Fore to line 5a or 5b, did the organization file form 8886-17 5a ✓ 5a ✓ 6a V 5b ✓ 5b ✓ 5a ✓ 5a ✓ 5a ✓ 5a ✓ 5a ✓ 5a	С				
Statements, filed for the calendar year ending with me year covered by this return is returne? 12 12 b If at least one is reported on line 2a, diff be organization file all required federal employment tax returns? 2b ✓ Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file. (see instructions) 3a ✓ 3b Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a ✓ 4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account, or other financial accounts, eventiles accounts, or other financial accounts, event is nancella to a subtact transaction at any time during the tax year? 5a ✓ 5a Was the organization include with tax shorts transaction at any time during the tax year? 5a ✓ 5a Was the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5a ✓ 5a If "Yes," idid the organization notify the viewy solicitation an express statement that such contributions or grifts were not tax deductible? 5a ✓ 7 Organization solid the payor? 7a 7a 7a 7 Organization solid the acyle and the acyle and partly as a contribution or grifts were not tax deductible? 7a 7a 7a	0-		1c	~	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b / 330 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a / 341 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a / 354 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a / 355 At any time during the calingen country (such as a bank account, or other financial accounts? 3a / 366 Max the prime during the calingen country (such as a bank account, or other financial Accounts. 3a / 367 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a / 368 Does the organization make annual gross receipts that are normally greater than \$100,000, and did the organization nother were not tax deductible? 5b / 37 Organizations that may receive deductible contributions under section 170(c). 7a 7b 7b 368 Did the organization nothy the donor of the value of the goods or services provided? 7a 7b 7c 37 Did the organization sectin any cothenwise dispose of anglobe personal property for which i	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 30 Did the organization have unrelated business gross income during the year? 3a ✓ 41 At any time during the calendar year, did the organization have an interest in, or a signature or other attuchty over, a financial accountry (such as a bank account, securities account, or other financial account) 3a ✓ 42 At any time during the calendar year, did the organization have an interest in, or a signature or other attuchty over, a financial Account. 5a ✓ 43 If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a ✓ 54 Was the organization nature atty to a prohibited tax shelter transaction at any time during the tax year? 5a ✓ 65 If "Yes," idid the organization have annual gross receipts that are normally greater than \$100,000, and did the organization neither were y collicitation an express statement that such contributions or gifts were not tax deductible? 5a ✓ 7 Organization stat may receive deductible contributions under section 170(c). a 7a 7a 7 Organization stat may receive daductible contributions under section 170(c). a bit the organization neither were solicitation an express statement that such contributions anta required to file F	h		0		
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 Section 501 (c)(29) qualified noing information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13a Image: Imag					
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 111 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	11				
against amounts due or received from them.) 110 110 110 120 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13b 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	а				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a			12a		
 a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand list <					
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?			10-		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	а		13a		
the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	h				
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	D.				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	с				
			14a		
	_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form 99	90 (2010)			Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang			
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			. 🗸
Secti	on A. Governing Body and Management			
			Yes	No
1a b	Enter the number of voting members of the governing body at the end of the tax year 1a 123 Enter the number of voting members included in line 1a, above, who are independent . 1b 123	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	~	
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Does the organization have members or stockholders?	6	~	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			
		7a		
b 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		~
Ū	the year by the following:			
а	The governing body?	8a	V	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	<u> </u>	
40		40	Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a		~
D	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	~	
14 15	Does the organization have a written document retention and destruction policy?	14	~	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	V	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		~
b	If "Yes," 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			
0	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► none Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s onl	y) ava	ailable

□ 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.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	chec	k all t	that ap		Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) James Schroeder President	- 1	~		~				0	0	0
(2) Tom Sheffield First Vice President	.5	~		~				0	0	0
(3) Peter Dea Second Vice President	.5	~		~				0	0	0
(4) Rebecca Watson Vice President Secretary	.5	~		~				0	0	0
(5) Phil Doty Vice President Treasurer	- ,5	~		~				0	0	0
(6) George Solich Immediate Past President	.5	~		~				0	0	0
(7) Fred Barrett Vice President	.5	~		~				0	0	0
(8) Jay Ottson Vice President	.5	~		~				0	0	0
(9) Jack Ekstrom Vice President	.5	~		~				0	0	0
(10) Ted Brown Vice President	.5	~		~				0	0	0
(11) Don DeCarlo Vice President	5	~		~				0	0	0
(12) Rich Frommer Vice President	5	~		~				0	0	0
(13) John Harpole Vice President	5	~		~				0	0	0
(14) Darryl Howard Vice President	.5	~		~				0	0	0
(15) Jim Kleckner JVice President	.5	~		~				0	0	0
(16) Don Law Vice President	5	~		~				0	0	0

Part VII Section A. Officers, Directors, Trus	stees, Key I	Emplo	yee	s, a	and	Highe	est	Compensated	Employees (conti	inued)
(A)	(B)		-	(0				(D)	(E)	(F)
Name and title	Average hours per					hat ap		Reportable compensation	Reportable compensation from	Estimated amount of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(17) Logan Magruder Vice President	.5	~		~				0	0	0
		V		•						
(18) Don McClure Vice President	.5	~		~				0	0	0
(19) Rick McCullough	.5							0	0	0
Vice President		~		~						
(20) Brad Miller Vice President	.5	~		~				0	0	0
(21) Jay Neese Vice President	.5	~		~				0	0	0
(22) Bobby Plowman	.5	~		~				0	0	0
(23) Chuck Stanley Vice President	· .5	~		~				0	0	0
(24) Neal Stanley Vice President	.5	~		~				0	0	0
(25) Brian Wold Vice President	.5	~		~				0	0	0
(26) Duane Zavadil Vice President	.5	~		~				0	0	0
(27) John Benton	.5	~		~				0	0	0
Vice President Crude Oil Markets		V		•						
(28) Jeff Lang Vice President Events	.5	~		~				0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part		n A						684,807	0	57,224
d Total (add lines 1b and 1c) .								684,807	0	57,224

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			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated						
	employee on line 1a? If "Yes," complete Schedule J for such individual						
4	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? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

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
none			
2	Total number of independent contractors (including but not limited to received more than \$100,000 in compensation from the organization > z	those listed above) who ero	

4 🖌

5

V

	90 (201							Page 9
Part		Statement of Rev	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f g h	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, g and similar amounts not inc Noncash contributions inclue Total. Add lines 1a–1	1b . . 1c 1d 1d 1fs, grants, 1c 1f ded in lines 1a-1f: \$	0 0 0 0 0 0 0 0	0			
Program Service Revenue				Business Code				
evel	2a	Dues and sponsorship		900099	1,930,560	1,930,560	0	0
ë	b	Registration fees		900099	147,000	147,000	0	0
rzic	C .							
Se	d							
Jran	e f	All other program oor						
Prog	g	All other program ser Total. Add lines 2a–2			2,077,560			
<u> </u>	3	Investment income	(including divid		2,011,300			
		and other similar amo			18,619	0	0	18,619
	4	Income from investmen	-		0	0	0	0
	5	Royalties	•		0	0	0	0
		5	(i) Real	(ii) Personal				
	6a	Gross Rents	0	0				
	b	Less: rental expenses	0	0				
	c	Rental income or (loss)	0	0				
	d	Net rental income or	<u>(loss)</u>	►	0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 0 0				
	b	Less: cost or other basis and sales expenses .	0					
	С	Gain or (loss)	0	0				
	d	Net gain or (loss) .		🕨	0	0	0	0
Other Revenue	8a b	Gross income from fu events (not including \$ of contributions report See Part IV, line 18. Less: direct expenses	0 ed on line 1c).					
0	c	Net income or (loss) f			(3,455)		(3,455)	0
	9a	Gross income from ga	aming activities.					
	b	Less: direct expenses						
	с	Net income or (loss) f		ivities 🕨	0	0	0	0
	10a	Gross sales of in returns and allowance		0				
	b	Less: cost of goods s						
	c	Net income or (loss) f		-	0	0	0	0
		Miscellaneous R		Business Code				
	11a	Employment advertisi	ng	900099	956		956	
	b							
	C							
	d	All other revenue .						
	10	Total. Add lines 11a-			956	0.077.5/0	10,100	40.742
	12	Total revenue. See in	istructions	🕨	2,093,680	2,077,560	(2,499)	18,619

Statement of Functional Expenses

campaign and fundraising solicitation

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (C) Management and general expenses (A) Total expenses **(B)** Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21 . . 0 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 0 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 0 4 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees 487.734 Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages 499,293 7 Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) . . 24,164 Other employee benefits 9 63,600 10 58,388 11 Fees for services (non-employees): 6,000 Management а Legal 20,569 b С Accounting 0 d Lobbying 76,725 Professional fundraising services. See Part IV, line 17 0 е Investment management fees 0 f 41,146 g Other 12 Advertising and promotion . 29,618 13 Office expenses 84,251 . 14 33,242 Information technology 0 15 Royalties 96,757 16 Occupancy Travel 21,968 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 323,407 19 Conferences, conventions, and meetings . 20 0 Interest 0 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 22,449 23 6,651 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) Dues 7,248 а Training & Publications 11,526 b С d _____ е 15,923 f All other expenses Miscellaneous 25 **Total functional expenses.** Add lines 1 through 24f 1,930,659 Joint costs. Check here ► ☐ if following SOP 98-2 (ASC 958-720). Complete this line 26 only if the organization reported in column (B) joint costs from a combined educational

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

Ρ	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	51,540	1	176,068
	2	Savings and temporary cash investments	2,445,451	2	2,660,696
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	29,937	4	4,705
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
ets	-		0	6 7	0
Assets	7	Notes and loans receivable, net	0	7 8	0
~	8	Inventories for sale or use	-	8 9	0
	9	Prepaid expenses and deferred charges	55,228	9	43,473
	10a	other basis. Complete Part VI of Schedule D 10a 98,342			
	b	Less: accumulated depreciation 10b 61,349	43,453	10c	36,993
	11	Investments-publicly traded securities	0	11	0
	12	Investments-other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,625,609	16	2,921,935
	17	Accounts payable and accrued expenses	150,835	17	412,035
	18	Grants payable	0	18	0
	19	Deferred revenue	1,137,553	19	1,009,658
	20	Tax-exempt bond liabilities	0	20	0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Ë		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	1,288,388	26	1,421,693
ses		Organizations that follow SFAS 117, check here ►			
anc	27	Unrestricted net assets	0	27	0
3al	28	Temporarily restricted net assets	0	28	0
Ч	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	0	30	0
sei	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
let	33	Total net assets or fund balances	1,337,221	33	1,500,242
2	34	Total liabilities and net assets/fund balances	2,625,609		2,921,935
			· · · ·		E 000 (2010)

Form **990** (2010)

	0 (2010)		Pa	age 12						
Part										
	Check if Schedule O contains a response to any question in this Part XI									
	Total revenue (must equal Part VIII. column (A). line 12)		2.00	3,680						
2	Total revenue (must equal Part VIII, column (A), line 12) 1 1 Total expenses (must equal Part IX, column (A), line 25) 2 2			<u>3,660</u> 0,659						
2	Revenue less expenses. Subtract line 2 from line 1			3,021						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			7,221						
5	Other changes in net assets or fund balances (explain in Schedule O)									
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			0						
Ŭ	column (B))		1,50	0,242						
Part										
	Check if Schedule O contains a response to any question in this Part XII									
			Yes	No						
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?	2a		~						
b	Were the organization's financial statements audited by an independent accountant?	2b		~						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight									
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c								
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
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 separate basis, consolidated 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?	3a		~						
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	3b								

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.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week		,			that ap ⊈ <u>∓</u>		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Eric Dillé	5							0	0	
Vice President Government & Public Affairs		✓		✓						
(2) Bill Lancaster Vice President Membership	5	✓		✓				0	0	C
(3) Porter Bennett Vice President Natural Gas Markets	5	1		~				0	0	C
(4) Greg Ruben Vice President Natural Gas Transportation	5	~		✓				0	0	C
(5) Pam Roth Colorado State Vice President	25	✓						0	0	C
(6) Bruce Bowman Montana State Vice President	25	~						0	0	C
(7) Phil Kriz Nebraska State Vice President	25	~						0	0	C
(8) John Byrom New Mexico State Vice President	25	1						0	0	C
(9) Brent Miller North and South Dakota State Vice President	25	~						0	0	C
(10) Alex Campbell Utah State Vice President	25	~						0	0	C
(11) Dave Banko Washington/Oregon Vice President	25	✓						0	0	C
(12) Shane Schulz Wyoming State Vice President	25	~						0	0	C
(13) Daria Mahoney Banking & Finance Committee Chair	25	~						0	0	C
(14) Jack Ekstrom Legislative, Legal, & Regulatory Chair	25	~						0	0	C
(15) Jagadeesan Sethuraman Air Quality Subcommittee Chair	25	~						0	0	C
(16) Tom Crowe NGV Subcommittee Chair	25	✓						0	0	C

