## 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

Impacts to Onshore Jobs, Revenue, and Energy: Review and Status of Sec. 390 Categorical Exclusions of the Energy Policy Act of 2005" September 9, 2011

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 17<sup>th</sup> St, Suite 700, Denver, CO 80202
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

Name/Organization Kathleen Sgamma, Western Energy Alliance Title/Date of Hearing Impacts to Jobs, Revenue, and Energy: Review and Status of Sec. 390 Categorical Exclusions

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.

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.

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.

None

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

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

Name/Organization Kathleen Sgamma, Western Energy Alliance

Title/Date of Hearing Impacts to Jobs, Revenue, and Energy: Review and Status of Sec. 390 Categorical Exclusions

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.

Director of Government & Public Affairs for 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 challenges rules issued by the BLM and U.S. Forest Service that direct federal employees to ignore statutory provisions in Section 390 of the Energy Policy Act of 2005, 42 U.S.C. § 15942 regarding categorical exclusions under the National Environmental Policy Act, 42 U.S.C. § 4332.

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

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

None

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

Form	990
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# **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

		of the Treasur enue Service	ר 🔺 🕨	The orgar	ization ma	ay have to	use a cop	y of this retur	n to satis	sfy state	reporting	requ	iirer	nents.	Insp	ectio	
Α	For th	ne 2008 ca	alendar	year, or	tax year l	beginning		;	2008, a	nd endir	ng				, 20		
B	Check if	applicable:	Please	C Name	of organizat	tion Indep	endent P	etroleum As	sociati	on of N	lountain	Sta	D	Employe	er identific	ation n	umber
		s change	use IRS label or		Business As	IPAMS								84	0	7 <b>00</b> 84 <sup>-</sup>	1
	Name c	°	print or		and street (or	r P.O. box if n	nail is not deliv	vered to street ad	dress)	Room/sı	uite		Е	Telephor	ne number		
	nitial re	Ũ	type. See	410 17	th Street						700		(	<b>303</b> )	62	3 0987	7
	Termina		Specific Instruc-	City or	town, state	e or country,	and ZIP + 4	1									
		ed return	tions.	Denve	r CO 80	202-4428							G	Gross rec	eipts \$	2,05	9,269
		on pending	F Nan	me and ad	dress of prin	ncipal office	r: Marc \	N Smith			H(a)	ls this	a oro	oup return f	or affiliates?	Yes	No
	1-1		same	as C ab	ove										cluded?		
Ι	Tax-ex	empt status			) <b>∢</b> (insert ı	no.) 🗌 4	947(a)(1) or	527							ist. (see in		
J	Webs	site: 🕨 ipa									<b>H(c)</b> Gr	roup e	xem	ption num	ber 🕨		,
-		organization:			rust 🗌 Ass	ociation 🗌	Other 🕨		L Year	of format	ion: 197	74	м	State of	legal domi	cile: CC	<u> </u>
Pa	art I	Summ	ary									1			-		
				the ora	anization'	's missior	n or most	significant a	ctivities								
Activities & Governance		IPAMS i the resp	s an or oonsibl	rganizat le develo	ion of inc opment a	dividuals and use o	and busi f natural	nesses ded gas and oil	icated t in the li	o prom ntermo	oting a p untain W	oosi lest.	tive	e busir			
202					•		•	erations or disp						I I			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3	Number	of votir	ng meml	oers of th	ne governi	ing body	(Part VI, line	1a)					3			127
ies	4	Number	of inde	ependent	voting m	nembers o	of the gov	verning body	' (Part V	1, line 1	b)			4			127
tivil	5	Total nur	mber of	f employ	ees (Part	t V, line 2	a)							5			15
Ac	6	Total nur	mber of	f volunte	ers (estir	nate if ne	cessary)							6			200
								III, line 12, c		C)				7a			915
	b	Net unre	lated b	ousiness	taxable ir	ncome fro	om Form 9	990-T, line 3	4	<sub>1</sub>				7b			0
										-	Pric	or Ye	ar		Curr	ent Yea	r
e	8	Contributions and grants (Part VIII, line 1h)															
nue	9	Program	ogram service revenue (Part VIII, line 2g)								1,6	,662,836			2,05	9,269	
Revenue	10	Investme	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)								64,083			4	0,719		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								42,337			5	9,386			
	12	Total reve	enue—a	add lines	8 through	n 11 (must	equal Par	t VIII, columr	n (A), line	912)		1,7	769	,256		2,15	9,374
	13	Grants a	nd simi	ilar amo	unts paid	I (Part IX.	column (/	A). lines 1–3						0			0
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)								0				0			
ses			•			•	•	IX, column (A				,013,217			1,00	7,499	
Expenses						-								0			0
Ä			essional fundraising fees (Part IX, column (A), line 11e)														
								, 11f–24f)				(	649	,228		85	8,664
								, <u>.</u> ., . X, column (/	 1) line 2	25)				,445			6,163
						line 18 fro				· 1				,811			3,211
or śś										· ·	Beginn			-	End	of Year	-
Net Assets or Fund Balances	20	Total acc	ote (Da	art Y lin	<u>- 16)</u>					ł	-	•		,688	-		9,486
Ass I Ba	21													,002			9,589
Net	22	Net asse	ets or fu	und bala	nces. Sul	btract line	21 from	line 20	• • •	• •				,686			9,897
	art II			Block										,		.,	
					declare that	I have exam	nined this ret	urn, including a	ccompany	ing sched	lules and st	atem	ents	, and to	the best of	my kno	wledge
		and belie	ef, it is tru	ue, correct,	and compl	lete. Declara	ation of prepa	arer (other than	officer) is	based on	all informa	ation	of w	hich pre	parer has	aný kno	wledge.
Sig	ın																
He		Sign	ature of o	officer								Date	e				
i ie																	
			e or print	name and	title												
		,							Date	C	heck if		Drai	oarer <sup>i</sup> e id	antifuina au	mbor	
		Preparer' signature							Dale	se	elf-			e instruction	entifying nu ons)	niber	
Paic	ł									er	nployed <b>&gt;</b>						
Prep	barer's	Firm's as	mo /or						ļ		1						
-	Only	if self-em		- 1							EIN		•				
	-	address,									Pho	ne no	o. ►	(	)		
Ma	v the	IRS discu	uss this	s return <sup>.</sup>	with the r	preparer s	shown ab	ove? (see in	structior	ns) .					·     '	Yes	No

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

Form	990 (2008) Page <b>2</b>
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 <b>4</b>
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	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	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.)			
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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
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			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) (C)						(D)	(E)	(F)
Name and Title	Average hours per week	P or director	o Institutional trustee	Officer	al Key employee	the 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
		<ul> <li></li> </ul>								
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		<b>~</b>								
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	<ul> <li></li> </ul>						0	0	0
Vice President Jay Still		~								-
Vice President	.5	~						0	0	0
Duane Zavadil Vice President	.5	~						0	0	0

Form	990	(2008)
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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	<b>)</b> )			(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 <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
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	<b>(C)</b> 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	

Page 8

Dord	- \////	Statement of Devenue					
Part		Statement of Revenue		<b>(A)</b> Total revenue	( <b>B</b> ) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> 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					
		<b>Total.</b> 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			
			<b>(A)</b> Beginning of year		<b>(B)</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			
Assets		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
	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			
Ξ.		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

SCH			Political Campaign an	d Lobbying	Activities		OMB No. 1545-0047
	n 990 or 990-EZ)				/		200 <b>8</b>
		For Orga	nizations Exempt From Income Ta	ax Under section	501(c) and sec	tion 527	
Depari Interna	ment of the Treasury al Revenue Service		<ul> <li>To be completed by organ</li> <li>Attach to Form 99</li> </ul>		l below.		Open to Public Inspection
			s," to Form 990, Part IV, line 3, or Fo		l, line 46 (Politic	al Campa	ign Activities), then
•	Section 501(c) (ot	ther than sect	ion 501(c)(3)) organizations: Complete	Parts I-A and C bel	ow. Do not comp	lete Part	I-B.
٠	Section 527 orga	nizations: Cor	nplete Part I-A only.				
	•		s," to Form 990, Part IV, line 4, or Fo that have filed Form 5768 (election un	,		•	
		-	that have NOT filed Form 5768 (electio s," to Form 990, Part IV, line 5 (Prox		(h)): Complete Pa	rt II-B. Do	not complete Part II-A.
•	Section 501(c)(4),	(5), or (6) orga	anizations: Complete Part III.				
Na	me of organization					Employe	r identification number
1			ciation of Mountain States			<mark>84</mark>	0700841
Pa		-	ed by all organizations exemptions for Schedule C for details.		n 501(c) and s	section	527 organizations.
1	Provide a dese	cription of th	ne organization's direct and indirect	ct political campai	gn activities in	Part IV.	
2	Political expen	nditures .				▶ \$	
3	Volunteer hour	rs					
Pa		-	ed by all organizations exem	•	n 501(c)(3).		
			ions for Schedule C for details				
1			xcise tax incurred by the organiza				
2			xcise tax incurred by organization				
3 4a	If the organiza Was a correct		a section 4955 tax, did it file For				. Yes No
b	If "Yes," descr					• • •	· 🗌 Yes 🛄 No
			ed by all organizations exem	pt under sectio	n 501(c), exc	ept sec	tion 501(c)(3).
	See	the instruct	ions for Schedule C for details	-			
1	Enter the amo activities		expended by the filing organization		7 exempt funct	ion ▶ \$	
2	Enter the amo 527 exempt fu		ing organization's funds contribute ities			ion ▶ \$	
3	Total of direct on Form 1120		exempt function expenditures. Ac	dd lines 1 and 2 a	nd enter here a	and ▶ \$	
4	Did the filing c	organization	file Form 1120-POL for this year?				. 🗌 Yes 🗌 No
5	-	-	and employer identification number				ons to which payments
			unt paid and indicate if the amour				
			promptly and directly delivered to a s		•		parate segregated fund
	or a political ac	ction committ	tee (PAC). If additional space is need	ded, provide inform	hation in Part IV.		
	<b>(a)</b> Name	1	<b>(b)</b> Address	(c) EIN	<b>(d)</b> Amount pai filing organiza funds. If none, e	tion's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
				-			
				-			

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Sche	dule C (Form 990 or 990-EZ) 2008			Page <b>2</b>			
Pa	To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.						
A	Check 🕨 🗌 if the filing organization belongs to an affiliated group.						
В	Check   Check	checked box A and "limited control" provision	ons apply.				
	Limits on Lobbying Expenditures(a) Filing(b) Affiliated(The term "expenditures" means amounts paid or incurred.)organization's totalsgroup totals						
1a b	Total lobbying expenditures to influence	e public opinion (grass roots lobbying)					
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.)

Lobi	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> Total		
2a Lobbying non-taxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))							
<b>c</b> 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.