Part VII Section A. Officers, Directors, Tru (A)	(B)		-	(0				(D)	(E)	(F)
Name and title	Average	Position (check all that appl					ply)	Reportable	Reportable	Estimated
	hours per	Individual tr or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
17) Pat Hanley	25							0	0	(
Tax Subcommittee Chair	.25	✓						0	0	
18) Joe Icenogle	25							0	0	(
Wildlife Subcommittee Chair	.25	✓						0	0	
19) Steve Bain	25							0	o	(
At-Large	.23	✓						Ŭ	Ŭ	
20) Kevin Bailey	25							0	o	(
At-Large	.20	✓						Ŭ	Ŭ	
21) Steve Barnes	25							0	0	(
At-Large	.20	✓						Ű		
22) Rob Bayless	25							0	0	(
At-Large	.20	✓								· · · · · · · · · · · · · · · · · · ·
23) Dominic Bazile	25							0	0	(
At-Large	.20	\checkmark								· · · · · · · · · · · · · · · · · · ·
24) Todd Berryman	25							0	0	(
At-Large		✓						-		
25) Randy Bolles	25							0	0	(
At-Large		✓								
26) Jonny Brumley	25							0	0	(
At-Large		✓								
27) Mike Brunstein	25							0	0	(
At-Large		✓								
28) Jason Buehler	25							0	0	(
At-Large		✓					Ļ			
1b Sub-total		• •	·	•		•		0	0	(
c Total from continuation sheets to Par			·	•		•				
d Total (add lines 1b and 1c)										

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 ►

- **3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

Yes No

3

4

5

Part VII Section A. Officers, Directors, Tru	stees, Key	Emplo	yee	es, a	and	Highe	est	Compensated	Employees (conti	nued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per		Position (check all that					Reportable compensation	Reportable compensation from	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(17) Steve Hulse	25							0	0	0
At-Large	20	\checkmark						0	U	0
(18) Tom Jepperson	25							0	0	0
At-Large	.25							0	0	0
(19) Danny Jimenez	25							0	0	0
At-Large	.25	\checkmark						0	0	0
(20) Dana Johnson	25							0	0	0
At-Large	.23	✓						, v	0	0
(21) Bill Jones	25							0	0	0
At-Large	.23	✓						, v	0	0
(22) Bruce Kelso	25							0	0	0
At-Large	.20	✓						Ŭ	0	
(23) Mike Kennedy	25							0	0	0
At-Large		✓								
(24) E.P. "Tripp Kerr III	25							0	0	0
At-Large		✓								
(25) Art Krasny	25							0	0	0
At-Large		✓								
(26) Dale Larsen	25							0	0	0
At-Large		✓								
(27) DJ Lay	25							0	0	0
At-Large		✓								
(28) Jim Lightner	25							0	0	0
At-Large		✓								
1b Sub-total			·	•		·		0	0	0
c Total from continuation sheets to Parl			·	•	• •	•				
d Total (add lines 1b and 1c)										

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 ►

3	Did the organization list any former officer, director or trustee, key	/ employee,	or	highest	compensated
	employee on line 1a? If "Yes," complete Schedule J for such individual				

- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

Yes No

3

4

5

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.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization no	-	a orga	anız			ompe	nsa			
(A)	(B)		. ,	(0				(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Poor director	nstitutional trustee	Officer	Key employee	Highest compensated employee	p) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Chris Carter At-Large	.25	√						0	0	0
(2) Robert Clark At-Large	.25	√						0	0	0
(3) Bob Davis At-Large	.25	✓						0	0	0
(4) Paul DeBonis At-Large	.25							0	0	0
(5) Cornelius Dupré At-Large	.25							0	0	0
(6) Todd Ennenga At-Large	.25	✓						0	0	0
(7) Rich Eichler At-Large	.25	• ✓						0	0	0
(8) Mike Decker	.25	▼ ✓						0	0	0
At-Large (9) Tuss Erickson	.25							0	0	0
At-Large (10) Steve Fallin	.25	✓ ✓						0	0	0
At-Large (11) Tom Foncannon	.25	✓ 						0	0	0
At-Large (12) Rick Grisinger	.25	✓						0	0	0
At-Large (13) Stephen Harpham	.25	√						0	0	0
At-Large (14) Alan Harrison		√								
At-Large (15) Tad Herz	.25	√						0	0	0
At-Large (16) Tim Hopkins	.25	√						0	0	0
At-Large	.25	√						0	0	0

Part VII Section A. Officers, Directors, Tru	stees, Key	Emplo	byee	es, a	and	Highe	est	Compensated	Employees (conti	nued)
(A)	(B)		-	(0				(D)	(E)	(F)
Name and title	Average hours per		ion (c			hat ap	ply)	Reportable compensation	Reportable compensation from	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(17) Shawn Reed	.25							0	0	0
At-Large	.20	✓						0	0	0
(18) Doug Rogers	.25							0	0	0
At-Large	.23	✓						0	0	0
(19) Phil Schlagel	.25							0	0	0
At-Large	.23	✓						0	0	0
(20) Charlie Searle	.25							0	0	0
At-Large	.20	✓						0	0	0
(21) Dave Searle	.25							0	0	0
At-Large	.23	✓						0	0	0
(22) Ray Singleton	.25							0	0	0
At-Large	.23	✓						0	0	0
(23) Lem Smith	.25							0	0	0
At-Large	.23	✓						0	0	0
(24) Michael Smith	.25							0	0	0
At-Large	.23	✓						0	0	0
(25) Geoff Solich	.25							0	0	0
At-Large	.20	✓						Ŭ	Ű	
(26) Stan Sprinkle	.25							0	0	0
At-Large	.20	✓						Ŭ	Ű	
(27) Phil Stalnaker	.25							0	0	0
At-Large	.20	✓						Ŭ	Ű	
(28) Pete Stark	.25							0	0	0
At-Large	.20	✓						Ŭ	ĭ	
1b Sub-total								0	0	0
c Total from continuation sheets to Par	t VII, Sectio	n A								
d Total (add lines 1b and 1c)										
2 Total number of individuals (including bu	it not limited	to th	معما	list	ed :	ahove	<u>مر (د</u>	ho received m	ore than \$100.00	0 in

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 ►

3	Did the organization list any former officer, director or trustee, ke	y emplo	oyee,	or	highest	comper	nsated
	employee on line 1a? If "Yes," complete Schedule J for such individual						

- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

Yes No

3

4

5

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)				that ap		Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Joe Lima	25							0	0	C
At-Large		\checkmark								
(2) Andy Logan	25							0	0	C
At-Large	.20	\checkmark							Ű	
(3) Brian Macke	25							0	0	C
At-Large	.20	\checkmark							Ű	
(4) Murphy Markham	25							0	0	C
At-Large	.20	\checkmark							Ű	
(5) John T. McDougal	25							0	0	C
At-Large	.20	✓						Ů	Ű	
(6) Ed McLaughlin	25							0	0	C
At-Large	.20	✓						Ů	Ű	
(7) T. Greg Merrion								0	0	C
At-Large		✓								
(8) Scott Moore At-Large	.25	1						0	0	C
(9) René Morin		v								
At-Large	.25	1						0	0	C
(10) Greg Morzano		•								
At-Large	.25	1						0	0	C
(11) Mike O'Shaughnessy		•								
At-Large	.25	1						0	0	C
(12) Larry Parnell		•								
At-Large	.25	1						0	0	C
(13) Randy Pharo		•								
At-Large	.25	1						0	0	C
(14) Bill Picquet										
At-Large	.25	1						0	0	C
(15) Ward Polzin								_		
At-Large	.25	1						0	0	C
(16) Jay Prudhomme	0.5									
At-Large	.25	1						0	0	C

hours per week (describe hours for related organizations related organizations week (describe hours for related organizations related	
Name and title Average hours per week (describe hours per related organizations in Schedular) Position (check all that apply) Reportable compensation from the organizations (W-2/1099-MISC) Reportable compensation from the organizations (W-2/1099-MISC) (17)	(5)
hours per (describe hours for related organizations in Schedule O) nours per (describe hours for related organizations in Schedule O) nours per (describe hours for related organizations in Schedule O) nourset (describe for the organization for the organization (W-2/1099-MISC) compensation related organizations (W-2/1099-MISC) compensation related organiz	(F) Estimated
(17) (18) (18) (19) (19) (19) (19) (19) (19) (11)	amount of other mppensation from the rganization and related ganizations
(19) I	
20) 21) 22) 22) 22) 22) 23) 23) 24) 2	
21) 22) 22) 23) 24) 25) 25) 210 <td></td>	
(22)	
23) 24) 25) 23) 24) 24) 25)	
25)	
(26)	
(27)	
1b Sub-total 694,807 0 c Total from continuation sheets to Part VII, Section A . . .	57,224
d Total (add lines 1b and 1c)	
 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 ► 	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated	Yes No 3
	4
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization.	of

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 in compensation from the organization ►	those listed above) who	

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.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	ed organization compensa						(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)					ply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Sheridan Swords	.25							0	0	0
At-Large		✓							_	
(2) Mark Thompson	.25							0	0	0
At-Large		✓						-		-
(3) Tom Tyree	.25							0	0	0
At-Large		✓						-		
(4) Larry Van Ryan	.25							0	0	0
At-Large		✓							_	
(5) Vaughn Vennerberg	.25							0	0	0
At-Large		✓							_	
(6) John Vering	.25							0	0	0
At-Large		✓								
(7) Dick Weber	.25							0	0	0
At-Large		✓								
(8) Barth Whitham	.25							0	0	0
At-Large		✓								
(9) Jack Wold	.25							0	0	0
At-Large		✓								
(10) Mike Wozniak	.25							0	0	0
At-Large (11) Paul Zecchi		✓								
	.25	~						0	0	0
At-Large		•								
(12)	-							0	0	0
(13)	-							0	0	0
(14)	-							0	0	0
(15)								0	0	0
								0	U	0
(16)	-							0	0	0
									11	Form 990 (2010

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990 or 990-EZ)	· · · · · · · · · · · · · · · · · · ·

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

Department of the Treasury Internal Revenue Service Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name	e of organization	Employer i	identification number	
West	tern Energy Alliance		84 0700841	
Par	t I-A Complete if the organization is exempt under section 501(c) or is a section 501(c) or	ection 52	27 organization.	
1	Provide a description of the organization's direct and indirect political campaign activities	in Part IV	1.	
2	Political expenditures	🕨	\$	
3	Volunteer hours			
Par	t 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 495	5		
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.			
Par	t I-C Complete if the organization is exempt under section 501(c), except	section 5	501(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exemp	t function		
	activities	🕨	\$	
2	Enter the amount of the filing organization's funds contributed to other organizations for	or section		
	527 exempt function activities	🕨	\$	
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1	120-POL,		
	line 17b	🕨	\$	
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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

OMB No. 1545-0047

2010	
Open to Public Inspection	

Yes No

SCH	Equie C (Form 990 or 990-EZ) 2010			Page
Pa	rt II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (elec	ction under
Α	Check ► □ if the filing organization belo	ongs to an affiliated group.		
В	Check ► [] if the filing organization che	apply.		
	Limits on Lobby	ring Expenditures	(a) Filing	(b) Affiliated
		ans amounts paid or incurred.)	organization's totals	group totals
1	a Total lobbying expenditures to influence p	oublic opinion (grass roots lobbying)		
	b Total lobbying expenditures to influence a	a legislative body (direct lobbying)		
	c Total lobbying expenditures (add lines 1a	and 1b)		
		lines 1c and 1d)		
	f Lobbying nontaxable amount. Enter th columns.	ne amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	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			
	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.		
	g Grassroots nontaxable amount (enter 259	6 of line 1f)		
	h Subtract line 1g from line 1a. If zero or les	s, enter -0		

i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 j reporting section 4911 tax for this year?

> 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.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total					
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount (150% of line 2a, column (e))										
С	Total lobbying expenditures										
d	Grassroots nontaxable amount										
e	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

Schedule C (Form 990 or 990-EZ) 2010

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	Amoun	t
1	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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .				
d	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 501(c)(6).)(5), c	or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	~
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	~

3	Did the	ne organization agree to carryover lobbying and political expenditures from the prior year?		3
Part	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or sect	tion

rt 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."

1	Dues, assessments and similar amounts from members	1	1,930,560
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	170,624
b	Carryover from last year	2b	0
С	Total	2c	170,624
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	289,584
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0

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.

V

Part IV Supplemental Information (continued)

SCHEE	DULE D
(Form	990)

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
2010
Open to Public Inspection

Employer identification number

V

Department of the Treasury Internal Revenue Service

Name of the organization

Weste	rn Energy Alliance			84 070084	41
Par	t I Organizations Maintaining Dono organization answered "Yes" to Fe	or Advised Funds or Other Similar Fu orm 990, Part IV, line 6.	nds or Acco	ounts. Co	mplete if the
		(a) Donor advised funds	(b) Fun	ds and other a	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	-			🗌 Yes 🗌 No
6	Did the organization inform all grantees, do only for charitable purposes and not for the	nors, and donor advisors in writing that gra	ant funds can	be used	
			•		🗌 Yes 🗌 No
Par		plete if the organization answered "Yes'	' to Form 99	0 Part IV	
1	Purpose(s) of conservation easements held l		101 0111 00	<i>5</i> , i aitiv,	
•		recreation or education) Preservation	of an historia	lly importa	nt land area
	Protection of natural habitat				
			or a certified r	listoric stru	icture
2	Preservation of open space	ation hold a qualified concervation contribut	ion in the form	a of a cono	oruction
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	ation held a qualified conservation contribut		T OF a CONS	ervation
	easement on the last day of the tax year.				
				Held at the E	End of the Tax Year
а					
b	Total acreage restricted by conservation eas				
С	Number of conservation easements on a cer				
d	Number of conservation easements includ				
	historic structure listed in the National Regis				
3	Number of conservation easements modified tax year ►	d, transferred, released, extinguished, or ter	rminated by th	ie organiza	ation during the
4	Number of states where property subject to	conservation easement is located ►			
5	Does the organization have a written pol		spection, har	ndling of	
	violations, and enforcement of the conservation				🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monito	pring, inspecting, and enforcing conservatio	n easements	durina the	
-	•				j
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	sements durin	g the year	
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements		0(h)(4)(B)	
•	() () () () () () () () () () () () () (· · ·	
9	In Part XIV, describe how the organization re		-		
	balance sheet, and include, if applicable, the organization's accounting for conservation e	•	mancial stater	nems that	describes the
Dout	<u> </u>		w Othow Sim	ilor Acco	
Par		ections of Art, Historical Treasures, o vered "Yes" to Form 990, Part IV, line 8		llar Asse	ts.
10	· · · · · · · · · · · · · · · · · · ·			tomont on	d balance aboot
1 a	works of art, historical treasures, or other				
	public service, provide, in Part XIV, the text of				
b					
b	If the organization elected, as permitted un works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition, e			
	(i) Revenues included in Form 990, Part VIII	, line 1	I	▶ \$	
	(ii) Assets included in Form 990, Part X			\$ West	ern Energy Allian
2	If the organization received or held works following amounts required to be reported u			financial g	ain, provide the
а	Revenues included in Form 990, Part VIII, lin	ne1		▶ \$	410 17th Street
	Assets included in Form 990. Part X			► \$	700

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedul	e D (Form 990) 2010							Page 2
Part	III Organizations Maintaining	Collections	of Art, Hi	stori	cal Treasure	s, or O	ther Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		other rec	ords,	check any of t	he follo	wing that are a	significant use of its
а	Public exhibition		d		Loan or exch	ange pro	ograms	
b	Scholarly research		е					
с	Preservation for future generatio	ns						
4	Provide a description of the organizat	tion's collectior	ns and exp	olain h	low they furthe	r the or	ganization's ex	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part		angements.	Complete	if the	e organization			
1a	Is the organization an agent, trustee	, custodian or	other inte	rmedia	ary for contribu			
	included on Form 990, Part X?					• •		· Yes No
b	If "Yes," explain the arrangement in Pa	art XIV and com	plete the	follow	ring table:			American
								Amount
С	Beginning balance						-	
d	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amoun		, Part X, III	ne 211		• •		. 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in P		nization		ared "Vee" to	Form 0		
Par	V Endowment Funds. Compl	(a) Current year		Prior yea			(d) Three years ba	
4	Designations of each share a	(a) Current year	(0)	-nor yea	ar (C) rwo ye	ars Dack	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t			as:				
а	Board designated or quasi-endowment	nt 🕨	%					
b	Permanent endowment	%						
С	Term endowment ►%							
3a	Are there endowment funds not in the	e possession o	f the orga	nizatio	on that are held	and ac	ministered for	
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organ							. 3b
4	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equip	oment. See Fo	orm 990,	Part >	K, line 10.			
	Description of investment		or other basis stment)	(b)	Cost or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment				74,868	3	39,120	35,748
e	Other				23,474		22,229	1,245
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Forn	n 990, Par	t X, cc	olumn (B), line 1	10(c).)	🕨	36,993

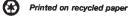
Schedule D (Form 990) 2010

Schedule D (For	m 990) 2010				Page 3
Part VII	Investments-	-Other Securities	. See Form 990, Part X	, line 12.	
(a)	Description of securit (including name of	y or category	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financial	derivatives .				
	eld equity interes				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Column (k	o) must equal Form 990,	Part X, col. (B) line 12.) 🕨			
Part VIII	Investments-	 Program Related 	I. See Form 990, Part	X, line 13.	
(a) Description of inve	stment type	(b) Book value	(c) Method of va	
				Cost or end-of-year n	harket value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10) Total (Column (k	must aqual Form 000	Dart V cal (D) line 12			
Part IX		Part X, col. (B) line 13.) ►	ut Vilipo 15		
	Other Assets	. See Form 990, Pa	Description		(b) Book value
(1)		(6	Description		(b) Dook value
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
Total. (Colur	mn (b) must equa	l Form 990, Part X, co	ol. (B) line 15.)		
Part X		es. See Form 990,			
1.	(a) Description of		(b) Amount		
(1) Federal	income taxes			-	
(2)				-	
(3)					
(4)				-	
(5)				_	
(4) (5) (6) (7) (8) (9)					
(7)					
(8)					
(9)					
(10)					
(11)					
) must equal Form 990,	Part X, col. (B) line 25.) 🕨			

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedu	le D (Form 990) 2010		Pag	,e 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	ateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	. 📑	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities	_		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · ·		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		5	
Part			r Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d	[2e	
3	Subtract line 2e from line 1	†	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		5	
Part				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Pa	art IV. lines 1b and 2b	
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also			
	dditional information.	· · · P		
-				

Schedule D (Form 990) 2010 Page 5				
Part XIV				
	· · · · · · · · · · · · · · · · · · ·			
		_		



SCHE	DULE	G
(Form	990 0	r 990-F

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB	No.	1545	-0047

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service Employer identification number Name of the organization Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b f С Phone solicitations g Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 🗌 Yes 🗌 No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of (or retained by) or entity (fundraiser) contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 0 2,625,609 Total 2,921,935 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing. viduals and businesses dedicated to more efficiently exploring, developing, and producing oil and natural gas using environ-1,288,387

1,421,693 1 117 111

1,357,222
1,500,242
1,930,659
137,325
Western Energy Alliance is an organization of indi-
163,021
0

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		group receipto groater tria	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			awards dinner			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne		Ē				
Revenue	1	Gross receipts	154,000			154,000
Be	2	Less: Charitable				
		contributions	0			0
	3	Gross income (line 1 minus				
		line 2)	154,000			154,000
	4	Cash prizes				
	5	Noncash prizes	1,550			1,550
Ś						
Direct Expenses	6	Rent/facility costs	5,700			5,700
per						
Ĕ	7	Food and beverages	87,856			87,855
sct						
Dire	8	Entertainment	2,000			2,000
_						
	9	Other direct expenses .	60,340			60.340
	10	Direct expense summary. Add				(157,445)
	11	Net income summary. Combine line 3, column (d), and line 10				(3,445)

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.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue					
Direct Expenses	2	Cash prizes		-			
	3	Noncash prizes					
	4	Rent/facility costs					
	5	Other direct expenses .					
	6	Volunteer labor	□ Yes % □ No	□ Yes % □ No	□ Yes % □ No		
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d) . . .		()	
	8	3 Net gaming income summary. Combine line 1, column d, and line 7					
-	 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 						
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . b If "Yes," explain: 				? . 🗌 Yes 🗌 No			

Schedu	ule G (Form 990 or 990-EZ) 2010		Page 3
11 12	Does the organization operate gaming activities with nonmembers?	Yes	No
13	Indicate the percentage of gaming activity operated in:		%
a k	The organization's facility		<u>%</u> %
b 14	An outside facility		70
14	records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b c			
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation \$		
	Description of services provided ►		
	Director/officer		
17 а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Ves	🗌 No
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 > \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, I columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also cor part to provide any additional information (see instructions).		nis

Schedule G (Form 990 or 990-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization	Employer identification number		
Western Energy Alliance	84 0700841		
Part VI Section A Line 1a The Board of Directors delegates to the Executive Committee authority to	act on its behalf as the defacto		
management committee. The Executive Committee is composed of the elected officers of the organized	zation and other Board members		
appointed to the Committee by the President.			
Part VI Section A Line 2 Two Directors, George Solich and Geoff Solich have a family relationship.			
Part VI Section A Line 6 The organization's dues paying members have the right to participate in the organization's governance.			
Part VI Section A Line 11 and 11A The Board of Directors voted to delegate the review of the Form 990 to the Executive Committee. The			
Form 990 was reviewed by the Treasurer and made available to all members of the Executive Committee before it was filed.			
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 Presid	ent, the Treasurer, and a former		
President, comprise the compensation committee. None of these Board members have a conflict of	of interest as defined in the		
Regulations. The Board members of the Committee evaluated the compensation for all 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 co	nditions because of their relevance.		
All of these factors were considered in the final determination of the compensation amounts and w	ere 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.

Employer identification number

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

General Instructions

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

Purpose of Schedule

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

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ 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 or 990-EZ) as needed.

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

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

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, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ 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.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, Statement of Program Service Accomplishments.

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. Other program services on line 4d.

Part V, Statements Regarding Other IRS Filings and Tax Compliance.

a. "No" response to line 3b.

b. "Yes" or "No" response to line 13a.

c. "No" response to line 14b.

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

a. Material differences in voting rights in line 1a.

b. Delegation of governing board's authority to executive committee.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b.

e. "Yes" response to line 9.

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

g. "Yes" response to line 12c.

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

i. 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.

j. 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. Explanation for Part IX, Statement of Functional Expenses, line 24f (all other expenses), if amount in Part IX, line 24f, exceeds 10% of amount in Part IX, line 25 (total functional expenses).

6. Part XI. Reconciliation of Net Assets.

7. Part XII, 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.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.

a. Description of other revenue, in response to line 8.

 List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20

2. Part II, Balance Sheets.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.

4. Part V, Other Information.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35.

Other. Use Schedule O (Form 990 or 990-EZ) 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 or 990-EZ) 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)

Department of the Treasury

g 2009 Open to Public Inspection

OMB No. 1545-0047

Inte	rnal Rever	nue Service		The organizat	lon may have	to use a copy o		i to satisfy st	ale rep	orting req		5.	inspectio	<u> </u>
Α	For th	ie 2009 ca	alendar	year, or tax	year beginnir	ng	,	2009, and e	nding			, 20		
в	Check if a	applicable:	Please	C Name of or	ganization Ind	ependent Petr	oleum As	sociation o	f Mou	ntain Sta	D Emp	loyer id	entification r	umber
		change	use IRS label or	Doing Busir	ness As IPAM	S					84		070084	1
_	Name cl	Ū.	print or	Number and	street (or P.O. box	if mail is not delivere	d to street add	ress) Roo	n/suite		E Tele	phone n	umber	
_	Initial ref	•	type. See	410 17th S	Street				70	00	(303)	623 098	7
_	Termina		Specific Instruc-		n, state or count	try, and ZIP + 4					-			
			tions.	Denver C	O 80202-44	28					G Gross	receipts	\$	
_	Amende		F Nan		s of principal off		Smith					· · ·	_	
	Applicatio	on pending		as C above			Jinti						iliates? Yes	No
	Tax-ov	empt status	·] 4947(a)(1) or	527						led? Yes	No
+		•		501(c) (6)◀		_ 4947(a)(1) 01				1			see instructio	ns)
J		ite: 🕨 ipa								H(c) Group				
		organization:		oration 🗌 Trust	Association	└ Other ►		L Year of fo	mation:	1974	M State	ot lega	I domicile: C	5
Ρ	art I	Summ	ary											
	1	Briefly de	escribe	the organiz	ation's missi	ion or most sig	gnificant a	ctivities:						
6	_	IPAMS i	s an or	rganization	of individua	Is and busine	sses ded	cated to pr	omoti	ng a pos	itive bu	isines	s climate f	or
ĕ		the resp	onsibl	e developm	nent and use	of natural ga	s and oil	n the Interr	nount	ain West				
rna														
Activities & Governance	2	Check this	s box ►	if the orga	nization disconti	inued its operation	s or dispose	d of more than	25% of	its net asse	ets.			
Ğ	3			-		rning body (Pa	-				3			130
ŝ	4			-	-	s of the gover		-			. 4			129
/itie	5			-	-	2a)		-			. 5			10
cti	6				estimate if	-					. 6			200
4						from Part VIII,					· –			889
						from Form 990					76			000
				usiness taxe			<i>J</i> -1, iiile 0-	•	· · ·	Prior Ye		,	Current Yea	
)	ourient ret	0
e	8					1h)						-	4.00	
Revenue	9	-				2g)				Ζ,	059,269			0,025
Rev	10			•), lines 3, 4, ar	,		·		40,719			8,069
_	11 (es 5, 6d, 8c, 9			·		59,38	_		2,754)
	12	I otal reve	enue-a	add lines 8 th	nrough 11 (mu	ust equal Part V	'III, column	(A), line 12)		2,	159,374		1,88	85,340
	13	Grants a	nd simi	ilar amounts	s paid (Part II	X, column (A),	lines 1-3))		0
	14	Benefits	paid to	or for mem	nbers (Part I)	K, column (A),	line 4) .				()		0
Expenses	15	Salaries,	other co	ompensation	i, employee be	enefits (Part IX,	column (A)	, lines 5–10)		1,	007,499)	1,06	52,361
Den	16a	Professio	onal fun	draising fee	s (Part IX, col	umn (A), line 1	1e)				()		0
Ă	b.	Total fund	draising	g expenses (I	Part IX, colum	nn (D), line 25) 🕨	•							
			-			es 11a-11d, 1					858,664	1	68	85,654
						equal Part IX,				1,	866,163	3	1,74	8,015
	19	Revenue	less ex	penses. Sub	tract line 18 f	from line 12					293,21 ⁻	1	13	37,325
or	s cas			•						inning of C	urrent Yea	ar	End of Yea	r
Assets or	20	Total ass	sets (Pa	art X, line 16	5)						659,48		2,62	25,609
Š,	2 21	Total liab	vilities (l	Part X line	26)					1.	459,589)	1,28	8,387
Net A	22	Net asse	ets or fu	und balance	s. Subtract li	ine 21 from lin	e 20.				199,897			37,222
	art II		ature						-	,				
					are that I have ex	xamined this returr	n, including a	ccompanying s	chedule	s and stater	nents, an	d to the	best of my kr	owledge
		and belie	ef, it is tru	ue, correct, and	l complete. Decl	aration of prepare	r (other than	officer) is base	d on all	information	of which	prepare	r has any kno	wledge.
Si	gn													
	ere	Sign	ature of o	officer						Dat	e			
			e or print	name and title										
		, ,,						Date	Check	< if	Preparer	e identif	/ing number	
		Preparer' signature						2410	self-		(see instr		ning number	
Pai			V						emplo	oyed ► 🗌				
Pre	parer's	Firm's na	me (cr.)								L			
	e Only	if self-em	nployed),							EIN				
		address,	and ZIP							Phone n	o. 🕨 ()		
M۶	av the	IRS disci	uss this	s return with	the prepare	er shown above	e? (see ing	structions)					Yes	No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2009)