		(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

Par	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.						
	3	(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	ect to the organization's exclusive legal of	control? Yes No				
6	Did the organization inform all grantees, do						
	used only for charitable purposes and not impermissible private benefit?						
Dar		lete if the organization answered "Yes					
	· · ·						
1	Purpose(s) of conservation easements held	· · · _ · ·	-				
	<ul> <li>Preservation of land for public use (e.g.</li> <li>Protection of natural habitat</li> </ul>		ion of an historically important land area tion of certified historic structure				
	<ul> <li>Protection of natural habitat</li> <li>Preservation of open space</li> </ul>		tion of certified historic structure				
2	Complete lines 2a–2d if the organization held	d a qualified conservation contribution in th	ne form of a conservation easement				
-	on the last day of the tax year.						
			Held at the End of the Year				
а	Total number of conservation easements .		2a				
b	Total acreage restricted by conservation ea	asements	2b				
С	Number of conservation easements on a c	ertified historic structure included in (a) .					
d	Number of conservation easements include	ed in (c) acquired after 8/17/06	<b>2</b> d				
3	Number of conservation easements modified the taxable year ►	ed, transferred, released, extinguished, o	r terminated by the organization during				
4	Number of states where property subject to	o conservation easement is located >					
5	Does the organization have a written policy						
6	enforcement of the conservation easement Staff or volunteer hours devoted to monito						
7	Amount of expenses incurred in monitoring						
8	Does each conservation easement reported						
Ū	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .		Yes 🗌 No				
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the						
	the organization's accounting for conserva-		is infancial statements that describes				
Par		ections of Art, Historical Treasures,	or Other Similar Assets.				
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 8	3.				
1a	If the organization elected, as permitted un						
	art, historical treasures, or other similar asse						
	provide, in Part XIV, the text of the footnot						
b	If the organization elected, as permitted un historical treasures, or other similar assets						
	provide the following amounts relating to the		research in furtherance of public service,				
	(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						
	Revenues included in Form 990, Part VIII, I						
b	Assets included in Form 990, Part X		· · · · ▶ \$ <u>700</u>				

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).)		►		

Schedule D (Form 990) 2008

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	<b>(c)</b> 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.)			
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
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts
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	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		-
d		2e
e		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 <b>4a</b> and <b>4b</b>	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 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	
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 <b>2e</b> from line <b>1</b>	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 <b>4a</b> and <b>4b</b>	4c
5 Dai	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)         t XIV         Supplemental Information	5
Com	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
	<b>Supplemental Information</b>	
	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.

OMB No. 1545-0047 ſſ

Inspection

Public

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 Email solicitations b

- Solicitation of non-government grants е
- f
- Phone solicitations С

Solicitation of government grants g

d In-person solicitations Special fundraising events

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
<ul> <li>3 List all states in which the organ registration or licensing.</li> <li>same as C above</li> <li>IPAMS is an organization of individ</li> </ul>	_					
						993,002
						1,459,589
						906,686 1,199,897

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

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Sche	edule	G (Form 990 or 990-EZ) 2008						Pa	age 2
Ра	nrt ll	Fundraising Events. Co more than \$15,000 on F					<sup>r</sup> repo	orted	
			<b>(a)</b> Event #1	(b) Event #2	(c) Other Events	(Add col		hrough	1
			(event type)	(event type)	(total number)	C	ol. <b>(c)</b> )		
Revenue									
leve	1	Gross receipts	215,500						
ι.	2	Less: Charitable contributions			0				
	3	Gross revenue (line 1							
		minus line 2)	215,500					215,	, <b>500</b>
	4	Cash prizes	0						0
sesu	5	Non-cash prizes	0						0
Direct Expenses	6	Rent/facility costs	157,029					157,	, <b>029</b>
Direct	7	Other direct expenses	0						0
	8	Direct expense summary. Ad	d lines 4 through 7 in co	olumn (d)		(		157,0	<b>)29</b> )
	9	Net income summary. Comb		mn (d)					,471
Pa	rt II	Gaming. Complete if t than \$15,000 on Form	he organization answ	vered "Yes" to Form	990, Part IV, line 19,	or repo	orted	mor	re
D)			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Tot	al garr	nina (A	dd
Revenue			(	bingo/progressive bingo	(0) 0	col. (a)			
Rev	1								
	1	Gross revenue							
es	2	Cash prizes							
ens		·							
Exp	3	Non-cash prizes	28,514						
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses .							
			☐ Yes%	☐ Yes%	☐ Yes%				
	6	Volunteer labor	∐ No	L No	No No				
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		(			)
	8	Net gaming income summary	. Combine lines 1 and	7 in column (d)					
								Yes	No
9		ter the state(s) in which the o		-			0-		
a b		the organization licensed to o "No," Explain:	perate gaming activities	s in each of these state	es?	· •	<u>9a</u>		
b									
		ere any of the organization's g	gaming licenses revoke	d, suspended or termin	ated during the tax yea	ır?	10a		
b	It .	'Yes," Explain:							
11		bes the organization operate g				· · •	11		
12		the organization a grantor, be				-	10		
	101	med to administer charitable	ganning:	<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 <b>&gt;</b> \$			
	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 9	90	OMB No. 1545-0047		
(Form 990)	••		2008		
Department of the Treasury	Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the		Open to Public		
Internal Revenue Service Name of the organization	Form 990 or to provide any additional information.	Employer ident	Inspection		
	0700841		0700841		
Part VI Section A Line	a 1a The Board of Directors delegates to the Executive Committee a	authority to a	ct on its behalf as		
	84				
Port VI Section P Line	120. Decisions that would be offerted by conflicts of interest are a		an by the Executive		
Part VI Section B Line	e 12c Decisions that would be affected by conflicts of interest are c	niy undertake			
Committee, and are o	carefully considered for potential conflicts before action is taken.				
Part VI Section B Line	e 15b Three independent Board members including the President, t	the Treasurer	and a former		
President, comprise	the compensation committee. None of these Board members have	a conflict of	interest as defined		
Independent Petroleun	n Association of Mountain States				
organization. In esta	ablishing the total compensation amounts, they reviewed data for s	imilarly quali	fied persons		
in functionally comp	parable positions at similarly situated trade and other associations.	In addition, th	ney considered		
overall industry emp	oloyment conditions because of their relevancy. All of these consid	derations that	t eventually led to		
the final determinati	on of the compensation amounts were contemporaneously docume	ented and reta	ained.		
Part VI Section C Line	e 19 the organization makes its governing documents, conflict of ir	terest policy,	, and financial		
statements available	e to the public upon request.				

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
	IPAM: 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 press informed.	
and other frequent communications to keep members and press mormed.	
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**

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.

SCHEDULE C	Political Campaign a	nd Lobbving	Activities	OMB No. 1545-0047					
(Form 990 or 990-EZ)				୭ଲ <b>ମଘ</b>					
	For Organizations Exempt From Income Tax Under section 501(c) and section 527								
Department of the Treasury	Complete if the organized			<b>Open to Public</b>					
Internal Revenue Service	Attach to Form 990 or Form 990	-EZ. See separa	te instructions.	Inspection					
<ul> <li>Section 501(c)(3)</li> </ul>	swered "Yes," to Form 990, Part IV, line 3, or F organizations: Complete Parts I-A and B. Do not o	omplete Part I-C.		0 //					
	• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.								
0	nizations: Complete Part I-A only.								
• Section 501(c)(3)	<ul> <li>the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then</li> <li>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.</li> </ul>								
If the organization a	organizations that have NOT filed Form 5768 (elections serving a s		(h)): Complete Part II-B. Do	) not complete Part II-A.					
	(5), or (6) organizations: Complete Part III.								
Name of organization				r identification number					
	bleum Association of Mountain States	504/	84	0700841					
	plete if the organization is exempt unc		-	organization.					
	cription of the organization's direct and indire	ect political campa	ign activities in Part IV.						
2 Political exper			<b>. ▶</b> <sup>\$</sup>						
3 Volunteer hour	S								
Part I-B Com	plete if the organization is exempt un	der section 501	(~)(3)						
	· · · · ·								
	unt of any excise tax incurred by the organiz		n 4955 $\blacktriangleright \Psi_{}$						
	unt of any excise tax incurred by organizatio								
<ul><li>3 If the organiza</li><li>4a Was a correct</li></ul>	tion incurred a section 4955 tax, did it file Fo on made?			. Yes No					
<b>b</b> If "Yes," desci				Yes No					
	plete if the organization is exempt un	der section 501	c), except section 5	01(c)(3).					
1 Enter the amo	unt directly expended by the filing organiza		•						
activities .			··· · · · ▶ ♥						
527 exempt fu	unt of the filing organization's funds contribu nction activities		· · · · · <b>&gt;</b> \$						
	function expenditures. Add lines 1 and 2. E		Form 1120-POL,	<u></u>					
4 Did the filing of	rganization file Form 1120-POL for this year	?		. Yes No					
	s, addresses and employer identification numb	. ,							
	each organization listed, enter the amount paid								
	ceived that were promptly and directly delivered			a separate segregated					
iund of a politi	cal action committee (PAC). If additional space								
<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and					
			filing organization's funds. If none, enter -0	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 <b>2</b>				
Pa	rt II-A Complete if the organizat under section 501(h)).							
		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	<ul> <li>Total lobbying expenditures to influenc</li> <li>Total lobbying expenditures to influenc</li> <li>Total lobbying expenditures (add lines</li> <li>Other exempt purpose expenditures .</li> <li>Total exempt purpose expenditures (ac Lobbying nontaxable amount. Enter the columns.</li> </ul>							
	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)	<b>(a)</b> 2006	<b>(b)</b> 2007	( <b>c)</b> 2008	( <b>d)</b> 2009	(e) Total		
2a Lobbying nontaxable amount							
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e))</li> </ul>							
<b>c</b> 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: Volunteers?				
a b	Volunteers?				
c b b	Media advertisements?				
e	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				
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 50	)1(c)(	5), o	r section	

501(c)(6).

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

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	1,900,418
	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	155,701
	Carryover from last year	2b	
		2c	155,701
	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	
	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.

## Part IV Supplemental Information (continued)


### SCHEDULE 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.

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 demonstrational
5	Did the organization inform all donors and funds are the organization's property, subje	ect to the organization's exclusive legal c	ontrol? Yes 🗌 No
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	sor, or for any other
Pa		blete if the organization answered "Yes	' 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 .		
b	Total acreage restricted by conservation ea	asements	
С	Number of conservation easements on a c	ertified historic structure included in (a) .	
d	Number of conservation easements include	ed in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified the tax year ►	ed, transferred, released, extinguished, or	terminated by the organization during
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)(ii)? .		
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		ections of Art, Historical Treasures, o	r Other Similar Assets.
		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 .		S Independent Petrol
2	If the organization received or held works following amounts required to be reported		ar assets for financial gain, provide the
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 <b>2</b>
Pa	t III Organizations Maintain	ing Collections	of Art, Historic	al Treasures	, or Othe	r Similar Ass	sets (continued)
3	Using the organization's acquisition collection items (check all that appl		other records, ch	eck any of the	e following	that are a sig	nificant use of its
а	Public exhibition		d 🗌	Loan or excha	ange progi	rams	
b	Scholarly research		е	Other			
С	Preservation for future genera						
4	Provide a description of the organiz Part XIV.	ation's collection	s and explain ho	w they further	the orgar	ization's exen	npt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	ained as part of t	he organization	's collection	on?	Yes No
Pa	rt IV Escrow and Custodial A IV, line 9, or reported an				Inswered	"Yes" to Forn	n 990, Part
1a	Is the organization an agent, truste	e, custodian or ot	her intermediary	for contributi	ons or oth	er assets not	
	included on Form 990, Part X?						🗌 Yes 🔛 No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the follow	ring table:			t
					4-	Am	ount
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		nanization ans	wered "Yes"	to Form	990 Part IV	line 10
T GI		(a) Current year	(b) Prior year	(c) Two years		Three years back	(e) Four years back
12	Beginning of year balance						
b	Contributions						
	Net investment earnings, gains,						
C	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	e possession of th	ne organization t	nat are held an	d administ	tered 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				art X line	10	
I ai		(a) Cost or of		Cost or other			
	Description of investment	(investm		isis (other)	(c) Accur deprec		(d) Book value
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment			47,387			28,514
	Other			<u>52,208</u>	)		
iota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colum	n (B), line 10(c).	)	🕨	