Form	990 (2009) Page 2
Par	t 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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ►

Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		~
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>	3	~	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	~	
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>	6		~
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>	7		~
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> .	8		~
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>	9		~
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		~
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>	11	~	
٠	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>			
•	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>			
•	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>			
•	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>			
•	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 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>			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		 ✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 12A ✓			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	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>	14b		~
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>	15		~
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>	16		✓
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>	17		~
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> .	18	~	
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> .	19		~
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		~

Form 990 (2009)

Form **990** (2009)

Form	990 (2009)		Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	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>	21		~
22	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>	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. 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>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .	20		~
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		~
С	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>	28c	>	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		~
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		~	
			-	

Form 990 (2009)

Page 4

Des	Chatamanta Davading Other IDC Filings and Tay Compliance			
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
			res	NO
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Beturns, Enter -0- if not applicable			
b	U.S. Information Returns. Enter -0- if not applicable 1a 21 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c	~	
2a	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 2a 10		V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	V	
	Note. 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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		~
h	If "Yes," enter the name of the foreign country: ►	Ta		
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	~	
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	~	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7.		
	benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	19		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
9 a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Page 5

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~
6	Does the organization have members or stockholders?	6	~	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
<i>i</i> a		7a		~
h	5 5 , · · · · · · · · · · · · · · · · ·	7b		~
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	10		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	80	~	
	The governing body?	<u>8a</u>	~	
	Each committee with authority to act on behalf of the governing body?	8b	•	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9a</u>		~

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		~
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	~	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	~	
13	Does the organization have a written whistleblower policy?	13	~	
14	Does the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	~	
b		15b	~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ieu	with a taxable entity during the year?	16a		~
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?	16b		
Sec	tion C. Disclosure			

17 List the states with which a copy of this Form 990 is required to be filed ▶ none

18 Section 6104 requires an organization to make its Forms 1023 (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.

- \Box Own website \Box Another's website \checkmark 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	P or director	n Institutional trustee	Officer	a Key employee	Highest compensated	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
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

Form	990	(2009)
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Part VII Section A. Officers, Directors, Tru	istees, Key	/ Emp	loye	ees,	an	d Hig	hes	t Compensate	d Employees (col	ntinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	P or director	o Institutional trustee	Officer	a Key employee	that Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Gary Packer Vice President	.5	~		~				0	0	C
Bobby Plowman Vice President	.5	~		~				0	0	C
Tom Sheffield Vice President	.5	~		~				0	0	C
Neal Stanley Vice President	.5	~		~				0	0	C
Duane Zavadil Vice President	.5	~		~				0	0	C
Porter Bennett Vice President Natural Gas Markets	.5	~		~				0	0	C
John Benton Vice President Crude Oil Markets	.5	~		~				0	0	C
Tim Hopkins Vice President Government & Public Affairs	.5	~		~				0	0	C
Bill Lancaster Vice President Membership	.5	~		~				0	0	C
Jeff Lang Vice President Events	.5	~		~				0	0	C
Greg Ruben Vice President Natural Gas Transportation	.5	~		~				0	0	C
Rebecca Watson Secretary	.5	~		~				0	0	0
Phil Doty Treasurer	.5	~		~				0	0	C
1b Total	· · · ·					· ·		691,306	0	56,671

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

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	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> .
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No 3 ✓ 4 ✓ 5 ✓

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
En	viron International Corp P.O. Box 8500-1980 Philadelphia PA 19178-1980	air quality contracting	225,785
PA	C/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 more than \$100,000 in compensation from the organization ► two	listed above) who received	

Form 9							Page 9
Par	t VII	Statement of Revenue		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues					
fts, ran		Fundraising events					
i, gi nilai	d	Related organizations 1d					
ons	e	Government grants (contributions). 1e					
buti	T	All other contributions, gifts, grants, and similar amounts not included above 1f					
ntri d of	a	Noncash contributions included in lines 1a-1f: \$					
an Co	h	Total. Add lines 1a–1f	🕨				
ne			Business Code				
ven	2a	Dues and sponsorships	900099	1,791,925	1,791,925		
e Re	b	Registration fees	900099	108,100	108,100		
rvice	c						
Sel	d						
jran	e f	All other program service revenue					
Program Service Revenue	a	Total. Add lines 2a–2f		1,900,025			
	3	Investment income (including dividends		.,,			
	3	other similar amounts)		18,069			18,069
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross Rents					
		Less: rental expenses					
		Rental income or (loss)	•				
			(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
Ø		3					
ňu	ва	Gross income from fundraising events (not including \$					
eve		of contributions reported on line 1c).					
Ĕ		See Part IV, line 18	309,350				
Other Revenue	b	Less: direct expenses b	342,993				
ō	С	Net income or (loss) from fundraising e	vents 🕨	(33,643)	(33,643)		
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
		Less: direct expenses b	ties 🕨				
		Net income or (loss) from gaming activ					
	TUa	Gross sales of inventory, less returns and allowances a					
	h	Less: cost of goods sold b					
		Net income or (loss) from sales of invento	ory 🕨				
		Miscellaneous Revenue	Business Code				
	11a	Employment advertising	900099	889		889	
	b						
	c						
		All other revenue					
	e	Total. Add lines 11a–11d	톳	889	4.000.000		40.000
	12	Total revenue. See instructions.	🕨	1,885,340	1,866,382	889	18,069

Form **990** (2009)

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). (B) (A) (C) (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 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, 492,053 trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . Other salaries and wages 431,598 7 8 Pension plan contributions (include section 401(k) 20,506 and section 403(b) employer contributions) . 64,989 Other employee benefits 9 53,215 **10** Payroll taxes **11** Fees for services (non-employees): 35,956 a Management 5,054 **b** Legal **c** Accounting 75,354 **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 44,120 13,474 12 Advertising and promotion 69,737 13 Office expenses 37,557 Information technology 14 15 Royalties 86,240 Occupancy 16 32.148 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 226,423 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 29,753 22 Depreciation, depletion, and amortization. 6,835 23 Insurance 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.) Dues 6,740 а Training & Publications 14,404 b Miscellaneous 1,859 С d е All other expenses f Total functional expenses. Add lines 1 through 24f 25 1,748,015 Joint costs. Check here ► [] if following SOP 98-2. Complete this line only if the 26 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
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, and highest compensated employees. 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	
5 St	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
₹ _9	Prepaid expenses and deferred charges	78,259	9	55,228
10a	Land, buildings, and equipment: cost or 10a 106,357			
	other basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation 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	Total assets. Add lines 1 through 15 (must equal line 34)	2,659,486	16	2,625,609
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 or custodial account liability. Complete Part IV of Schedule D		21	
21 22 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 to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	1,459,589	26	1,288,388
lces	Organizations that follow SFAS 117, check here \blacktriangleright and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
ຫຼັ 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
Net Assets or Fund Balances 65 82 25 75 10 82 10 82 25 83 br>83 83 83 83 83 83 83 83 83 83 83 83	Organizations that do not follow SFAS 117, check here \blacktriangleright and complete lines 30 through 34.			
ន្ល 30	Capital stock or trust principal, or current funds		30	
g 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž 32	Retained earnings, endowment, accumulated income, or other funds	1,199,897	32	1,337,221
5 SS	Total net assets or fund balances		33	
34	Total liabilities and net assets/fund balances	2,659,486	34	2,625,609

Form **990** (2009)

Form	990 (2009)		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
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?	2a		~
b	Were the organization's financial statements audited by an independent accountant?	2b		~
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
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?	3a		~
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.	3b		

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)			Political Campaign an	d Lobbying	Activities		OMB No. 1545-0047	
Depart	Department of the Treasury Internal Revenue Service 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.						Open to Public Inspection	
• : • : • : • : • : • :	 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. 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. the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then 							
			anizations: Complete Part III.	, ,,				
Nar	ne of organization					Employe	r identification number	
	Independent Petroleum Association of Mountain States84Part I-AComplete if the organization is exempt under section 501(c) or is a section 527 or				0700841			
1 2 3		cription of th	e organization's direct and indirect	t political campai	gn activities in F		<u>1,000</u>	
Par	t I-B Com	plete if the	e organization is exempt und	er section 501(c)(3).			
1 2 3 4a b	Enter the amo If the organiza Was a correct If "Yes," descr	unt of any e tion incurrec ion made? ibe in Part l'		managers under m 4720 for this ye	section 4955 . ear?	► \$ · · · · · · · ·	. Yes No · Yes No	
		-	e organization is exempt und				JT(C)(3).	
1	Enter the amo activities		expended by the filing organization		exempt function	on ⊾\$	0	
2		unt of the fil	ing organization's funds contribute	ed to other organiz		on \$	0	
3	Total exempt line 17b	function exp	penditures. Add lines 1 and 2. Er	ter here and on	Form 1120-POI	► \$ <u></u>		
4 5								
	(a) Name		(b) Address	(c) EIN	(d) Amount paic filing organizati funds. If none, en	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ	. Cat. No. 50084S	Schedule C (Form 990 or 990-EZ) 2009
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Sche	edule C (Form 990 or 990-EZ) 2009			Page 2					
Pa	rt II-A Complete if the organizat under section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768	(election					
		Check ► □ if the filing organization belongs to an affiliated group. Check ► □ if the filing organization checked box A and "limited control" provisions apply.							
	Limits on Lobbying Expenditures(a) Filing(b) Affiliated(The term "expenditures" means amounts paid or incurred.)organization's totalsgroup totals								
1a b c c f	 Total lobbying expenditures to influenc Total lobbying expenditures (add lines Other exempt purpose expenditures Total exempt purpose expenditures (add lines) 	e public opinion (grass roots lobbying) e a legislative body (direct lobbying) 1a and 1b)							
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.							
g h i j	Grassroots nontaxable amount (enter 2 Subtract line 1g from line 1a. If zero or Subtract line 1f from line 1c. If zero or If there is an amount other than zero on	5% of line 1f)	rm 4720 reporting	□ Yes □ 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.)

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

Schedule C (Form 990 or 990-EZ) 2009

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	(a) (b)	
		Yes	No	Amount
1	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:			
a b c	Volunteers?			
d e f	Mailings to members, legislators, or the public?			
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .			
і ј 2а	Other activities? If "Yes," describe in Part IV			
	If "Yes," enter the amount of any tax incurred under section 4912			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 50)1(c)(5), o	r section

_			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	~
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	~

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."

1	Dues, assessments and similar amounts from members	1	1,791,925
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	expenses for which the section $527(1)$ tax was paid).		
а		2a	140,711
	Carryover from last year	2b	0
		2c	140.711
C	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	268,789
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
_		-	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0
Pa	rt 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

Part IV Supplemental Information (continued)

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.