Schedule D (Form 990) 2009

Schedule D (For	rm 990) 2009				Page 3
Part VII	Investments—Oth	er Securities	. See Form 990, Part X,	, line 12.	
	escription of security or cate (including name of security)	gory	(b) Book value	<b>(c)</b> Method of valu Cost or end-of-year ma	
Financial de	rivatives				
	equity interests				
Total. (Column (b	must equal Form 990, Part X, co	ol. (B) line 12.)			
Part VIII			d. See Form 990, Part X	. line 13.	
	Description of investment ty	-	(b) Book value	(c) Method of valu	ation:
(-)			(,	Cost or end-of-year ma	arket value
Total, (Column (b	must equal Form 990, Part X, co	ol. (B) line 13.) 🕨			
Part IX	Other Assets. See		t X. line 15.		
			(a) Description		(b) Book value
	nn (b) must equal Form 9	190 Part X col I	(R) line 15 )		
Part X	Other Liabilities. S		· · · ·		
1.	(a) Description of liability		(b) Amount		
Federal inco	., .	,		-	
				-	
				_	
Total (Column (h	) must equal Form 990, Part X, c	ol (B) line 25 )			
	1 musi equai i 01111 330, Fall A, C	, (L) III (C 2 J.) 📂			

**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 <b>2e</b> from line <b>1</b>	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 <b>4a</b> and <b>4b</b>	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <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 <b>2e</b> from line <b>1</b>	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 <b>4a</b> and <b>4b</b>	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.	

Part XIV Supplemental Information (continued)		
Part XIV Supplemental Information (continued)		
Part XV       Supplemental Information (continued)		
Part XIV       Supplemental Information (continuect)		
Pert XIV Supplemental Information (continued)		

SCHEDULE G	
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Department of the Treasury

Internal Revenue Service Name of the organization

Part I

С

d

(Form	990	or	99	0-	ΕZ
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## **Supplemental Information Regarding Fundraising or Gaming Activities**

ONB NO.	1545-0047
20	<b>NQ</b>

Ч

To Public

293,211 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.

Employer	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? 🗌 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	<b>(v)</b> Amount paid to (or retained by) fundraiser listed in col. <b>(i)</b>	(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
CO				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
<ul> <li>3 List all states in which the organ registration or licensing.</li> <li>same as C above</li> </ul>	-					
IPAMS is an organization of individ	luals and busing	esses dec	dicated to	promoting a pos	itive business clim	ate for
						993,002
						1,459,589
						906,686
						1,199,897
						<u>1,866,163</u> 106,811

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2009

Schedule	G	(Form	990	or	990-EZ)	2009
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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.

			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) To (add co	otal ev ol. <b>(a)</b> th		
			(event type)	(event type)	(total number)		col. (c))		
Revenue		Cross ressints	215,500						
Rev	1	Gross receipts	213,300						
		contributions			0				
	3	Gross income (line 1 minus line 2)	215,500					215.	500
	4	Cash prizes	0						0
	5	Noncash prizes	0						0
(0		Devet/fee:ility.eeeste	157,029					157,	020
Direct Expenses	6	Rent/facility costs	137,023					137,	023
Expe	7	Food and beverages	73,520	106,698				180,	218
ect E	8	Entertainment	1,700					1,	700
Dire									
	9	Other direct expenses	0						0
	10	Direct expense summary. Ad				(		157,0	
_	11 rt II	Net income summary. Comb Gaming. Complete if t				or rep	orted		<mark>471</mark>
		than \$15,000 on Form							
anı			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) To col. (a)	tal gan throug		
Revenue								-	
<u> </u>	1	Gross revenue							
es	2	Cash prizes							
suad			00 544						
Exp	3	Noncash 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 c	olumn (d)		(			)
	8	Net gaming income summary	-						
	0	Net gaming income summary						Yes	No
9		ter the state(s) in which the o		-					
a b		the organization licensed to o "No," explain:	perate gaming activitie	s in each of these state	es?	· ·	<u>9a</u>		
D									
							10a		
10a b		ere any of the organization's g "Yes," explain:	gaming licenses revoke	a, suspended or termin	lated during the tax yea	ar?	IVa		
11		bes the organization operate g	aming activities with p	onmembers?			11		
12	ls	the organization a grantor, be	eneficiary or trustee of a	a trust or a member of		-			
	foi	rmed to administer charitable	gaming?				12		

Schedule G (Form 990 or 990-EZ) 2009

			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)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week		· ·	checl	k all	that ap ⊈		Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Independent Petroleum Association of Mc Colorado State Vice President	410 17th Stre							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		~								
127 North and South Dakota State Vice Presid	127	~							15	200
915 Oregon and Washington State Vice Presic	0	~						IPAMS	same as C abc	2,059,269
IPAMS is an organization of individuals a										
Utah State Vice President		~							1,662,836	2,059,269
64,083										
Wyoming State Vice President	40,719	~						1,769,256	2,159,374	
0 Banking & Finance Committee Chair 0	0	~						1,013,217	1,007,499	(
Legislative, Legal, & Regulatory Chair 0		~						649,228	858,664	1,662,44
Air Quality Subcommittee Chair	1,899,688	V						2,659,486	993,002	1,459,589
906,686 NGV Subcommittee Chair	1,199,897	~						1,866,163	106,811	co
Tax Subcommittee Chair	293,211	~								
Tax Subcommittee Chair	42,337	~						59,386	6	
Wildlife Subcommittee Chair		~								
Kimberly Mazza Communications Committee Chair	.5	~						0		(
At-Large	.25	~						0	0	
Terry Dobkins										
At-Large	.25	<b>v</b>						0	0	(
At-Large	.25	~							0	(
Tom Hendrick										
At-Large	.25	~						0	0	
At-Large		~							0	

## **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)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week		· ·	checl	k all	that ap ⊈		Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	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		~								
127 North and South Dakota State Vice Presid	127	~							15	200
915 Oregon and Washington State Vice Presic	0	~						IPAMS	same as C abc	2,059,269
IPAMS is an organization of individuals a										
Utah State Vice President		~							1,662,836	2,059,269
64,083										
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0 Banking & Finance Committee Chair 0	0	~						1,013,217	1,007,499	(
Legislative, Legal, & Regulatory Chair 0		~						649,228	858,664	1,662,44
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906,686 NGV Subcommittee Chair	1,199,897	~						1,866,163	106,811	co
Tax Subcommittee Chair	293,211	~								
Tax Subcommittee Chair	42,337	~						59,386	6	
Wildlife Subcommittee Chair		~								
Kimberly Mazza Communications Committee Chair	.5	~						0		(
At-Large	.25	~						0	0	
Terry Dobkins										
At-Large	.25	<b>v</b>						0	0	(
At-Large	.25	~							0	(
Tom Hendrick										
At-Large	.25	~						0	0	
At-Large		~							0	

## **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)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week		· ·	checl	k all	that ap ⊈		Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	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
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New Mexico State Vice President		~								
127 North and South Dakota State Vice Presid	127	~							15	200
915 Oregon and Washington State Vice Presic	0	~						IPAMS	same as C abc	2,059,269
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906,686 NGV Subcommittee Chair	1,199,897	~						1,866,163	106,811	co
Tax Subcommittee Chair	293,211	~								
Tax Subcommittee Chair	42,337	~						59,386	6	
Wildlife Subcommittee Chair		~								
Kimberly Mazza Communications Committee Chair	.5	~						0		(
At-Large	.25	~						0	0	
Terry Dobkins										
At-Large	.25	<b>v</b>						0	0	(
At-Large	.25	~							0	(
Tom Hendrick										
At-Large	.25	~						0	0	
At-Large		~							0	

## **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)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week		· ·	checl	k all	that ap ⊈		Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Independent Petroleum Association of Mc Colorado State Vice President	410 17th Stre							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		~								
127 North and South Dakota State Vice Presid	127	~							15	200
915 Oregon and Washington State Vice Presic	0	~						IPAMS	same as C abc	2,059,269
IPAMS is an organization of individuals a										
Utah State Vice President		~							1,662,836	2,059,269
64,083										
Wyoming State Vice President	40,719	~						1,769,256	2,159,374	
0 Banking & Finance Committee Chair 0	0	~						1,013,217	1,007,499	(
Legislative, Legal, & Regulatory Chair 0		~						649,228	858,664	1,662,44
Air Quality Subcommittee Chair	1,899,688	V						2,659,486	993,002	1,459,589
906,686 NGV Subcommittee Chair	1,199,897	~						1,866,163	106,811	co
Tax Subcommittee Chair	293,211	~								
Tax Subcommittee Chair	42,337	~						59,386	6	
Wildlife Subcommittee Chair		~								
Kimberly Mazza Communications Committee Chair	.5	~						0		(
At-Large	.25	~						0	0	
Terry Dobkins										
At-Large	.25	<b>v</b>						0	0	(
At-Large	.25	~							0	(
Tom Hendrick										
At-Large	.25	~						0	0	
At-Large		~							0	

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.

Department of the Treasury

2009
Open To Public

OMB No. 1545-0047

N

hternal Revenue Service Attach to F	orm 990	0 or For	m 990-EZ. 🖡	See sep	oarate instr	uctions.			Ins	specti	ion	
Name of the organization						E	mploye	r identi	ficatio	n num	ber	
Part I Excess Benefit Transactions ( Complete if the organization answer			,	· ·				Part V.	line 4	l0b.		
			,					,			(c) Cor	rected?
1 (a) Name of disqualified person				(D) L	Description of	transaction					Yes	No
Independent Petroleum Association of Mo	ountair	States										
700												
		915										
					19	74						
410 17th Street								:	2,059	,269		
<ol> <li>2 Enter the amount of tax imposed on the under section 4958</li></ol>	2, abo	ve, reim	bursed by	the orga	nization .		· ·		▶ \$.			0
Complete if the organization and	swered	"Yes" of	on Form 99	0, Part I	/, line 26, o	or Form §	990-E	Z, Par	t V, li	ine 38	Ba.	
(a) Name of interested person and purpose		to or from anization?	<b>(c)</b> Orig principal a		<b>(d)</b> Balano	ce due	<b>(e)</b> In c	default?	(f) App by boa comm	ard or	(g) W agreei	ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
303												
Denver CO 80202-4428												
0 1,769,256					Marc	N Smith						
1,703,230			2.	059,269	March	127						
otal				. ► \$					1			
Part III Grants or Assistance Benefitin Complete if the organization and	ng Inte	rested	Persons.	0, Part I	/, line 27.							
(a) Name of interested person	(b) Re	elationship	between inte organizati		on and the	(c	) Amou	int and t	type of	f assist	ance	
4 662 926												
1,662,836												
1,013,217												
-,,					64,083							
Part IV Business Transactions Involvi Complete if the organization and	-			0, Part I	/, line 28a,	28b, or :	28c.					
(a) Name of interested person	(b) R	elationshi	p between on and the	(c) An	nount of saction			on of tra	nsactio	on	organiz rever	iues?
Porter Bennett	Board	l memb	er		42 766	Natural	nae o	oneu	lting	nroit	Yes	No V
ipams.org	Dualt	memb			72,700	Haturdi	yas t	Jonau	any	Proje		-
200												

IPAMS			the responsible developmer
2,159,374	same as C above	IPAMS is an orga	
For Privacy Act and Paperwork Reduction Act	Notice, see the	Cat. No. 50056A	Schedule L (Form 990 or

For P зy Instructions for Form 990 or 990-EZ.

rm 990 or 990-EZ) 2009

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

ns on	2009							
	Open to Public Inspection							
Employer identification number								

0700841

OMB No. 1545-0047

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 Three independent Board members including the President, the Treasurer and a former

President, comprise the compensation committee. None of these Board members have a conflict of interest as defined

Independent Petroleum Association of Mountain States

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 relevancy. All of these considerations that eventually led to

the final determination of the compensation amounts 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.

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.

## 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)									(F)
Name and Title	Average	Positi	ion (c	heck	k all 1	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) Eric Dillé Vice President Government & Public Affairs	.5	✓		✓				0	0	0
(2) Bill Lancaster		•		•						
Vice President Membership	.5	✓		$\checkmark$				0	0	0
(3) Porter Bennett		•		•						
Vice President Natural Gas Markets	.5	✓		$\checkmark$				0	0	0
(4) Greg Ruben	_									
Vice President Natural Gas Transportation	.5	$\checkmark$		$\checkmark$				0	0	0
(5) Pam Roth	25							0	0	0
Colorado State Vice President	.25	✓						0	0	0
(6) Bruce Bowman	.25							0	0	0
Montana State Vice President	.20	✓						0	0	0
(7) Phil Kriz Nebraska State Vice President	.25	√						0	0	0
(8) John Byrom New Mexico State Vice President	.25	~						0	0	0
(9) Brent Miller North and South Dakota State Vice President	.25	~						0	0	0
(10) Alex Campbell Utah State Vice President	.25	✓						0	0	0
(11) Dave Banko Washington/Oregon Vice President	.25	✓						0	0	0
(12) Shane Schulz Wyoming State Vice President	.25	~						0	0	0
(13) Daria Mahoney Banking & Finance Committee Chair	.25							0	0	0
(14) Jack Ekstrom Legislative, Legal, & Regulatory Chair	.25	· ✓						0	0	0
(15) Jagadeesan Sethuraman Air Quality Subcommittee Chair	.25	• ✓						0	0	0
(16) Tom Crowe NGV Subcommittee Chair	.25	* _						0	0	0

(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	Posit	on (c	heck	k all t	hat ap	ply)	Reportable	Reportable	Estimated
17) Dat Hapley	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the	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	.20	✓						0	0	
(18) Joe Icenogle	.25							0	0	(
Wildlife Subcommittee Chair	.23	✓						0	0	
(19) Steve Bain	.25							0	0	(
At-Large		✓						0	0	
(20) Kevin Bailey	.25							0	0	(
At-Large	.20	✓						0	Ű	
(21) Steve Barnes	.25							0	0	(
At-Large		✓						Ŭ		
(22) Rob Bayless	.25							0	0	(
At-Large		✓						_		
(23) Dominic Bazile	.25							0	0	(
At-Large		✓								
(24) Todd Berryman	.25							0	0	(
At-Large		✓								
(25) Randy Bolles	.25							0	0	(
At-Large		$\checkmark$								
(26) Jonny Brumley	.25							0	0	(
At-Large		$\checkmark$								
(27) Mike Brunstein	.25							0	0	(
At-Large		✓								
(28) Jason Buehler	.25	1						0	0	(
At-Large  1b Sub-total		v						0	0	(
	 Dout VII. Contin	· ·	•	·	• •	•		0	0	(
c Total from continuation sheets to 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 ►

- 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>(B)</b> Description of services	<b>(C)</b> 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, True (A)	(B)			(0		-		(D)	(E)	(F)
Name and title	Average	Posit	on (c	hecł	k all t	hat ap	ply)	Reportable	Reportable	Estimated
7) Stava Ukilaa	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
17) Steve Hulse	.25							0	0	(
At-Large		✓						_		
18) Tom Jepperson	.25							0	0	(
At-Large										
(19) Danny Jimenez	.25	,						0	0	(
At-Large		✓								
20) Dana Johnson	.25							0	0	(
At-Large		✓								
<b>21)</b> Bill Jones At-Large	.25	1						0	0	(
(22) Bruce Kelso		v								
At-Large	.25	1						0	0	(
23) Mike Kennedy		•								
At-Large	.25	1						0	0	(
(24) E.P. "Tripp Kerr III										
At-Large	.25	✓						0	0	(
(25) Art Krasny	0.5									
At-Large	.25	✓						0	0	(
<b>26)</b> Dale Larsen	.25							0	0	(
At-Large	.20	$\checkmark$						0	0	
<b>27)</b> DJ Lay	.25							0	0	(
At-Large	.23	✓						0	0	
28) Jim Lightner	.25							0	0	(
At-Large	.20	<ul><li>✓</li></ul>						Ŭ		
			•	•				0	0	(
c Total from continuation sheets to Part			•	•						
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>(B)</b> Description of services	<b>(C)</b> 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 nc	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d			that ap	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) Chris Carter	25							0	0	0
At-Large	20	✓						0	0	0
(2) Robert Clark	25							0	0	0
At-Large	.20	✓						0	0	0
(3) Bob Davis	25							0	0	0
At-Large	.23	✓						0	0	0
(4) Paul DeBonis	25							0	0	0
At-Large	.23	✓						0	0	0
(5) Cornelius Dupré	25							0	0	0
At-Large	.23	✓						0	0	0
(6) Todd Ennenga	25							0	0	0
At-Large	.20	✓						Ű	Ŭ	0
(7) Rich Eichler	25							0	0	0
At-Large	.20	✓						Ű	Ŭ	0
(8) Mike Decker	25							0	0	0
At-Large	.20	✓							Ŭ	
(9) Tuss Erickson	25							0	0	0
At-Large	.20	✓							Ŭ	
(10) Steve Fallin	25							0	0	0
At-Large	.20	✓							Ŭ	
(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	25							0	0	0
At-Large		✓								
(15) Tad Herz	25							0	0	0
At-Large		✓								
(16) Tim Hopkins	25							0	0	0
At-Large		<ul><li>✓</li></ul>								Eorm <b>990</b> (2010)

Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	o Institutional trustee	heck Officer		hat ap		(D) Reportable compensation	Reportable compensation from	(F) Estimated
	week (describe hours for related organizations in Schedule	Individual trust or director	Institutiona	Officer	Key	ФТ		compensation	company and the first	
Large Doug Rogers	0)	lee	al trustee		Key employee	Highest compensated employee	Former	from the	related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
large	.25							0	0	(
Laigo	.20	$\checkmark$						0	0	
Doug Rogers	.25							0	0	(
Large	.23	✓						0	0	
Phil Schlagel	.25							0	0	(
Large	.23	✓						Ŭ	0	
Charlie Searle	.25							0	0	(
Large	.20	$\checkmark$						, , , , , , , , , , , , , , , , , , ,		
Dave Searle	.25							0	0	(
Large	.20	$\checkmark$						Ŭ		
Ray Singleton	.25							0	0	(
Large		$\checkmark$								
Lem Smith	.25							0	0	(
Large		✓								
Michael Smith	.25							0	0	(
Large		✓								
Geoff Solich	.25							0	0	(
Large		✓								
Stan Sprinkle	.25							0	0	(
Large		✓								
Phil Stalnaker	.25							0	0	(
Large		✓								
Pete Stark	.25							0	0	(
Large		✓								
b Sub-total			·	•		·		0	0	(
c Total from continuation sheets to 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 for	ormer officer,	director or	trustee, key	employee,	or	highest	compens	ated
	employee on line 1a? If "Yes," co	mplete Sched	lule J for suc	ch 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>(B)</b> Description of services	<b>(C)</b> 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 hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	io Institutional trustee	Officer	k Key employee	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
(1) Joe Lima At-Large	.25	1						0	0	(
(2) Andy Logan At-Large	.25	▼ ✓						0	0	(
(3) Brian Macke At-Large	.25	· ✓						0	0	(
(4) Murphy Markham At-Large	25	▼ ✓						0	0	(
(5) John T. McDougal At-Large	.25	√						0	0	(
(6) Ed McLaughlin At-Large	.25	~						0	0	(
(7) T. Greg Merrion At-Large	.25	~						0	0	(
(8) Scott Moore At-Large	.25	~						0	0	(
(9) René Morin At-Large	.25	~						0	0	(
<b>(10)</b> Greg Morzano At-Large	.25	~						0	0	(
<b>(11)</b> Mike O'Shaughnessy At-Large	.25	~						0	0	(
<b>(12)</b> Larry Parnell At-Large	.25	~						0	0	(
<b>(13)</b> Randy Pharo At-Large	.25	~						0	0	(
(14) Bill Picquet At-Large	.25	~						0	0	(
(15) Ward Polzin At-Large	.25	~						0	0	(
(16) Jay Prudhomme At-Large	.25	1						0	0	(

	VII Section A. Officers, Directors, Trus	stees. Kev	Fmplo	over	s. a	and	Hiahe	est (	Compensated	Employees (contin	nued)
	(A)	(B)		Jyee	<u>, , , , , , , , , , , , , , , , , , , </u>		ingite	531	(D)	(E)	(F)
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tri or director	io Institutional trustee	•		a Highest compensated	oly) Former	Reportable	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
17)							4				
18)											
19)											
20)											
21)											
22)											
23)											
24)											
25)											
26)											
27)											
28)											
1b c d	Sub-total	VII, Sectio							694,807	0	57,2
2	Total number of individuals (including but reportable compensation from the organi		a to th	iose	list	ed a	above	e) w	no received mo	ore than \$100,000	
3	Did the organization list any former of employee on line 1a? If "Yes," completes							-	loyee, or high	-	Yes M 3
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	an \$1	ole ( 150,	com 000	nper 1? <i>11</i>	nsatio f "Yes	n a s, "	nd other comp complete Sch	ensation from the edule J for sucl	<b>4</b>
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individua	
	on B. Independent Contractors										

compensation from the organization.

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> 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.