Name of the organization

Department of the Treasury Internal Revenue Service 2009 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Pa	rt I Organizations Maintaining Dor the organization answered "Yes"	nor Advised Funds or Other Similar ' to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
	5	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
2	Aggregate grants from (during year)		
4	Aggregate value at end of year		
			hald in denou advised
5	Did the organization inform all donors and funds are the organization's property, subje		
6	Did the organization inform all grantees, do used only for charitable purposes and not purpose conferring impermissible private b	for the benefit of the donor or donor adv	isor, or for any other
Dai		enefit?	" to Form 990 Part IV line 7
1 2	 Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organiz 	, recreation or pleasure) Preservati Preservati	on of an historically important land area ion of a certified historic structure
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation ea		
с	Number of conservation easements on a c		
d	Number of conservation easements include		
3	Number of conservation easements modified the tax year ►		
4	Number of states where property subject t	o conservation easement is located ►	
5	Does the organization have a written policy violations, and enforcement of the conserv	regarding the periodic monitoring, inspe	
6	Staff and volunteer hours devoted to monit	toring, inspecting, and enforcing conserva	ation 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 $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(i)$?		
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the the organization's accounting for conserva	ne text of the footnote to the organization	
Pa	t III Organizations Maintaining Colle	ections of Art, Historical Treasures, c vered "Yes" to Form 990, Part IV, line 8	
	1 0	, , ,	
1a	If the organization elected, as permitted un art, historical treasures, or other similar asse provide, in Part XIV, the text of the footnot	ts held for public exhibition, education, or	research in furtherance of public service,
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to the	held for public exhibition, education, or r nese items:	esearch in furtherance of public service,
	(i) Revenues included in Form 990, Part V	III, line 1	
	(ii) Assets included in Form 990, Part X $$.		Sindependent Petrole
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to these items:	
a b	Revenues included in Form 990, Part VIII, I Assets included in Form 990, Part X		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2009

Schee	dule D (Form 990) 2009						Page 2
Pa	t III Organizations Maintain	ing Collections	of Art, Historie	cal Treasure	s, or O	ther Similar As	sets (continued)
3	Using the organization's acquisition collection items (check all that appl		other records, cl	neck any of th	e follow	ving that are a sig	nificant use of its
а	Public exhibition		d 🗌	Loan or exch	ange pi	rograms	
b	Scholarly research		e	Other			
С	Preservation for future genera						
4	Provide a description of the organiz Part XIV.	zation's collection	s and explain he	ow they furthe	r the or	ganization's exer	npt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maint	ained as part of	he organizatio	n's colle	ection?	Yes No
Pa	rt IV Escrow and Custodial A IV, line 9, or reported an				answer	ed "Yes" to For	m 990, Part
1a	Is the organization an agent, truste	e, custodian or of	her intermediar	/ for contribut	ions or	other assets not	
	included on Form 990, Part X?						🗌 Yes 🔛 No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the follov	ving table:		A	. 1
					4-	Arr	iount
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
	Did the organization include an am If "Yes," explain the arrangement in), Part X, line 21	?			🗌 Yes 🔛 No
	rt V Endowment Funds. Co		ganization ans	wered "Yes"	to For	m 990 Part IV	line 10
T GI		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four years back
12	Beginning of year balance						
b	Contributions						
	Net investment earnings, gains,						
U	and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of	of the year end ba	lance held as:				
а	Board designated or quasi-endown	nent 🕨	%				
b	Permanent endowment ►	%					
С	Term endowment ►%	6					
3a	Are there endowment funds not in th	ne possession of the	ne organization t	hat are held a	nd admi	inistered for the	
	organization by:						Yes No
							3a(i)
							3a(ii)
р 4	If "Yes" to 3a(ii), are the related org Describe in Part XIV the intended u						3b
	t VI Investments—Land, Bu				Part X I	ine 10	
I ai	Description of investment	(a) Cost or o		Cost or other			
	Description of investment	(investro		asis (other)		ccumulated preciation	(d) Book value
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment			47,841			<u>19,037</u>
	Other			58,516			
iota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colun	nn (B), line 10(c).)	🕨 📔	

Schedule D (Form 990) 2009

Schedule D (For	m 990) 2009				Page 3
Part VII	Investments-C	Other Securities	. See Form 990, Part X,	line 12.	
	escription of security or c (including name of securi		(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial de	rivatives				
	equity interests .				
Total (Column (b)	must equal Form 990, Part	X col (B) line 12)			
Part VIII			J. See Form 990, Part X,	line 13	
					- 41
(a)	Description of investmen	it type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation: arket value
				-	
Total. (Column (b)	must equal Form 990, Part				
Part IX	Other Assets. S	ee Form 990, Par	t X, line 15.		
			(a) Description		(b) Book value
Total (Colum	nn (b) must equal Fori	m 990 Part X col (B) line 15.)		
Part X		. See Form 990,			
1.	(a) Description of lia		(b) Amount		
Federal inco	., .	,		-	
				-	
Total. (Column (b) must equal Form 990, Part	X, col. (B) line 25.) 🕨			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Scheo	dule D (Form 990) 2009	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	_
b	Donated services and use of facilities	_
С	Recoveries of prior year grants	_
d	Other (Describe in Part XIV.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities 2a	-
b		-
С		-
d		2e
е	Add lines 2a through 2d	3
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV.) 4b	-
		4c
с 5	Add lines 4a and 4b	5
	t XIV Supplemental Information	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	ad 4: Part IV lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d an	
	part to provide any additional information.	

Schedule D (Form 990) 2009 Part XIV Supplemental Information (continued)	Page 5

SCHEDULE G	
------------	--

Department of the Treasury

Name of the organization

Internal Revenue Service

Part I

С

d

(Form	990	or	990-	EZ)
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Supplemental Information Regarding Fundraising or Gaming Activities

ONB NO.	1545-0047

12

Inspection

Ч

To Public

No

293,211

137,325 0

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Emplover	identification	numbe

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. е

Mail solicitations а Internet and email solicitations b

Phone solicitations

In-person solicitations

Solicitation of non-government grants

f Solicitation of government grants

Special fundraising events g

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Independent Petroleum Associatio	410 17th Stree			700	Denver CO 8020	84
0700841	303			623 0987	Marc W Smith	ipams.org
	1974					10
	0			the responsible		200
CO				1,007,499	129	IPAMS
889				130		
					0	0
2,059,269	1,900,025			40,719	18,069	2,159,374
1,885,340	0			0	1,062,361	0
0				858,664	685,654	1,866,163
Total			►	0	2,659,486	2,625,609
3 List all states in which the organ registration or licensing. same as C above	nization is regist	ered or li	censed to	solicit funds or I	nas been notified it	is exempt from
IPAMS is an organization of individ	uals and busine	esses dec	licated to	promoting a pos	itive business clim	ate for
						1,459,589
						1,288,387
						1,199,897
						1,337,222 1,748,015

Page 2

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 (add col. (a) through
2			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	150,850	158,500		
-	2	Less: Charitable			0	
	3	contributions				
		minus line 2)	150,850	158,500		309,350
	4	Cash prizes				
	5	Noncash prizes	1,550	19,668		21,218
202	6	Rent/facility costs	33,220	26,109		59,329
	7	Food and beverages	73,520	106,698		180,218
חוובתו באמנוספס	8	Entertainment	1,700			1,700
נ	9	Other direct expenses	34,761	45,767		80,528
	0	Direct expense summary. Ad	d lines 4 through 9 in co	olumn (d)		(342,993
	lí t li	Net income summary. Comb Gaming. Complete if t	ine line 3, column (d), a be organization ansy	nd line 10	990 Part IV line 19	or reported more
		than \$15,000 on Form	990-EZ, line 6a.		,,,,,	
、 I						
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo 19,037		(c) Other gaming	
	2 3	Cash prizes			(c) Other gaming	
	2 3	Cash prizes	19,037			
	2 3 4	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	19,037 □ Yes% □ No	bingo/progressive bingo	□ Yes% □ No	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	19,037	bingo/progressive bingo	□ Yes% □ No	
	2 3 4 5 6 7 8 En Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Ac	19,037	bingo/progressive bingo	Yes% No	(Yes No

11 Does the organization operate gaming activities with nonmembers?
 12 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?

11

12

			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in: 13a % The organization's facility			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the			
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
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 G (Form 990 or 990-EZ) 2009

Continuation Sheet for Form 990

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

► See the Instructions for Form 990.

2009 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Part I Continuation of Officers, D Employees	irectors, Tru	stee	s, I	Key	Er	nplo	yee	s, and Highe	est Compensa	ted
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	P or director	io Institutional trustee			that Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Independent Petroleum Association of Mc Colorado State Vice President	410 17th Stre					d		700	Denver CO 8(8
0700841										
Montana State Vice President	303							623 0987	Marc W Smith	ipams.org
Nebraska State Vice President	1974								the responsibl	
New Mexico State Vice President		~								
130 North and South Dakota State Vice Presid	129	~							10	200
0regon and Washington State Vice Presic	0	~						IPAMS	same as C abc	
IPAMS is an organization of individuals a									0.050.000	4 000 000
Utah State Vice President	0	~						0	2,059,269	1,900,02
40,719 Wyoming State Vice President	18,069	~						2,159,374	1,885,340	(
0 Banking & Finance Committee Chair 0	0	~						1,007,499	1,062,361	(
Legislative, Legal, & Regulatory Chair		~						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	CC
Tax Subcommittee Chair	137,325	~								
Tax Subcommittee Chair	59,386	~						(32,754)	6	
Wildlife Subcommittee Chair		~								
Kimberly Mazza Communications Committee Chair	.5	~						0		(
At-Large	.25	~						0	0	(
Terry Dobkins										
At-Large	.25	~						0	0	(
At-Large	.25	~							0	(
Tom Hendrick										
At-Large	.25	~						0	0	
At-Large For Privacy Act and Paperwork Reduction Act N		~							0	C

Continuation Sheet for Form 990

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

► See the Instructions for Form 990.

2009 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Part I Continuation of Officers, D Employees	irectors, Tru	stee	s, I	Key	Er	nplo	yee	s, and Highe	est Compensa	ted
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	P or director	io Institutional trustee			that Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Independent Petroleum Association of Mc Colorado State Vice President	410 17th Stre					d		700	Denver CO 8(8
0700841										
Montana State Vice President	303							623 0987	Marc W Smith	ipams.org
Nebraska State Vice President	1974								the responsibl	
New Mexico State Vice President		~								
130 North and South Dakota State Vice Presid	129	~							10	200
0regon and Washington State Vice Presic	0	~						IPAMS	same as C abc	
IPAMS is an organization of individuals a									0.050.000	4 000 000
Utah State Vice President	0	~						0	2,059,269	1,900,02
40,719 Wyoming State Vice President	18,069	~						2,159,374	1,885,340	(
0 Banking & Finance Committee Chair 0	0	~						1,007,499	1,062,361	(
Legislative, Legal, & Regulatory Chair		~						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	CC
Tax Subcommittee Chair	137,325	~								
Tax Subcommittee Chair	59,386	~						(32,754)	6	
Wildlife Subcommittee Chair		~								
Kimberly Mazza Communications Committee Chair	.5	~						0		(
At-Large	.25	~						0	0	(
Terry Dobkins										
At-Large	.25	~						0	0	(
At-Large	.25	~							0	(
Tom Hendrick										
At-Large	.25	~						0	0	
At-Large For Privacy Act and Paperwork Reduction Act N		~							0	C

Continuation Sheet for Form 990

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

► See the Instructions for Form 990.

2009 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Part I Continuation of Officers, D Employees	irectors, Tru	stee	s, I	Key	Er	nplo	yee	s, and Highe	est Compensa	ted
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	P or director	io Institutional trustee			that Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
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0700841										
Montana State Vice President	303							623 0987	Marc W Smith	ipams.org
Nebraska State Vice President	1974								the responsibl	
New Mexico State Vice President		~								
130 North and South Dakota State Vice Presid	129	~							10	200
0regon and Washington State Vice Presic	0	~						IPAMS	same as C abc	
IPAMS is an organization of individuals a									0.050.000	4 000 000
Utah State Vice President	0	~						0	2,059,269	1,900,02
40,719 Wyoming State Vice President	18,069	~						2,159,374	1,885,340	(
0 Banking & Finance Committee Chair 0	0	~						1,007,499	1,062,361	(
Legislative, Legal, & Regulatory Chair		~						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	CC
Tax Subcommittee Chair	137,325	~								
Tax Subcommittee Chair	59,386	~						(32,754)	6	
Wildlife Subcommittee Chair		~								
Kimberly Mazza Communications Committee Chair	.5	~						0		(
At-Large	.25	~						0	0	(
Terry Dobkins										
At-Large	.25	~						0	0	(
At-Large	.25	~							0	(
Tom Hendrick										
At-Large	.25	~						0	0	
At-Large For Privacy Act and Paperwork Reduction Act N		~							0	C

Continuation Sheet for Form 990

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

► See the Instructions for Form 990.

2009 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Part I Continuation of Officers, D Employees	irectors, Tru	stee	s, I	Key	Er	nplo	yee	s, and Highe	est Compensa	ted
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	P or director	io Institutional trustee			that Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Independent Petroleum Association of Mc Colorado State Vice President	410 17th Stre					d		700	Denver CO 8(8
0700841										
Montana State Vice President	303							623 0987	Marc W Smith	ipams.org
Nebraska State Vice President	1974								the responsibl	
New Mexico State Vice President		~								
130 North and South Dakota State Vice Presid	129	~							10	200
0regon and Washington State Vice Presic	0	~						IPAMS	same as C abc	
IPAMS is an organization of individuals a									0.050.000	4 000 000
Utah State Vice President	0	~						0	2,059,269	1,900,02
40,719 Wyoming State Vice President	18,069	~						2,159,374	1,885,340	(
0 Banking & Finance Committee Chair 0	0	~						1,007,499	1,062,361	(
Legislative, Legal, & Regulatory Chair		~						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	CC
Tax Subcommittee Chair	137,325	~								
Tax Subcommittee Chair	59,386	~						(32,754)	6	
Wildlife Subcommittee Chair		~								
Kimberly Mazza Communications Committee Chair	.5	~						0		(
At-Large	.25	~						0	0	(
Terry Dobkins										
At-Large	.25	~						0	0	(
At-Large	.25	~							0	(
Tom Hendrick										
At-Large	.25	~						0	0	
At-Large For Privacy Act and Paperwork Reduction Act N		~							0	C

SCHEDULE L (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service N

Name of the	organization							Employe	er ident	ificatio	n num	ber	
Part I	Excess Benefit Transactions (Complete if the organization answe								Part V,	, line 4	0b.		
1	(a) Name of disqualified person				(b) [Description of	transactio	n				(c) Corr	rected?
					(6)	Description of							No
Independ	ent Petroleum Association of Me	ountain	States										
	700												
			889										
			003			10	74						
410 17th 9	Street												
unde	the amount of tax imposed on the section 4958									► \$ ► \$			0
Part II	Loans to and/or From Interes												
	Complete if the organization an												
(a) Name of interested person and purpose			to or from anization?	(c) Ori principal		(d) Balan	ce due	due (e) In default?			(f) Approved by board or committee?		/ritten ment?
		То	From					Yes	No	Yes	No	Yes	No
	303												
Denver C	O 80202-4428												
	0												
	2,159,374					Marc V	N Smit	_					
				1	,900,025		12)					
Total .					. ► \$								
Part III	Grants or Assistance Benefiting Complete if the organization and	-			0 Part I	/ line 27							
								(-) (4			
	(a) Name of interested person	(D) RE	elationship	between inte organizat		son and the	(c) Amount and type of assistan						
	2,059,269												
	0												
	1,007,499												
Daub IV/						40,719							
Part IV	Business Transactions Involvi Complete if the organization an	-				/ line 00e	006	. 000					
	lame of interested person												
(a) N			p between on and the tion		nount of saction	(d) [Descriptio	on of tra	ansactio	on	(e) Sha organiz reven Yes	zation's nues?	
Dest D					Natural gas consulting proje						No		
Porter Be		Board	l memb	er		42,766	Natura	u gas o	onsu	uting	proje		~
ipams.org	200												
IPAMS	200						the res	nonei	hle de	velo	omer		
	1,885,340	same	as C al	oove	IPAMS	is an orga					0		
	.,,												
For Drivoov	Act and Paperwork Reduction Act	Notico	soo tha		Cat No.	500564		Sahaa	lula I (Earm 0	00	000 E7	z) 2000

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2009

OMB No. 1545-0047

2009

Open To Public Inspection

SCHE	DULE	0
(Form	990)	

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.

Department of the Treasury Internal Revenue Service Name of the organization

	Open to Public Inspection
Employer ident	ification number

0700841

OMB No. 1545-0047

009

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

employeesof 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

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
	IPAMS the responsible developm
Monitor current industry developments, issues, and legislation. Distribute weekly ne	wsletter (to approximately 1,200)
and other frequent communications to keep members and proce informed	
and other frequent communications to keep members and press informed.	
Annual meeting - present speakers from industry to inform membership, provide a fo	rum 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.

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. 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.

a. Material differences in voting rights in line 1a.

b. "Yes" responses to lines 2 through 7b.

c. "No" responses to lines 8a, 8b, and 10b.

d. "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.

q. 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 Reportina.

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 CAUTION number(s), because this schedule will be made available for public inspection.

Form	990
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Department of the Treasury

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)

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

2008 Open to Public Inspection

OMB No. 1545-0047

Inte	rnal Reve	nue Service		The organiza	ation may h	have to u	se a cop	y of this retu	m to satis	sfy state	report	ing requ	uirement	s. I ns	pectio	n		
A	For th	ne 2008 ca	alendar	r year, or tax		<u> </u>			, 2008, a					, 20				
в	Check if	applicable:	Please		organization	Indepe	ndent P	etroleum A	ssociati	on of N	lount	ain Sta	D Emp	loyer identi	lication r	umber		
		s change	use IRS label or		siness As 👖	PAMS							84		07 <mark>0</mark> 084	1		
	Name c	•	print or		d street (or P.0	O. box if mai	il is not deli	vered to street ac	dress)	Room/s	uite		E Telep	phone numb	er			
	Initial re	•	type. See	410 17th	Street						700		(303) 6	23 098	7		
_	Termina		Specific Instruc-		wn, state or	country, a	nd ZIP + 4	1										
		ed return	tions.	Denver (CO 8020	2-4428							G Gross	receipts \$	2.05	59,269		
_		on pending	F Nai	me and addres	ss of princip	cal officer:	Marc V	V Smith			н	(a) le thie	a aroun ret	urn for affiliates				
	ripplication	on penaing		as C abov										s included?		_		
ī	Tax-ex	empt status		501(c) (6)) 494	47(a)(1) or	527						a list. (see				
J		ite: 🕨 ipa									н		roup exemption number					
ĸ				oration Trust	t 🗌 Associa	ation 🗌 Ot	ther 🕨		L Year	of forma		1974		of legal dor	nicile: C	0		
Р	art I	-					-							J				
Activities & Governance	1	Briefly de	s an o	rganizatior	n <mark>of indiv</mark>	viduals a	and busi	significant inesses dec gas and oil	licated t	o pron				siness c	imate f	ior		
ove	2	Check this	box ►	if the org	ganization c	discontinu	ed its ope	erations or dis	posed of I	more tha	n 25%	of its as	ssets.					
ڻ مح	3			-	-			(Part VI, line					- I -			127		
se	4			-	-	•	• •	erning bod	,							127		
viti	5			of employee	-		-				-					15		
Act	6				•	· /										200		
								'III, line 12, o						1		915		
	b	Net unrel	ated b	ousiness tax	kable inco	ome from	n Form 🤅	990-T, line 3	34				. 7b)		0		
												Prior Ye	ear	Cu	rrent Yea	ar		
ø	8	Contribut	tions a	and grants (Part VIII,	line 1h)												
nue	9	Program	servic	e revenue (Part VIII,	line 2g)						1,	662,836	5	2,05	59,269		
Revenue	10	Investme	nt inco	ome (Part V	/III, colum	ın (A), lin	1es 3, 4,	and 7d) .					64,083	3	4	10,719		
œ	11	Other rev	enue ((Part VIII, c	olumn (A)), lines 5	, 6d, 8c	, 9c, 10c, a	nd 11e)				42,337	7	5	59,386		
	12	Total reve	enue—a	add lines 8 t	through 1	1 (must e	equal Par	rt VIII, colum	n (A), line	912)		1,	769,256	5	2,15	59,374		
	13	Grants ar	nd sim	nilar amount	ts paid (P	art IX, c	olumn (/	A), lines 1–3)				0)		0		
	14	Benefits	paid to	o or for me	mbers (Pa	art IX, co	olumn (A	A), line 4) .					0			0		
Expenses	15	Salaries, o	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										013,217	7	1,007,499			
Den	16a	Professio	onal fur	ndraising fee	es (Part IX)		0							
Ě	b	Total fund	draising	g expenses	(Part IX, c	olumn (D	D), line 25	5) ▶										
	17	Other exp	penses	s (Part IX, c	olumn (A	.), lines 1	11a-11d	, 11f–24f) .					649,228		85	58,664		
	18	Total exp	enses	. Add lines	13–17 (m	nust equ	al Part I	X, column (A), line 2	25)		1,	662,445	5	1,86	6,163		
		Revenue	less ex	kpenses. Su	btract line	+ 18 from	ı line 12		·				106,811		29	3,211		
Net Assets or	lces										Beg	ginning o	of Year	En	d of Yea	.r		
sset	20	Total ass	ets (Pa	art X, line 1	6)							1,	899,688	3	2,65	59,486		
Å,	21 g			(Part X, line									993,002		1,45	59,589		
					es. Subtra	act line 2	21 from	line 20					906,686	5	1,19	99,897		
Ρ	art II			Block		<u> </u>												
								turn, including a arer (other thar										
<u>.</u>												1			-	-		
	gn		-+	- 40														
He	ere	Signature of officer Dat											e					
			or print	t name and titl														
		,		r name and titl	e				Date		heck if		Dror 1	o identificire :				
		Preparer's self-											(see instr	s identifying uctions)	umper			
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Pre	eparer's	Firm's na	me (or v	VOURS N							1	E 111	L	1				
Us	e Only	if self-em	ployed),									EIN	► - ► /					
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IVI	ay ine	INO DISCL	iss this	s return Wit	.n me pre	parer sn	iown ab	ove? (see ir	ISTUCTIO	us).				· 🗆	Yes	No		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2008)

Form	990 (2008) Page 2
Par	t 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the 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
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10	Speakers events and educational meetings - inform and educate membership on on general and technical issues -
	attendance reanges from 50 - 250 per event - monthly or more frequently
4d	Other program services. (Describe in Schedule O.)
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► \$ (Must equal Part IX, Line 25, column (B).)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	~	
6	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>	6		~
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>	7		~
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> .	8		~
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>	9		~
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	~	
12	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		~
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>	14b		~
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>	15		~
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>	16		~
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		~
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	~	~
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		~
20 21	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	21		V
22	Did the organization report more than \$5,000 on Part IX, column (A), line ?? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	24a		~
h	24b–24d and complete Schedule K. If "No," go to question 25.	24a 24b		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		-
C	to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
	Section 501(c)(3) and 501(c)(4) organizations. 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>	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	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? If "Yes," complete Schedule L, Part II	26		~
27	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? If "Yes," complete Schedule L, Part III	27		~

Form 990 (2008)

Checklist of Required Schedules

Part IV

Form	990 (2008)		Р	age 4
Ра	rt IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	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,</i>	00-		~
	Part IV	28a		-
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		~
С	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> .	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		~
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		~
			000	

Form **990** (2008)

Form	990 (2008)		P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	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	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	~	
2a	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 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		~
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.	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b		5b		~
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		
-	Regarding Prohibited Tax Shelter Transaction?	5c		~
	Did the organization solicit any contributions that were not tax deductible?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7a		
	\$75?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
d	required to file Form 8282?	10		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI 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.			
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~
6	Does the organization have members or stockholders?	6	~	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		~
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9a	Does the organization have local chapters, branches, or affiliates?	9a		~
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?	9b		
10	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	10	~	
11	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	11		~
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	~	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	く く	
13	Does the organization have a written whistleblower policy?	13 14	~	
14	Does the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	15a	~	
a L	The organization's CEO, Executive Director, or top management official?	15a	~	
a	Other officers or key employees of the organization?	130	•	

16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	
	with a taxable entity during the year?	16a
b	If "Yes," 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?	16b

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
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public.
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: Sarah S Cornwell 410 17th Street Suite 700 Denver CO 80202

V

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.