Average								1 1	(F)	
				k all t	that ap		Reportable compensation	Reportable compensation from	Estimated amount of	
hours per 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	
25							0	0	C	
_	✓									
25	1						0	0	C	
	•									
25	1						0	0	C	
0.5										
25	✓						0	0	C	
25	~						0	0	C	
25							0	0	C	
.25	✓						0	Ŭ	C	
25	✓						0	0	C	
25	1						0	0	C	
25							0	0	C	
	v									
25	1						0	0	C	
25	,						0	0	C	
	•						0	0	C	
									C	
						-			C	
							0	0		
							0	0	C	
							0	0	C	
	hours for related organizations in Schedule O)            .25            .25            .25            .25            .25            .25            .25            .25            .25            .25            .25            .25            .25            .25            .25            .25	0)         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25         .25	O)       * $.25$ $\checkmark$	hours for related organizations in Schedule O) $\overrightarrow{rt}$	hours for related organizations in Schedule O) $3 \times 6 \times $	hours for related organizations in Schedule $ch ans tos totos tos tos tos tos totos tototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototototo$	Hours for related organizations in Schedule O) $\overrightarrow{\mathbf{r}}$ $\overrightarrow{\mathbf{r}$ $\overrightarrow{\mathbf{r}}$ $\overrightarrow$	Industrial organizations in Schedule O) $\overrightarrow{e}$ <th< td=""><td>Industrian organizations in Schedule       <math>\frac{3}{6}</math> <math>\frac{3}{6}</math></td></th<>	Industrian organizations in Schedule $\frac{3}{6}$	

## **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

(B)			(	2)			(D)	(E)	(E)
Average hours		, ì	checl	k all '	· · ·		Reportable	Reportable	<b>(F)</b> Estimated amount of
per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1 1							700	Denver CO 8	84
-									
303							623 0987	Marc W Smith	ipams.org
1974								the responsibl	
-	~								
127	~							15	200
	~						IPAMS	same as C abc	2,059,269
								4 662 926	2.050.260
	~							1,002,830	2,059,269
40,719	~						1,769,256	2,159,374	C
0	~						1,013,217	1,007,499	
-	~						649,228	858,664	1,662,445
1,899,688	~						2,659,486	993,002	1,459,589
1,199,897	~						1,866,163	106,811	cc
293,211	~								
42,337	~						59,386	6	
-	~								
.5	~						0		C
.25	~						0	0	(
.25	~						0	0	
.25	~							0	(
.25	~						0	0	
1		-	-		1	1			
	per week 410 17th Stre 303 1974 127 0 127 0 127 0 127 0 127 0 127 127 0 127 127 0 127 127 127 127 127 127 127 127 127 127	Average hours per week       Posit or dividual reside         410 17th Stree       -         303       -         1974       -         1177       -         127       -         0       -         127       -         0       -         127       -         0       -         40,719       -         0       -         1,899,688       -         1,199,897       -         293,211       -         42,337       -         42,337       -         .5       -         .25       -         .25       -	Average hours per week       Position (o or dividual trustee         410 17th Stree       -         303       -         1974       -         1277 $\checkmark$ 0 $\checkmark$ 40,719 $\checkmark$ 1,199,897 $\checkmark$ 1,199,897 $\checkmark$ 293,211 $\checkmark$ 42,337 $\checkmark$ 5 $\checkmark$ .25 $\checkmark$ .25 $\checkmark$	Average hours per week       Position (check or nd, vicual trustee $1000000000000000000000000000000000000$	Average hours per week       Position (check all or dividual trusted $100$ individual trusted $11,009,000$ individual trusted $100$ individual trusted	Average hours per week       Position (check all that appricipants)         or individual ituitional trustee       istitutional trustee       istitutional trustee       istitutional trustee         410 17th Stree       -       -       -       -         303       -       -       -       -         1974       -       -       -       -         1127	Average hours per week       Position (check all that apply) $\overline{0}$ minimum filtitional trustee $\overline{0}$ minim filtitional trustee $\overline{0}$ m	Average hours per weekPosition (check all that apply) Grinding in the generation in the generation in the generation i	Average hours per week         Position (check all that apply) or big to the set of the organization organization we provide the organization we provide the organizat

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

Cat. No. 49915E

## **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

(B)			(	2)			(D)	(E)	(E)
Average hours		, ì	checl	k all '	· · ·		Reportable	Reportable	<b>(F)</b> Estimated amount of
per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1 1							700	Denver CO 8	84
-									
303							623 0987	Marc W Smith	ipams.org
1974								the responsibl	
-	~								
127	~							15	200
	~						IPAMS	same as C abc	2,059,269
								4 662 926	2.050.260
	~							1,002,830	2,059,269
40,719	~						1,769,256	2,159,374	C
0	~						1,013,217	1,007,499	
-	~						649,228	858,664	1,662,445
1,899,688	~						2,659,486	993,002	1,459,589
1,199,897	~						1,866,163	106,811	cc
293,211	~								
42,337	~						59,386	6	
-	~								
.5	~						0		C
.25	~						0	0	(
.25	~						0	0	
.25	~							0	(
.25	~						0	0	
1		-	-		1	1			
	per week 410 17th Stre 303 1974 127 0 127 0 127 0 127 0 127 0 127 127 0 127 127 0 127 127 127 127 127 127 127 127 127 127	Average hours per week       Posit or dividual reside         410 17th Stree       -         303       -         1974       -         1177       -         127       -         0       -         127       -         0       -         127       -         0       -         40,719       -         0       -         1,899,688       -         1,199,897       -         293,211       -         42,337       -         42,337       -         .5       -         .25       -         .25       -	Average hours per week       Position (o or dividual trustee         410 17th Stree       -         303       -         1974       -         1277 $\checkmark$ 0 $\checkmark$ 40,719 $\checkmark$ 1,199,897 $\checkmark$ 1,199,897 $\checkmark$ 293,211 $\checkmark$ 42,337 $\checkmark$ 5 $\checkmark$ .25 $\checkmark$ .25 $\checkmark$	Average hours per week       Position (check or nd, vicual trustee $1000000000000000000000000000000000000$	Average hours per week       Position (check all or dividual trusted $100$ individual trusted $11,009,000$ individual trusted $100$ individual trusted	Average hours per week       Position (check all that appricipants)         or individual ituitional trustee       istitutional trustee       istitutional trustee       istitutional trustee         410 17th Stree       -       -       -       -         303       -       -       -       -         1974       -       -       -       -         1127	Average hours per week       Position (check all that apply) $\overline{0}$ minimum filtitional trustee $\overline{0}$ minim filtitional trustee $\overline{0}$ m	Average hours per weekPosition (check all that apply) Grinding in the generation in the generation in the generation i	Average hours per week         Position (check all that apply) or big to the set of the organization organization we provide the organization we provide the organizat

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Cat. No. 49915E

## **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

(B)			(	2)			(D)	(E)	(E)
Average hours		, ì	checl	k all '	· · ·		Reportable	Reportable	<b>(F)</b> Estimated amount of
per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1 1							700	Denver CO 8	84
-									
303							623 0987	Marc W Smith	ipams.org
1974								the responsibl	
-	~								
127	~							15	200
	~						IPAMS	same as C abc	2,059,269
								4 662 926	2.050.260
	~							1,002,830	2,059,269
40,719	~						1,769,256	2,159,374	C
0	~						1,013,217	1,007,499	
-	~						649,228	858,664	1,662,445
1,899,688	~						2,659,486	993,002	1,459,589
1,199,897	~						1,866,163	106,811	cc
293,211	~								
42,337	~						59,386	6	
-	~								
.5	~						0		C
.25	~						0	0	(
.25	~						0	0	
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1		-	-		1	1			
	per week 410 17th Stre 303 1974 127 0 127 0 127 0 127 0 127 0 127 127 0 127 127 0 127 127 127 127 127 127 127 127 127 127	Average hours per week       Posit or dividual reside         410 17th Stree       -         303       -         1974       -         1177       -         127       -         0       -         127       -         0       -         127       -         0       -         40,719       -         0       -         1,899,688       -         1,199,897       -         293,211       -         42,337       -         42,337       -         .5       -         .25       -         .25       -	Average hours per week       Position (o or dividual trustee         410 17th Stree       -         303       -         1974       -         1277 $\checkmark$ 0 $\checkmark$ 40,719 $\checkmark$ 1,199,897 $\checkmark$ 1,199,897 $\checkmark$ 293,211 $\checkmark$ 42,337 $\checkmark$ 5 $\checkmark$ .25 $\checkmark$ .25 $\checkmark$	Average hours per week       Position (check or nd vicual trustee $1000000000000000000000000000000000000$	Average hours per week       Position (check all or dividual trusted $100$ individual trusted $11,009,000$ individual trusted $100$ individual trusted	Average hours per week       Position (check all that appricipant of the second sec	Average hours per week       Position (check all that apply) $\overline{0}$ minimum filtitional trustee $\overline{0}$ minim filtitional trustee $\overline{0}$ m	Average hours per weekPosition (check all that apply) Grinding in the generation in the generation in the generation i	Average hours per week         Position (check all that apply) or big to the set of the organization organization we provide the organization we provide the organizat

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

Cat. No. 49915E

## **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

(B)			(	2)			(D)	(E)	(E)
Average hours		, ì	checl	k all '	· · ·		Reportable	Reportable	<b>(F)</b> Estimated amount of
per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1 1							700	Denver CO 8	84
-									
303							623 0987	Marc W Smith	ipams.org
1974								the responsibl	
-	~								
127	~							15	200
	~						IPAMS	same as C abc	2,059,269
								4 662 926	2.050.260
	~							1,002,830	2,059,269
40,719	~						1,769,256	2,159,374	C
0	~						1,013,217	1,007,499	
-	~						649,228	858,664	1,662,445
1,899,688	~						2,659,486	993,002	1,459,589
1,199,897	~						1,866,163	106,811	cc
293,211	~								
42,337	~						59,386	6	
-	~								
.5	~						0		C
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	per week 410 17th Stre 303 1974 127 0 127 0 127 0 127 0 127 0 127 127 0 127 127 0 127 127 127 127 127 127 127 127 127 127	Average hours per week       Posit or dividual reside         410 17th Stree       -         303       -         1974       -         1177       -         127       -         0       -         127       -         0       -         127       -         0       -         40,719       -         0       -         1,899,688       -         1,199,897       -         293,211       -         42,337       -         42,337       -         .5       -         .25       -         .25       -	Average hours per week       Position (o or dividual trustee         410 17th Stree       -         303       -         1974       -         1277 $\checkmark$ 0 $\checkmark$ 40,719 $\checkmark$ 1,199,897 $\checkmark$ 1,199,897 $\checkmark$ 293,211 $\checkmark$ 42,337 $\checkmark$ 5 $\checkmark$ .25 $\checkmark$ .25 $\checkmark$	Average hours per week       Position (check or nd vicual trustee $1000000000000000000000000000000000000$	Average hours per week       Position (check all or dividual trusted $100$ individual trusted $11,009,000$ individual trusted $100$ individual trusted	Average hours per week       Position (check all that appricipant of the second sec	Average hours per week       Position (check all that apply) $\overline{0}$ minimum filtitional trustee $\overline{0}$ minim filtitional trustee $\overline{0}$ m	Average hours per weekPosition (check all that apply) Grinding in the generation in the generation in the generation i	Average hours per week         Position (check all that apply) or big to the set of the organization organization we provide the organization we provide the organizat

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

Cat. No. 49915E

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.