Check this box if the organization did not co		any o	DITIC			ctor,	trus			(=)
(A)	(B)				(D)	(E)	(F)			
Name and Title	Average hours per week	P or director	o Institutional trustee	Officer	al Key employee	a Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Chuck Stanley President	1							0	0	0
		 								
Logan Magruder Immediate Past President	.5	~						0	0	0
Jerry Barnes Vice President	.5	~						0	0	0
Don DeCarlo Vice President	.5	~						0	0	0
Rich Frommer	.5							0	0	0
Vice President Tim Hopkins		~								
Vice President	.5	~						0	0	0
Jim Kleckner 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
Gary Packer Vice President	.5	~						0	0	0
Bobby Plowman	.5	~						0	0	0
Vice President Greg Ruben	.5							0	0	0
Vice President Tom Sheffield	.5	~						0	0	0
Vice President George Solich	.5	 						0	0	0
Vice President Jay Still		~								
Vice President	.5	~						0	0	0
Duane Zavadil Vice President	.5	~						0	0	0

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Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loye	ees,	an	d Hig	hest	Compensate	d Employees (cor	ntinued)
(A)	(B)			(0))			(D)	(E)	(F)
Name and title	Average hours per week	P or director	o Institutional trustee	Officer	a Key employee	at Highest compensated employee	p Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Neal Stanley Vice President Events	.5	~						0	0	0
Shane Schulz Vice President Government Affairs	.5	~						0	0	0
Jeff Lang Vice President Membership	.5	~						0	0	0
Rebecca Watson Secretary	.5	~						0	0	0
Phil Doty Treasurer	.5	~						0	0	0
James Schroeder Colorado State Vice President	.5	~						0	0	0
Bruce Bowman Montana State Vice President	.5	~						0	0	0
Phil Kriz Nebraska State Vice President	.5	~						0	0	0
T. Greg Merrion New Mexico State Vice President	.5	~						0	0	0
Brent Miller No and So Dakota State Vice President	.5	~						0	0	0
Jim Felton Utah State Vice President	.5	~						0	0	0
Brad Miller Utah State Vice President	.5	~						0	0	0
Randy Bolles Wyoming State Vice President	.5	~						0	0	0
1b Total								0	0	0

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

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	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</i>
5	<i>individual.</i> 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>

Yes No 3 ✓ 4 ✓ 5 ✓

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
Buys & Associates 300 E Mineral Ave Suite 10 Littleton CO 80122-2655	air quality contracting	105,241
Environ International Corp P.O. Box 8500-1980 Philadelphia PA 19178-1980	air quality contracting	534,017
2 Total number of independent contractors (including those in 1) who recei compensation from the organization ► 2	ved more than \$100,000 in	

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Dord	- \////	Statement of Devenue					
Part		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f5	0 0 0 0 0 0 0 0	0			
ne			Business Code				
Program Service Revenue	2a	Dues and sponsorships	900099	1,900,418	1,900,418		
Re	b	Registration fees	900099	158,851	158,851		
vice	с						
Ser	d						
am	е						
ogra	f	All other program service revenue .					
7	g	Total. Add lines 2a–2f	🕨	2,059,269			
	3	Investment income (including dividends	, interest, and				
		other similar amounts)		40,719			40,719
	4	Income from investment of tax-exempt bond	d proceeds 🕨	0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)	🕨	0			
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses					
		Gain or (loss)		0			
	d	Net gain or (loss)	🕨	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	215,500				
the		Less: direct expenses b	157,029				
Ò	С	Net income or (loss) from fundraising e	vents 🕨	58,471	58,471		
	9a	Gross income from gaming activities. See Part IV, line 19					
	h	Less: direct expenses b					
		Net income or (loss) from gaming activ	ities 🕨	0			
		Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold b					
		Net income or (loss) from sales of invento	ory 🕨	0			
		Miscellaneous Revenue	Business Code				
	11a	Employment advertising	900099	915		915	
	b						
	c						
	-	All other revenue					
		Total. Add lines 11a–11d		915			
		Total Revenue. Add lines 1h, 2g, 3, 4,					
		9c, 10c, and 11e		2,159,374	2,117,740	915	40,719

Form 990 (2008)

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). (B) (A) (C) (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to governments and 0 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 0 the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the 0 U.S. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 304,010 trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) . 560,567 Other salaries and wages 7 8 Pension plan contributions (include section 401(k) 24,315 and section 403(b) employer contributions) . 63,611 Other employee benefits 9 54,996 **10** Payroll taxes Fees for services (non-employees): 11 46,170 a Management 18,561 **b** Legal **c** Accounting 74,863 **d** Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees 21,285 23,436 12 Advertising and promotion 111,475 13 Office expenses 26,700 Information technology 14 0 15 Royalties 82,689 Occupancy 16 56,260 17 Travel 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 350,124 19 Conferences, conventions, and meetings 0 20 Interest 0 Payments to affiliates 21 21,655 22 Depreciation, depletion, and amortization. 7,562 23 Insurance 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.) Dues 5,151 а Training & Publications 12,439 b Miscellaneous 294 С d е All other expenses f Total functional expenses. Add lines 1 through 24f 25 1,866,163 Joint Costs. Check here ► _ if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation 0

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Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	129,225	1	111,850
	2	Savings and temporary cash investments	1,657,283	2	2,379,436
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	43,965	4	37,981
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L .	0	5	0
	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	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0	8	0
∢	9	Prepaid expenses and deferred charges	46,863	9	78,259
	10a	Land, buildings, and equipment: cost basis 10a 99,595			
	b	Less: accumulated depreciation. Complete			
		Part VI of Schedule D 10b 54,285	22,352		45,310
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,899,688	16	2,659,486
	17	Accounts payable and accrued expenses	246,220	17	310,883
	18	Grants payable	0	18	0
	19	Deferred revenue	746,782	19	1,148,706
	20	Tax-exempt bond liabilities	0	20	0
es	21	Escrow account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	993,002	26	1,459,589
ces		Organizations that follow SFAS 117, check here \blacktriangleright and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
р	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117, check here \blacktriangleright and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	0	30	0
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds	906,686	32	1,199,897
let	33	Total net assets or fund balances	906,686	33	1,199,897
2	34	Total liabilities and net assets/fund balances	1,899,688		2,659,486
Pa	rt XI		, , ,		
					Yes No

Accrual Other 1 Accounting method used to prepare the Form 990: 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b **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? . . . 2c 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? 3a . . ${\boldsymbol b}\,$ If "Yes," did the organization undergo the required audit or audits? . 3b

SCHEDULE C		Political Campaign and Lobbying Activities									
(Form 990 or 990-EZ	.)		2008								
	For Orga	nizations Exempt From Income Tax		()	527	Open to Public					
Department of the Treasur Internal Revenue Service	У	 To be completed by organ Attach to Form 99 		i below.		Inspection					
 Section 501(c)(3) 	organizations:	s," to Form 990, Part IV, line 3, or Fo Complete Parts I-A and B. Do not co	mplete 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.										
	0	nplete Part I-A only.									
•		s," to Form 990, Part IV, line 4, or Fo that have filed Form 5768 (election ur	,		•						
		that have NOT filed Form 5768 (electio		(h)): Complete Pa	rt II-B. Do r	not complete Part II-A.					
-		s," to Form 990, Part IV, line 5 (Proxy	y Tax), then								
		anizations: Complete Part III.									
Name of organization						identification number					
		ciation of Mountain States		501(1)	84	0700841					
		ed by all organizations exemptions for Schedule C for details.		1 501(c) and s	section 5	>27 organizations.					
1 Provide a de	escription of th	e organization's direct and indired	ct political campai	an activities in	Part IV.						
2 Political expe				•							
3 Volunteer ho					•						
Part I-B To	be complete	ed by all organizations exem	pt under sectio	n 501(c)(3).							
See	e the instruct	ions for Schedule C for details	- -								
1 Enter the am	nount of any e	xcise tax incurred by the organiza	tion under sectior	14955	▶ \$						
2 Enter the am	nount of any e	xcise tax incurred by organization	managers under	section 4955.	▶ \$						
•		a section 4955 tax, did it file For				. 🔄 Yes 🔛 No					
4a Was a correct						· 🗌 Yes 🔄 No					
b If "Yes," des											
		ed by all organizations exem ions for Schedule C for details		n 501(c), exc		101 501(0)(3).					
1 Enter the an activities	nount directly	expended by the filing organization	on for section 52	7 exempt funct	ion ▶ \$						
	nount of the fill function activi	ing organization's funds contribute ties	ed to other organi	zations for sect	:ion ▶ \$						
on Form 112	20-POL, line 1	exempt function expenditures. Ac			and ▶ \$	·····					
-	-	file Form 1120-POL for this year?				. 🗌 Yes 🔛 No					
were made. contributions	Enter the amo received and p	and employer identification numbe unt paid and indicate if the amour promptly and directly delivered to a se ee (PAC). If additional space is need	nt was paid from separate political o	the filing organi rganization, suc	ization's fu h as a sepa	unds or were political					
(a) Nan		(b) Address	(c) EIN	(d) Amount pai filing organiza funds. If none, e	id from tion's c	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0					

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OMB No. 1545-0047

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2008

Sche	dule C (Form 990 or 990-EZ) 2008			Page 2						
Pa		nizations exempt under section 501(c)(3) t (1(h)). See the instructions for Schedule C for		768						
A	Check ► □ if the filing organization belongs to an affiliated group.									
В	Check Check	checked box A and "limited control" provision	ons apply.							
		bying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals						
1a b	Total lobbying expenditures to influence Total lobbying expenditures to influence									
С		1a and 1b)								
d										
е	Total exempt purpose expenditures (ad	ld lines 1c and 1d)								
f	Lobbying nontaxable amount. Enter the columns.	amount from the following table in both								
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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.								
g	Grassroots nontaxable amount (enter 2	5% of line 1f)								
h	•	if line g is more than line a								
i	Subtract line 1f from line 1c. Enter -0-									
j		either line 1h or line 1i, did the organization file Fo		🗆 Yes 🗌 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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2a Lobbying non-taxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots non-taxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures			0				

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(2	a)	(a)	
		Yes	No	Amount	
1	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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6). See the instructions for Schedule C for details.	tion	501(0	c)(5), or	
				Yes	No

1	Were substantially all (90% or more) dues received nondeductible by members?	1	~
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	~
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	~

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	1,900,418
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	155,701
	Carryover from last year	2b	
		2c	155,701
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	285,063
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	0

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.

Part IV Supplemental Information (continued)

SCHE	DULE	D
(Form	990)	

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

Pa	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.								
	5	(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, subj								
6	Did the organization inform all grantees, do								
	used only for charitable purposes and not								
D :	impermissible private benefit?								
Pa	· · ·	plete if the organization answered "Yes							
1	Purpose(s) of conservation easements held								
	Preservation of land for public use (e.g.		ion of an historically important land area						
	Protection of natural habitat		tion of certified historic structure						
•	Preservation of open space	d a qualified appearation contribution in t	as form of a concernation accoment						
2	Complete lines 2a–2d if the organization held on the last day of the tax year.	a quaimed conservation contribution in ti	le form of a conservation easement						
	on the last day of the last year		Held at the End of the Year						
а	Total number of conservation easements .								
b	Total acreage restricted by conservation ea								
c	Number of conservation easements on a c								
d	Number of conservation easements include								
3	Number of conservation easements modified								
Ŭ	the taxable year ►								
4	Number of states where property subject t	o conservation easement is located >							
5	Does the organization have a written policy								
	enforcement of the conservation easement								
6	Staff or volunteer hours devoted to monito								
7	Amount of expenses incurred in monitoring								
8	Does each conservation easement reported $170(1)(4)(D)(1)$								
•	170(h)(4)(B)(i) and section $170(h)(4)(B)(i)$?								
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the								
	the organization's accounting for conserva-								
Par		ections of Art, Historical Treasures,							
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 8	3						
12	If the organization elected, as permitted un	der SEAS 116 not to report in its reven	is statement and balance sheet works of						
Ia	art, historical treasures, or other similar asse								
	provide, in Part XIV, the text of the footnot								
b	If the organization elected, as permitted un	der SFAS 116, to report in its revenue st	atement and balance sheet works of art.						
	historical treasures, or other similar assets	held for public exhibition, education, or							
	provide the following amounts relating to the								
	(i) Revenues included in Form 990, Part V								
	(ii) Assets included in Form 990, Part X .								
2	If the organization received or held works								
-	following amounts required to be reported	•							
a b	Revenues included in Form 990, Part VIII, I Assets included in Form 990, Part X								
D	ASSERS INCIDUED IN FUITH SSU, Fait A		φ						

Scheo	lule D (Form 990) 2008								F	Page 2
Par	t III Organizations Maintain	ing Colle	ctions o	of Art, H	istoric	al Treasures,	or Ol	ther Similar As	sets (contin	ued)
3	Using the organization's accession items (check all that apply):	and other	records	s, check	any of t	the following th	at are	e a significant us	se of its colle	ection
а	Public exhibition			d		Loan or exchan	ge pr	ograms		
b	Scholarly research			е						
с	Preservation for future genera	tions								
4	Provide a description of the organi. Part XIV.		llections	s and exp	olain ho	w they further t	he or	ganization's exe	mpt purpose	in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or re er than to b	eceive do e mainta	onations o ained as p	of art, his part of th	storical treasures	s, or c colle	other similar ction?	Yes	No
Par	Trust, Escrow and Cust Part IV, line 9, or reporte						ansv	vered "Yes" to	Form 990,	
	Is the organization an agent, truste included on Form 990, Part X?						ns or	other assets not	Yes	No
b	If "Yes," explain the arrangement in	n Part XIV	and con	nplete the	e follow	ing table:				
								An	nount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	If "Yes," explain the arrangement i	n Part XIV.					· · ·		∐ Yes ∟	No
Par	t V Endowment Funds. Co									
		(a) Currei	nt year	(b) Pric	or year	(c) Two years ba	ack ((d) Three years back	(e) Four years	back
1a	Beginning of year balance									
b	Contributions									
С	Investment earnings or losses .									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f g	Administrative expenses End of year balance									
2	Provide the estimated percentage of	of the year	end ba	lance hel	d as:					
а	Board designated or quasi-endowr	nent 🕨		%						
b	Permanent endowment ►	%								
С	Term endowment ►9	6								
3a	Are there endowment funds not in the organization by:	he possess	ion of th	ne organiz	ation th	at are held and	admi	nistered for the	Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	(ii) related organizations If "Yes" to 3a(ii), are the related org								3b	
4	Describe in Part XIV the intended u									
Par	t VI Investments—Land, B				t. See I	-orm 990, Par	t X, li	ne 10.		
	Description of investment	(a)	Cost or ot (investm			ost or other sis (other)	(c) D	epreciation	(d) Book value	e
1a	Land									
b	Buildings									
С	Leasehold improvements									
	Equipment					7,387			28,514	
	Other					2,208				
l ota	I. Add lines 1a-1e. (Column (d) should	equal Form	990, Pa	rτ X, colur	nn (B), li	ne 10(c).)		►		