ng 2009 Open to Public Inspection

OMB No. 1545-0047

Inte	mal Reve	enue Service		The c	organiza	tion ma	y have to	use a co	opy of this r	eturn to satis	sfy stat	te repo	orting requ	uireme	ents.	Insp	ectio	n
Α	For th	ne 2009 ca	alendar	r yeai	r, or tax	year b	eginning	J		, 2009, a	nd end	ding			, 2	20		
в	Check if	applicable:	Please		ame of o	rganizatio	on Inder	bendent	Petroleum	n Associati	ion of	Mou	ntain Sta	D Ei	mployer i	dentific	ation n	umber
_		s change	use IRS label or		oing Busi	iness As	IPAMS							8	34	07	7 <b>00</b> 84 <sup>-</sup>	1
	Name c		print or		umber and	street (or	P.O. box if	mail is not d	delivered to stree	et address)	Room	/suite		E Te	elephone i	number		
	Initial re		type. See	41	0 17th \$	Street						70	0	(30	03)	62	3 098	7
			Specific				or country	, and ZIP	+ 4				•		,			
	Termina		Instruc- tions.	-			202-4428								ross receipt	° ¢	2 05	9,269
		ed return	F Na						c W Smith									
	Applicatio	on pending					cipai onice	Marc					H(a) Is this			_	_	
<u> </u>	<b>T</b>				C above								H(b) Are a					No
<u> </u>		empt status			)(6)	(insert n	0.) 2	1947(a)(1) o	or 527					,	ach a list.	`	structior	ıs)
		ite: 🕨 ipa						1					H(c) Group					
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Activities & Governance		IPAMS is the resp	s an o onsib	organ ole de	ization evelopn	of ind nent ar	lividuals nd use c	and bu of natura	isinesses o al gas and	nt activities dedicated oil in the l	to pro nterm	ounta	ain West		busine	ss clir	nate f	or
0 Ň	2	Check this	box 🕨	· 🗌 i	f the orga	anization	discontinu	ied its ope	erations or dis	posed of more	e than 2	5% of	its net asse	ets.				
ල න	3	Number of	of voti	ing m	nembers	s of the	e govern	ing bod	y (Part VI,	line 1a).				. L	3			127
es	4			-			-	-		ody (Part V					4			127
viti	5														5			15
Acti	6														6			200
										n (C), line					7a			915
										e 34.					7b			0
													Prior Ye	ear		Curre	ent Yea	r
	8	Contribut	tions o	and a	vrante ([	Dart VII	Il line 11	2)										
ne	0												1	662,8	36		2 05	9,269
Revenue	9												· · · · · · · · · · · · · · · · · · ·					
Be	10				•					• • •		·						0,719
									3c, 9c, 10c		. 10.)	·		42,3				9,386
	12	I otal reve	enue-a	add I	ines 8 ti	nrougn	TT (mus	t equal P	art vill, col	umn (A), line	e 12)	_	1,	769,2			2,15	9,374
	13	Grants ar	nd sim	nilar a	amount	s paid	(Part IX,	column	ı (A), lines <sup>-</sup>	1–3)		.			0			0
6	14	Benefits	paid to	o or t	for men	nbers (	Part IX,	column	(A), line 4)			. —			0			0
see	15	Salaries, o	other c	compe	ensatior	ı, emple	oyee ber	efits (Pa	rt IX, colum	n (A), lines 5	5–10)		1,	013,2	217	1,007,499		7,499
Expenses	16a	Professio	nal fur	ndrai	sing fee	s (Part	IX, colur	nn (A), li	ine 11e) .						0			0
Ă	b	Total fund	draisin	q exp	benses (	Part IX	, column	(D), line	25) ►									
						-				)				649,2	228		85	8,664
		-								n (A), line 2			1,	662,4	45		1,86	6,163
		Revenue												106,8				3,211
or												Beg	inning of C			End	of Year	
ets	20	Total and	oto (D	ort V	line 1	6)							-	899,6				9,486
Ass	3 20		``			,						•		993,0				9,589
Net Assets or	21	Total liab										·		906,6				9,897
	art II		ature			<u>,5. Oub</u>		5 2 1 1101	1111110 20.			•		300,0			1,13	3,031
						lare that	l have exa	mined this	return includ	ing accompan	wina sch	nedules	and stater	nents	and to the	a hest o	f my kn	owledge
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He	ere	Signa	ature of	office	r								Dat	e				
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		Preparer'								Date		Check self-	IŤ		rer's identi		mber	
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056	e Only	if self-em address,											Phone n	o. 🕨 (	)			
Ma	v the					n the n	reparer	shown a	above? (se	e instructio	ns)						Yes 🗌	No

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

Cat. No. 11282Y Form **990** (2009)

Form	990 (2009) Page <b>2</b>
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 reanges from 50 - 250 per event - monthly or more frequently
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ►
+e	וטנמו אוטאומוו אבואנע באאבוואבא 🗾

Par	t 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		<b>/</b>
	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, 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		~

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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? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? If "Yes," complete Schedule L, Part IV	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		~	
			-	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			0
			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	1 1		
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	2b	~	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	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)			
	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		~
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	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 organization solicit any contributions that were not tax deductible?	<u>6a</u>		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	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	7e		
f	benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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.	9a		
a b	Did the organization make any taxable distributions under section 4966?	9b		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	5.5		
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:			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

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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			
74	of the governing body?	7a		~
h	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			
0				
-	the year by the following:	8a	~	
	The governing body?		~	
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	9a		V

**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		~
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?	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	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 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  $\blacktriangleright$  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.

Check this box if the organization did not c     (A)	(B)		Jum		)	Jer, u	nec	(D)	(E)	(F)
Name and Title	Average	Positi	ion (d			that ap	ply)	Reportable	Reportable	Estimated
	hours per week	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
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 Vice President	5	~						0	0	0
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 Vice President	5	~						0	0	0
Greg Ruben Vice President	5	~						0	0	0
Tom Sheffield Vice President	5	~						0	0	0
George Solich	5	~						0	0	0
Vice President Jay Still Vice President	5							0	0	0
Vice President		V								

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Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loye	ees,	an	d Hig	hest	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	al Key employee	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
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 but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► three

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
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	<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	<b>(C)</b> Compensation
Bu	ys & Associates 300 E Mineral Ave Suite 10 Littleton CO 80122-2655	air quality contracting	105,241
En	viron International Corp P.O. Box 8500-1980 Philadelphia PA 19178-1980	air quality contracting	534,017
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 2	listed above) who received	

Form S							Page 9
Part		Statement of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c	Membership dues	1a     0       1b     0       1c     0       1d     0				
	a e f	Government grants (contributions)	1e 0 1f 0				
an Co	h	Total. Add lines 1a–1f	🕨	0			
anue		Dues and sponsorships	Business Code 900099	1,900,418	1,900,418		
Reve	2a b	Registration fees		158,851	158,851		
Program Service Revenue	c d						
am	e						
Progr	t a	All other program service revenue <b>Total.</b> Add lines 2a–2f		2,059,269			
	3	Investment income (including divid other similar amounts)	ends, interest, and	40,719			40,719
	4	Income from investment of tax-exempt		0			
	5	Royalties	►	0			
	b c	Gross Rents Less: rental expenses Rental income or (loss)					
		Net rental income or (loss)		0			
		assets other than inventory					
		Less: cost or other basis and sales expenses . Gain or (loss) .					
		Net gain or (loss)		0			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a 215,500				
Oth		Less: direct expenses Net income or (loss) from fundraisi		58,471	58,471		
•	9a	Gross income from gaming activities See Part IV, line 19	a				
		Less: direct expenses		0			
		Gross sales of inventory, less returns and allowances Less: cost of goods sold	a				
		Net income or (loss) from sales of inv	ventory 🕨	0			
		Miscellaneous Revenue	Business Code	0.15		045	
	11a	Employment advertising		915		915	
							<u> </u>
	d	All other revenue					
	е	Total. Add lines 11a-11d		915			
	12	Total revenue. See instructions.	🕨	2,159,374	2,117,740	915	40,719

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(D)

Fundraising

expenses

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) (A) (C) Do not include amounts reported on lines 6b, Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. general 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

5,151

12,439

1,866,163

294

0

- 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 а Training & Publications b Miscellaneous С d
- е All other expenses ..... f Total functional expenses. Add lines 1 through 24f 25 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		,	
		<b>(A)</b> Beginning of year		<b>(B)</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	C
4	Accounts receivable, net	43,965	4	37,981
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)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L	0		(
7 312	Notes and loans receivable, net	0	7	(
Assets	Inventories for sale or use	0	8	(
⊄ 9	Prepaid expenses and deferred charges	46,863	9	78,259
10a	Land, buildings, and equipment: cost or 10a 99,595			
	other basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation 10b 54,285	22,352		45,310
11	Investments-publicly traded securities	0		0
12	Investments-other securities. See Part IV, line 11	0		(
13	Investments-program-related. See Part IV, line 11	0	-	(
14	Intangible assets	0		(
15	Other assets. See Part IV, line 11	0		(
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,899,688		2,659,486
17	Accounts payable and accrued expenses	246,220	17	310,883
18	Grants payable	0	18	(
19	Deferred revenue	746,782		1,148,706
20	Tax-exempt bond liabilities	0	20	(
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	0		(
23	Secured mortgages and notes payable to unrelated third parties	0	-	(
24	Unsecured notes and loans payable to unrelated third parties	0		(
25	Other liabilities. Complete Part X of Schedule D	0	-	C
26 ທ	Total liabilities. Add lines 17 through 25	993,002	26	1,459,589
S	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
Fund Balances 82 83 65 65	Temporarily restricted net assets		28	
2 29	Permanently restricted net assets		29	
or Fu	Organizations that do not follow SFAS 117, check here $\blacktriangleright$ $\checkmark$ and complete lines 30 through 34.			
ទ្ឋ 30	Capital stock or trust principal, or current funds	0	30	0
Net Assets of 30 31 32 33	Paid-in or capital surplus, or land, building, or equipment fund	0	31	C
Ž 32	Retained earnings, endowment, accumulated income, or other funds	906,686	32	1,199,897
5   33	Total net assets or fund balances	906,686	33	1,199,897
34	Total liabilities and net assets/fund balances	1,899,688	34	2,659,486

Form	990 (2009)		Pa	ge <b>12</b>
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		

## **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)

	Open to Public
	Inspection
_	

OMB No. 1545-0047

2010

Department of the Treasury

_		nue Service	The organization may have to use a copy of this			rting requi	rements.	inspection
Α	For the	e 2010 cale	ndar year, or tax year beginning	, 2010, a	and ending			, 20
В	Check if	if applicable:	c Name of organization Western Energy Alliance				D Employ	yer identification number
	Address	s change	Doing Business As					84 0700841
4	Name c	hange	Number and street (or P.O. box if mail is not delivered to street ac	ddress)	Room/suite		E Teleph	one number
	Initial re	eturn	410 17th Street		700	0		303 623 0987
	Termina	ated	City or town, state or country, and ZIP + 4					
	Amende	ed return	Denver CO 80202-4428				G Gross	receipts \$
	Applicat	tion pending	<b>F</b> Name and address of principal officer:			H(a) Is this	a group returr	n for affiliates? 🗌 Yes 🗹 No
							II affiliates i	
<u> </u>	Tax-exe	empt status:	501(c)(3) 501(c) ( 6 ) ◀ (insert no.)	4947(a)(1) or	527	lf "N	o," attach a	a list. (see instructions)
J	Websit	te: 🕨				H(c) Grou	p exemptio	n number 🕨
-		organization:	Corporation Trust Association Other	L Ye	ear of formatio	n: 1974	M State	e of legal domicile: CO
Pa	art I	Summ	ary					
	1	Briefly de	scribe the organization's mission or most significa	ant activities:	Western	Energy Al	liance is a	an organization of indi-
e		viduals a	nd businesses dedicated to more efficiently exploring	g, developing	, and produ	cing oil ar	nd natural	gas using environ-
Activities & Governance		mentally	sound methods, promoting their beneficial uses, and	d economic, e	nvironment	al and ene	ergy secu	rity solutions, and pro-
ŝ			presentation, information, and education on issues a					al levels.
Ň	2	Check th	s box $\blacktriangleright$ [] if the organization discontinued its operations or (	disposed of more	e than 25% of	its net assets	S.	
يە 2	3		of voting members of the governing body (Part VI,	-			3	123
es	4	Number		4	123			
iviti	5	Total nur	ber of individuals employed in calendar year 2010	0 (Part V, line	e2a)		5	12
Acti	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, li	ne 34			7b	0
						Prior Ye	ear	Current Year
e	8		ions and grants (Part VIII, line 1h)		· · _		0	0
en	9	-	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				(32,754)	(2,499)
	12		nue-add lines 8 through 11 (must equal Part VIII, o			1	,885,340	2,093,680
	13		d similar amounts paid (Part IX, column (A), lines	-			0	0
	14		paid to or for members (Part IX, column (A), line 4)				0	0
es	15		other compensation, employee benefits (Part IX, colu			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) ►					
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24				685,654	797,480
	18		enses. Add lines 13–17 (must equal Part IX, colum			1	,748,015	1,930,659
	19	Revenue	less expenses. Subtract line 18 from line 12				137,325	163,021
Net Assets or Fund Balances					Beg	inning of Cu		End of Year
sset: 3alar	20		ets (Part X, line 16)		2,625,609	2,921,935		
let A	21		lities (Part X, line 26)				,288,387	1,421,693
						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	e no.	
May the IRS	discuss this return with the pre-	eparer shown above? (see instructions	s)				Yes 🗌 No
							- 000 (as (a)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	00 (2010) Pag	ge <b>2</b>
Part		_
	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, and producing oil and natural gas using environmentally-sound methods in the intermountain west, promoting the beneficial uses of oi natural gas, and the economic, environmental and energy security solutions provided, and representing, informing, and educating its members, the public, elected officials and regulatory agencies on issues affecting the industry at local, state and federal levels.	
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
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Sect 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)         Monitor current industry developments, issues, and legislation. Distribute weekly newsletter (to approximately 1,200) and other         frequent communications to keep members and press informed.	
		·····
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)         Annual meeting - present speakers from industry to inform membership, provide a forum for members to discuss issues, and conduct the Organization's business - attendance of approximately 400	······
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$) Speakers events and educational meetings - inform and educate membership on on general and technical issues - attendance ranges from 50 - 250 per event - monthly or more frequently	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ►	

	0 (2010)			Page <b>3</b>
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? <b>Note.</b> 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? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	~	
		_		(2010)

Form 99	0 (2010)		F	Page 5
Part	Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
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			
0-	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Ь	Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 12 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20	V	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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		~
b	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	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		~
C Go	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	60	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	•	
	gifts were not tax deductible?	6b	~	
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7.11		
	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.			
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:			
a h	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b			
ь 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.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
I-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b				
с	the organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
-		-		

Form 99	00 (2010)			Page <b>6</b>
Part				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang	es in	Sch	edule
	O. See instructions.			_
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	•	
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 123		165	NO
b	Enter the number of voting members included in line 1a, above, who are independent . <b>1b</b> 123	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	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 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?	7-		
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		~ ~
b 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		-
Ū	the year by the following:			
а	The governing body?	8a	~	
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 Reven	ue C	<u> </u>	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		~
b	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
		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,"			
40		12c	~	
13	Does the organization have a written whistleblower policy?	13	<b>v</b>	
14 15	Does the organization have a written document retention and destruction policy?	14	~	
10	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	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 organization's exempt status with respect to such arrangements?	40		
Saati	organization's exempt status with respect to such arrangements?	16b		
<u>Secti</u> 17	List the states with which a copy of this Form 990 is required to be filed <b>h</b> none			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	)s onl	v) ava	ailable
-	for public inspection. Indicate how you make these available. Check all that apply.		.,	

□ Own website □ Another's website ☑ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Sarah S Cornwell 410 17th Street Suite 700 Denver CO 80202

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

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)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	chec	k all †	that ap	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) James Schroeder	1							0	0	0
President	1	~		~				0	0	0
(2) Tom Sheffield	5							0	0	0
First Vice President	.5	~		~				0	0	0
(3) Peter Dea	5							0	0	0
Second Vice President	.5	~		~				0	0	0
(4) Rebecca Watson	5							0	0	0
Vice President Secretary	.5	~		~				0	0	Ŭ
(5) Phil Doty	,5							0	0	0
Vice President Treasurer	,0	~		~				Ű	Ű	•
(6) George Solich	5							0	0	0
Immediate Past President		~		~					, , , , , , , , , , , , , , , , , , ,	
(7) Fred Barrett	5							0	0	0
Vice President		~		~					Ĵ	
(8) Jay Ottson	5							0	0	0
Vice President	-	~		~						-
(9) Jack Ekstrom	5							0	0	0
Vice President		~		~						
(10) Ted Brown	5							0	0	0
Vice President		~		~						
(11) Don DeCarlo	5							0	0	0
Vice President		~		~						
(12) Rich Frommer	5	~		~				0	0	0
Vice President		V		~			-			
(13) John Harpole	5	~		~				0	0	0
Vice President		~		~			-			
(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
		-			L		<u> </u>			

Part VII Section A. Officers, Directors,	Trustees, Key	Emplo	yee	s, a	and	Highe	est	Compensated	Employees (conti	inued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Posit	on (c	heck	k all t	hat app	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
(17) Logan Magruder Vice President	5	~		~				0	0	0
(18) Don McClure Vice President	.5	~		~				0	0	0
(19) Rick McCullough Vice President	5	~		~				0	0	0
(20) Brad Miller Vice President	.5	~		~				0	0	0
(21) Jay Neese Vice President	.5	~		~				0	0	0
(22) Bobby Plowman Vice President	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 Vice President Crude Oil Markets	.5	~		~				0	0	0
(28) Jeff Lang Vice President Events	.5	~		~				0	0	0
1b Sub-total			. I					0	0	0
c Total from continuation sheets to F		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	3		~
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>(B)</b> Description of services	<b>(C)</b> Compensation
none			
2	Total number of independent contractors (including but not limited to received more than \$100,000 in compensation from the organization > z		

4 🖌

5

V

	990 (201 E <b>VIII</b>	<sup>0)</sup> Statement of Rev	(00110					Page <b>9</b>
Pan					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> 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 includ <b>Total.</b> Add lines 1a–1	1b           .         .           ft         .           s         .           ntributions)         1e           ifts, grants,         .           cluded above         1f           ded in lines 1a-1f: \$		0			
nue				Business Code				
Program Service Revenue	2a	Dues and sponsorship	os	900099	1,930,560	1,930,560	0	0
ě	b	Registration fees		900099	147,000	147,000	0	0
izio	C							
n Se	d							
gran	e f	All other program ser						
Proč	g	Total. Add lines 2a–2			2,077,560			
	3	Investment income	(including divid	lends, interest,				
		and other similar amo	ounts)	🕨	18,619	0	0	18,619
	4	Income from investmen	•	· ·	0	0	0	0
	5	Royalties			0	0	0	0
			(i) Real	(ii) Personal				
	6a	Gross Rents Less: rental expenses	0	-				
	b c	Rental income or (loss)		-				
	d	Net rental income or			0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other				<u> </u>
		assets other than inventory	0	0				
	b	Less: cost or other basis and sales expenses .	0	0				
	с	Gain or (loss) .	0					
	d			►	0	0	0	0
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	0					
her R		See Part IV, line 18 .	····a					
đ	b	Less: direct expenses			10			
	с 9а	Net income or (loss) f Gross income from ga See Part IV, line 19	aming activities.		(3,455)		(3,455)	0
	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
	44	Miscellaneous R		Business Code	051		051	
	11a	Employment advertisi	ng	900099	956		956	
	b							
	c d	All other revenue						
	e	Total. Add lines 11a-		►	956			
	12	Total revenue. See in			2,093,680	2,077,560	(2,499)	18,619
								Form <b>000</b> (0010)

Statement of Functional Expenses

(B) joint costs from a combined educational campaign and fundraising solicitation

#### 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). (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 0 Professional fundraising services. See Part IV, line 17 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

Ρ	art X	Balance Sheet			
			<b>(A)</b> Beginning of year		<b>(B)</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
s	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)	0	6	0
Assets	7	Notes and loans receivable, net	0	-	0
As	8	Inventories for sale or use	0		0
•	9	Prepaid expenses and deferred charges	55,228	-	43,473
	10a	Land, buildings, and equipment: cost or	00,220	Ū	10,110
		other basis. Complete Part VI of Schedule D 10a 98,342			
	b	Less: accumulated depreciation <b>10b</b> 61,349	43,453	10c	36,993
	11	Investments-publicly traded securities	0	-	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
Se	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			
abi		employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	-	0
	24	Unsecured notes and loans payable to unrelated third parties	0		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
ces		Organizations that follow SFAS 117, check here ► □ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	0	27	0
Bal	28	Temporarily restricted net assets	0	28	0
Б	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.			
ts	30	Capital stock or trust principal, or current funds	0	30	0
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Ř	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
Net	33	Total net assets or fund balances	1,337,221	33	1,500,242
_	34	Total liabilities and net assets/fund balances	2,625,609	34	2,921,935

orm 99	00 (2010)			Pa	ige <b>12</b>
Part				-	
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>		
				2.00	2 ( 00
1	Total revenue (must equal Part VIII, column (A), line 12)         1           Total revenue (must equal Part VIII, column (A), line 25)         2				3,680
2	Total expenses (must equal Part IX, column (A), line 25)         .         .         .         2				0,659
3	Revenue less expenses. Subtract line 2 from line 1       3         Alternational balances at basicing a formation of formation of the second balances.       4				3,021
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4         Other changes in net assets or fund balances (explain in Schedule O)       5			1,33	7,221
5					0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))       6			1 50	0,242
art	Science     Science     Science     Science     Science       XII     Financial Statements and Reporting			1,50	0,242
are	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 i Schedule O.	n			
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 oversigh	ıt 🗌			
	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 i Schedule O.	n			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer issued on a separate basis, consolidated basis, or both:	e			
	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 i the Single Audit Act and OMB Circular A-133?				
	5		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	required addit of addits, explain why in oblicade of and describe any steps taken to dildergo such addits	'	30		

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2010

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

Department of the Treasury Internal Revenue Service See separate instructions.

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 ic	dentification num	ber
Wes	tern Energy Alliance		84 0700841	
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se	ction 52	7 organizatior	1.
1	Provide a description of the organization's direct and indirect political campaign activities	in Part IV.		
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 <b>&gt;</b>		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		🗌 Ye	s 🗌 No
4a	Was a correction made?		🗌 Ye	s 🗌 No
b	If "Yes," describe in Part IV.			
Par	t I-C Complete if the organization is exempt under section 501(c), except s	ection 5	01(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt	function		
	activities	🕨	\$	
2	Enter the amount of the filing organization's funds contributed to other organizations for	r 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	<b>&gt;</b>	\$	
4	Did the filing organization file <b>Form 1120-POL</b> for this year?			s 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.

<b>(a)</b> Name	<b>(b)</b> Address	<b>(c)</b> EIN	<b>(d)</b> 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.