Part VII	nvestments-Other Securities	. See Form 990, Part X,	line 12.	
(a) Desc	ription of security or category Iuding name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivati	ves and other financial products .			
	quity interests			
Other				
Total (Column (b) shi	ould equal Form 990, Part X, col. (B) line 12.) 🕨			
	nvestments – Program Relate	d. See Form 990, Part X.	line 13.	
	scription of investment type	(b) Book value	(c) Method of valu	lation:
(-)		(-)	Cost or end-of-year ma	
	ould equal Form 990, Part X, col. (B) line 13.)	d V line 45		
Part IX	Other Assets. See Form 990, Pa	(a) Description		(b) Book value
		(a) Description		(b) DOOK value
Total. (Column	(b) should equal Form 990, Part X, col	. (B) line 15.)		
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
	(a) Description of liability	(b) Amount	_	
Federal income	e taxes		_	
			_	
			-	
			-	
Total. (Column (b) sh	ould equal Form 990, Part X, col. (B) line 25.) 🕨			

Schedule D (Form 990) 2008

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schee	dule D (Form 990) 2008	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net). Add lines 4–8	9
10 Dou	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	
1	Total revenue, gains, and other support per audited financial statements	· · ·
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a		-
b		
c d	Becoveries of prior year grants 2c Other (Describe in Part XIV) 2d	
		2e
		3
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	-
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Losses reported on Form 990, Part IX, line 25	_
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_
	Other (Describe in Part XIV)	
_	Add lines 4a and 4b	4c
5 Dar	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) t XIV Supplemental Information	5
Corr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	

Schedule D (For	m 990) 2008	Page 5
	Supplemental Information	
	ouppiemental mornation	(continued)

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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OMB No. 1545-0047

Public

Inspection Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations а b
 - Email solicitations

- Solicitation of non-government grants е Solicitation of government grants
- f
- Phone solicitations С d In-person solicitations

- Special fundraising events g
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 🗌 Yes 🗹 No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Independent Petroleum Associatio	410 17th Stree			700	Denver CO 8020	84
0700841	303			623 0987	Marc W Smith	ipams.org
	1974					15
2,059,269	0			the responsible		200
СО				1,013,217	127	IPAMS
915				127		
1,662,836	2,059,269			64,083	40,719	1,769,256
2,159,374	0			0	1,007,499	0
0				649,228	858,664	1,662,445
Total			►	0	1,899,688	2,659,486
 3 List all states in which the organ registration or licensing. same as C above IPAMS is an organization of individ 	nization is regist	ered or li	censed to			
						993,002
						1,459,589 906,686
						1,199,897 1,866,163

106,811

293,211 0

Sche	edule	G (Form 990 or 990-EZ) 2008						Pa	age 2
Ра	nrt II	Fundraising Events. Co more than \$15,000 on F					repo	rted	
			(a) Event #1	(b) Event #2	(c) Other Events	(Add col.		nts ough	
			(event type)	(event type)	(total number)	co	ol. (c))		
Revenue									
leve	1	Gross receipts	215,500						
ι.	2	Less: Charitable contributions			0				
	3	Gross revenue (line 1							
		minus line 2)	215,500				;	215,	500
	4	Cash prizes	0						0
sesu	5	Non-cash prizes	0						0
Direct Expenses	6	Rent/facility costs	157,029					157,	029
Direct	7	Other direct expenses	0						0
	8	Direct expense summary. Ad				(1	57,0	29)
	9	Net income summary. Comb		mn (d)					471
Pa	rt II	Gaming. Complete if t than \$15,000 on Form	he organization answ 990-EZ line 6a	vered "Yes" to Form	990, Part IV, line 19,	or repo	rted i	mor	е
nue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota col. (a) t			
Revenue									
<u>ш</u>	1	Gross revenue							
ses	2	Cash prizes							
Expen	3	Non-cash prizes	28,514						
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses .							
	-		□ Yes%	☐ Yes%	□ Yes%				
	6	Volunteer labor	□ No	□ No	□ No				
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		()
	8	Net gaming income summary	. Combine lines 1 and	7 in column (d)					
					·		Y	′es	No
9		ter the state(s) in which the o		-			0-		
a b		the organization licensed to c 'No," Explain:	perate gaming activities	s in each of these state	es?		9a		
b									
		ere any of the organization's o 'Yes," Explain:	aming licenses revoke	d, suspended or termin	ated during the tax yea	r? 1	10a		
11	Do	es the organization operate g	aming activities with no	onmembers?		· . [11		
12	ls	the organization a grantor, be	eneficiary or trustee of a	a trust or a member of	a partnership or other	-			
	for	med to administer charitable	gaming?	<u></u>	<u> </u>	_ · '	12		

Schedule G (Form 990 or 990-EZ) 2008

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

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990)	Supplemental Information to Form 99	OMB No. 1545-0047
(Form 990)		
Department of the Treasury Internal Revenue Service	Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	
Name of the organization		Employer identification number
	0700841	0700841
Part VI Section A Li	ne 1a The Board of Directors delegates to the Executive Committee a	uthority to act on its behalf as
	84	
Part VI Section B Li	ne 12c Decisions that would be affected by conflicts of interest are o	nly undertaken by the Executive
Committee, and are	e carefully considered for potential conflicts before action is taken.	
Part VI Section B Li	ne 15b Three independent Board members including the President, t	he Treasurer and a former
President, compris	se the compensation committee. None of these Board members have	a conflict of interest as defined
Independent Petrole	um Association of Mountain States	
organization. In e	stablishing the total compensation amounts, they reviewed data for s	imilarly qualified persons
in functionally con	nparable positions at similarly situated trade and other associations.	In addition, they considered
overall industry en	nployment conditions because of their relevancy. All of these consid	lerations that eventually led to
the final determina	tion of the compensation amounts were contemporaneously docume	ented and retained.
Part VI Section C Li	ne 19 the organization makes its governing documents, conflict of in	terest policy, and financial
statements availat	ble to the public upon request.	

Schedule O (Form 990) 2008	Page
Name of the organization	Employer identification number
	IPAM: the responsible developm
Monitor current industry developments, issues, and legislation. Distribute weekly new	wsletter (to approximately 1,200)
and other frequent communications to keep members and press informed.	
and other frequent communications to keep members and press mormed.	
Annual meeting - present speakers from industry to inform membership, provide a for	rum 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

Schedule O (Form 990) is used by an organization that files Form 990 to provide the IRS with narrative information required for responses to specific questions on Form 990, or 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 10 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 Schedule O (Form 990) to provide a statement giving the reasons for not filing on time. **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.

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. 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.

a. Material differences in voting rights in line 1a.

b. "Yes" responses to lines 2-7.

c. "No" responses to lines 8 or 9b.

d. Description of process for review, if any, on line 10.

e. "Yes" response to line 11.

f. "Yes" response to line 12c.

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

h. Description for making documents public on lines 18 and 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 G (Form 990 or 990-EZ). If applicable, use Schedule O (Form 990) to describe payments of fundraising expenses or reimbursements as required in Part 1, line 2b, column (v).

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). Use Schedule O (Form 990) to provide the group exemption relationships described on Schedule R (Form 990).

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

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2008 **Open to Public** Inspection

Name of the Organization

Employer Identification number

Part I Continuation of Officers, D Employees	irectors, Tru	stee	es, I	Key	' Er	nplo	yee	s, and Highe	est Compensa	ted
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week		· ·		k all	that ap empl	ply) Former	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
Independent Petroleum Association of Mo Banking & Finance Committee Chair	410 17th Stre							700	Denver CO 8	84
0700841										
Communications Committee Chair	303							623 0987	Marc W Smith	ipams.org
Crude Oil Committee Chair	1974								the responsibl	
Natural Gas Committee Chair		~								
Natural Gas Committee Chair	127	~							15	200
915 Service and Supply Committee Chair	0	~						IPAMS	same as C abc	2,059,269
IPAMS is an organization of individuals an Tax Committee Chair		~							1,662,836	2,059,269
64,083 Transportation & Markets Committee Cha	40,719	~						1,769,256	2,159,374	
0								.,,		
At-Large	0	~						1,013,217	1,007,499	(
At-Large		~						649,228	858,664	1,662,44
At-Large	1,899,688	~						2,659,486	993,002	1,459,58
906,686										
At-Large	1,199,897	v						1,866,163	106,811	CC
At-Large	293,211	~								
At-Large	42,337	~						59,386	6	
At-Large		~								
Todd Berryman										
At-Large	.25	~						0		(
At-Large	.25	~						0	0	
Rob Bilger	05									
At-Large	.25	~						0	0	
At-Large	.25	~							0	
Jim Brown										
At-Large	.25	~	<u> </u>					0	0	
At-Large For Privacy Act and Paperwork Reduction Act I		V							0	

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2008 Open to Public Inspection

Name of the Organization

Employer Identification number

Part I Continuation of Officers, D Employees	irectors, Tru	stee	s, I	Key	' Er	nplo	yee	es, and Highe	est Compensa	ted
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	Poindividual trustee or director	io Institutional trustee			that Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Independent Petroleum Association of Mc Banking & Finance Committee Chair	410 17th Stre							700	Denver CO 8	8
0700841 Communications Committee Chair	303							623 0987	Marc W Smith	ipams.or
Crude Oil Committee Chair	1974								the responsibl	
Natural Gas Committee Chair 127		~								
Natural Gas Committee Chair 915	127	~							15	20
Service and Supply Committee Chair IPAMS is an organization of individuals a	0	~						IPAMS	same as C abc	2,059,26
Tax Committee Chair 64,083		~							1,662,836	2,059,26
Transportation & Markets Committee Cha 0	40,719	~						1,769,256	2,159,374	
At-Large 0	0	~						1,013,217	1,007,499	
At-Large 0		~						649,228	858,664	1,662,44
At-Large 906,686	1,899,688	~						2,659,486	993,002	1,459,58
At-Large	1,199,897	v						1,866,163	106,811	C
At-Large At-Large	293,211 42,337	~						59,386	6	
At-Large	42,001	~								
Todd Berryman At-Large	.25	>						0		
At-Large	.25	~						0	0	
Rob Bilger At-Large	.25	~						0	0	
At-Large	.25	~							0	
Jim Brown At-Large	.25	~						0	0	
At-Large		~							0	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2008 Open to Public Inspection

Name of the Organization

Employer Identification number

Part I Continuation of Officers, D Employees	irectors, Tru	stee	s, I	Key	' Er	nplo	yee	es, and Highe	est Compensa	ted
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	Poindividual trustee or director	io Institutional trustee			that Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
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0700841 Communications Committee Chair	303							623 0987	Marc W Smith	ipams.or
Crude Oil Committee Chair	1974								the responsibl	
Natural Gas Committee Chair 127		~								
Natural Gas Committee Chair 915	127	~							15	20
Service and Supply Committee Chair IPAMS is an organization of individuals a	0	~						IPAMS	same as C abc	2,059,26
Tax Committee Chair 64,083		~							1,662,836	2,059,26
Transportation & Markets Committee Cha 0	40,719	~						1,769,256	2,159,374	
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At-Large At-Large	293,211 42,337	~						59,386	6	
At-Large	42,001	~								
Todd Berryman At-Large	.25	>						0		
At-Large	.25	~						0	0	
Rob Bilger At-Large	.25	~						0	0	
At-Large	.25	~							0	
Jim Brown At-Large	.25	~						0	0	
At-Large		~							0	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2008 Open to Public Inspection

Name of the Organization

Employer Identification number

Part I Continuation of Officers, D Employees	irectors, Tru	stee	s, I	Key	' Er	nplo	yee	es, and Highe	est Compensa	ted
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	Poindividual trustee or director	io Institutional trustee			that Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Independent Petroleum Association of Mc Banking & Finance Committee Chair	410 17th Stre							700	Denver CO 8	8
0700841 Communications Committee Chair	303							623 0987	Marc W Smith	ipams.or
Crude Oil Committee Chair	1974								the responsibl	
Natural Gas Committee Chair 127		~								
Natural Gas Committee Chair 915	127	~							15	20
Service and Supply Committee Chair IPAMS is an organization of individuals a	0	~						IPAMS	same as C abc	2,059,26
Tax Committee Chair 64,083		~							1,662,836	2,059,26
Transportation & Markets Committee Cha 0	40,719	~						1,769,256	2,159,374	
At-Large 0	0	~						1,013,217	1,007,499	
At-Large 0		~						649,228	858,664	1,662,44
At-Large 906,686	1,899,688	~						2,659,486	993,002	1,459,58
At-Large	1,199,897	v						1,866,163	106,811	C
At-Large At-Large	293,211 42,337	~						59,386	6	
At-Large	42,001	~								
Todd Berryman At-Large	.25	>						0		
At-Large	.25	~						0	0	
Rob Bilger At-Large	.25	~						0	0	
At-Large	.25	~							0	
Jim Brown At-Large	.25	~						0	0	
At-Large		~							0	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.