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	cked box A and "limited control" provisions a	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>b</b> Total lobbying expenditures to influence a	a legislative body (direct lobbying)		
		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	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000			
	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)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 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

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

		(a)		(	(b)	
		Yes	No	Ame	ount	
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	ction		
				١	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		~
2	Did the experimentation agree to complete lebelying and political expenditures from the prior year?			2		

3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	~			
Part	art 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		1,930,560			

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?	-	
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.

\_\_\_\_\_ 

# Part IV Supplemental Information (continued)


SCHEDULE	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

#### ۷

Department of the Treasury Internal Revenue Service

Name of the organization

T

Veste	rn Energy Alliance			8	34 070084	1	
Par	Organizations Maintaining Donor organization answered "Yes" to For	Advised Funds or Other Similar Funds on 990, Part IV, line 6.	nds or A	ccou	nts. Con	nplete if t	the
	<u> </u>	(a) Donor advised funds	(b	) Funds	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 d	onor advisors in writing that the assets l	held in do	onor a	dvised		
Ū	funds are the organization's property, subject					Yes	No
6	Did the organization inform all grantees, donc						
U	only for charitable purposes and not for the b						
						∏ Yes ∏	No
Par	Conservation Essements Comple	ete if the organization answered "Yes"	· · · ·		· · Part IV		
1 1	Purpose(s) of conservation easements held by			1 3 3 0,	raitiv,		
•	Preservation of land for public use (e.g., re		of on bioto	rically	importor	at land ara	
	<ul> <li>Preservation of hand for public use (e.g., re</li> <li>Protection of natural habitat</li> </ul>	·		-	•		a
		Preservation of	or a certin	eanis	lone strue	Sture	
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contributi	ion in the	form c	of a conse	orvation	
2	easement on the last day of the tax year.	on held a quaimed conservation contributi				sivation	
	easement on the last day of the tax year.			He	d at the F	nd of the Tax	v Voor
_	Tatal much as of a manufaction accounts						k i cui
a L		· · · · · · · · · · · · · · · · · · ·		2a			
b	Total acreage restricted by conservation ease			2b			
с с	Number of conservation easements on a certi Number of conservation easements includer			2c			
d	historic structure listed in the National Registe						
3	Number of conservation easements modified,			2d	orgoniza	tion during	a tha
3	tax year ►	transierred, released, extinguished, or ter	minateur	by the	organiza	tion during	Juie
4	Number of states where property subject to co	anonyation accompant in located					
4 5	Does the organization have a written polic		spection	hand	ling of		
Ŭ	violations, and enforcement of the conservation					∏ Yes ∏	No
6	Staff and volunteer hours devoted to monitorin						
U		ig, inspecting, and emotioning conservation	easeme	nto uu	ning the y	ear	
7	Amount of expenses incurred in monitoring, in	specting and enforcing conservation eas	omente d	lurina t	ho voar		
'	► \$	specting, and emotering conservation eas		iunny i	ne year		
8	Does each conservation easement reported o	n line 2(d) above satisfy the requirements	of section	n 170(ł	n)(4)(B)		
•						∏Yes [	No
9	In Part XIV, describe how the organization rep	orts conservation easements in its revenu	e and exr	hense	statemen		
Ū	balance sheet, and include, if applicable, the t						the
	organization's accounting for conservation ea						
Part	III Organizations Maintaining Collec	tions of Art, Historical Treasures, o	r Other	Simila	ar Asset	S.	
		red "Yes" to Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under	r SFAS 116 (ASC 958), not to report in it	s revenue	e state	ment and	d balance	sheet
	works of art, historical treasures, or other si	milar assets held for public exhibition, e	ducation,	or re	search in	ı furtheran	ice of
	public service, provide, in Part XIV, the text of	the footnote to its financial statements th	at describ	bes the	se items		
b	If the organization elected, as permitted unc	ler SFAS 116 (ASC 958), to report in its	revenue	stater	nent and	l balance	sheet
	works of art, historical treasures, or other si						
	public service, provide the following amounts		,				
	(i) Revenues included in Form 990, Part VIII, I			. 🕨	\$		
	(ii) Assets included in Form 990, Part X				\$ Weste	rn Energy Al	lliance
2	If the organization received or held works o						
	following amounts required to be reported und				30	, <u>1</u>	
а	Revenues included in Form 990, Part VIII, line			. ►	\$	410 17th	Street
b	Assets included in Form 990, Part X						700
					÷		

Schedul	e D (Form 990) 2010									Page <b>2</b>
Part	III Organizations Maintaining	Collections of	of Art, Hi	stori	cal Treas	sures	, or Ot	her Similar A	Assets (cc	ontinued)
3	Using the organization's acquisition, collection items (check all that apply):		other rec	ords,	check an	y of th	e follov	ving that are a	significant	t use of its
а	Public exhibition		d		Loan or	excha	nge pro	ograms		
b	Scholarly research		е							
с	Preservation for future generatio	ns								
4	Provide a description of the organizat	tion's collection	s and exp	olain h	low they f	urther	the org	panization's ex	empt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather									es 🗌 No
Part		angements.	Complete	if the	e organiz					
1a	Is the organization an agent, trustee					ntribut	ions o	other assets	not	
Ta	included on Form 990, Part X?									es 🗌 No
b	If "Yes," explain the arrangement in Pa									
	in res, explain the arrangement in r			1011011	ing table.				Amount	
с	Beginning balance						10			
d	Additions during the year						10	_		
e	Distributions during the year						16			
f	Ending balance						11			
2a	Did the organization include an amoun									es 🗌 No
	If "Yes," explain the arrangement in Pa		i ait i ç, ii	10 2 1 1		• •	• •			
Par			nization a	answe	ered "Yes	s" to F	orm 9	90, Part IV, lir	ne 10.	
		(a) Current year		Prior yea		Two year		(d) Three years ba		years back
1a	Beginning of year balance									
b										
c	Net investment earnings, gains, and									
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he year end bal	ance held	as:						
а	Board designated or quasi-endowmen	nt 🕨	%							
b	Permanent endowment	%								
с	Term endowment ► %									
3a	Are there endowment funds not in the	e possession of	the orga	nizatio	on that are	e held	and ad	ministered for	the	
	organization by:									Yes No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations								. <b>3a(ii)</b>	
b	If "Yes" to 3a(ii), are the related organ								. <b>3b</b>	
4	Describe in Part XIV the intended uses									
Part	VI Land, Buildings, and Equip	ment. See Fo	rm 990,	Part >	K, line 10					
	Description of investment		r other basis stment)	(b)	Cost or othe (other)	r basis	• • •	Accumulated epreciation	<b>(d)</b> Boc	k value
1a	Land	•								
b	Buildings									
С	Leasehold improvements									
d	Equipment				-	74,868		39,120		35,748
e	Other					23,474		22,229		1,245
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Par	t X, cc	olumn (B),	line 10	)(c).)	🕨		36,993

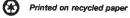
Schedule D (Form 990) 2010

Schedule D (For	m 990) 2010				Page <b>3</b>
Part VII	Investments-	-Other Securities	. See Form 990, Part X	ζ, line 12.	
(a)	Description of securit (including name of	y or category	(b) Book value	<b>(c)</b> 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-	<ul> <li>Program Related</li> </ul>	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	<b>,e 4</b>
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 <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		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 <b>4a</b>			
b	Other (Describe in Part XIV.)			
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <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 <b>2a</b> through <b>2d</b>	[	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	†	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 <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <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 (Fo	orm 990) 2010	Page 5
Part XIV		
	· · · · · · · · · · · · · · · · · · ·	
		<b>_</b>



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.

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

0	MB	No.	1545	5-0047
	~	~	_	-

	ent of the Treasury Revenue Service		organization ente Attach to Form 9	red more than 90 or Form 99	\$15,000 on 0-EZ. ► See	Form 990-EZ, line 6a	IS.	Open to Public Inspection
	f the organization						Employer identifica	
Part	Fundra	ising Activities.	Complete if th	e organiza	tion answ	vered "Yes" to F	Form 990, Part IV, li	ne 17.
	Form 98	90-EZ filers are r						
1	Indicate whet	ner the organizatio	organization raised funds through any of the following activities. Check all that apply.					
а	Mail solicit	ations		e		on of non-govern		
b	Internet ar	nd email solicitatio	ns	f	] Solicitati	on of governmen	t grants	
С	Phone soli	citations		g 🗌	Special f	undraising events	S	
d	🗌 In-person	solicitations						
2a	0		0			· ·	ficers, directors, trust fundraising services?	ees Ves No
b	If "Yes," list th		d individuals or e	entities (fund			nents under which the	
	(i) Name and addre or entity (fu		(ii) Activity	(iii) Did fund custody or contrib	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Fotal 3	List all states		nization is regis	tered or lice	. ► ensed to s	0 olicit contributior	2,625,609 as or has been notifie	2,921,935 d it is exempt from
	registration or	licensing.						
viduals	and businesses d	edicated to more effic	iently exploring, de	veloping, and	producing o	il and natural gas usi	ng environ-	
1,288,3								
1,421,6								
1,337,2								
1,500,2 1,930,6								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								

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

Western Energy Alliance is an organization of indi-

137,325

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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) awards dinner (event type) (event type) (total number) Revenue 1 Gross receipts . . . . 154,000 154,000 2 Less: Charitable contributions 0 0

	3	Gross income (line 1 minus line 2)	154,000			154,000
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,550			1,550
	6	Rent/facility costs	5,700			5,700
	7	Food and beverages	87,856			87,855
	8	Entertainment	2,000			2,000
	9	Other direct expenses .	60,340			60.340
	10	Direct expense summary. Ad	-			( 157,445 )
	11	Net income summary. Comb	ine line 3, column (d), a	nd line 10	🕨	(3,445)

			(b) Pull tabs/instant		(d) Total gaming (add		
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
1	Gross revenue						
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	8 Net gaming income summary. Combine line 1, column d, and line 7						
<b>a</b> Is	the organization licensed to o	perate gaming activities	in each of these states	?	🗌 Yes 🗌 No		
	"Voc " ovolain:						
	3 4 5 6 7 8 8 5 1 1 1 5 1 1 1 5	<ul> <li>2 Cash prizes</li></ul>	<ul> <li>2 Cash prizes</li></ul>	2       Cash prizes	2       Cash prizes		

Schedu	ule G (Form 990 or 990-EZ) 2010		Page <b>3</b>			
11 12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	☐ Yes ☐ Yes	□ No			
13 а	Indicate the percentage of gaming activity operated in: The organization's facility		%			
b	An outside facility		%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
	Name					
	Address ►					
15a		Yes	□ No			
b c	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$					
	Name					
	Address ►					
16	Gaming manager information:					
	Name					
	Gaming manager compensation					
	Description of services provided					
	Director/officer     Employee     Independent contractor					
17 a		☐ Yes	🗌 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 <b>&gt;</b> \$					
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, lin columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also compart to provide any additional information (see instructions).		is			

Schedule G (Form 990 or 990-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

nal Ro

## 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

		парсоно
Name of the organization		Employer identification number
Western Energy Allian	ce	84 0700841
Part VI Section A Line	e 1a The Board of Directors delegates to the Executive Committee authority to a	act on its behalf as the defacto
management committe	ee. The Executive Committee is composed of the elected officers of the organiz	ation and other Board members
appointed to the Com	nittee by the President.	
Part VI Section A Line	e 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 President, the Treasurer, and a former

President, comprise the compensation committee. None of these Board members have a conflict 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 conditions because of their relevance.

All of these factors were considered in 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.

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.