COMMITTEE ON NATURAL RESOURCES 113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight hearing on "Energy Independence: Domestic Opportunities to Reverse California's Growing Dependence on Foreign Oil." April 4, 2014

For Individuals:

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

* * * * *

For Witnesses Representing Organizations:

- 1. Name: David Quast (for identification before the Committee– California Director, Energy in Depth)
- 2. Name of Organization(s) You are Representing at the Hearing:

Independent Petroleum Association of America and California Independent Petroleum Association

3. Business Address: IPAA: 1201 15th Street NW, Suite 300, Washington, DC 20005

CIPA: 1001 K Street, 6th Floor, Sacramento, CA 95814

- 4. Business Email Address:
- 5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: <u>Dave Quast, California Director, Energy in Depth</u> Title/Date of Hearing: <u>Oversight hearing on "Energy Independence: Domestic Opportunities to Reverse</u> <u>California's Growing Dependence on Foreign Oil."</u> April 4, 2014

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.

n/a

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.

California Director, Energy in Depth

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.

Extensive experience consulting for the energy industry in California and elsewhere. For several years I have been the California Director of Energy in Depth, a research and education project of the IPAA and CIPA. I spend most of my time working on issues related to California's oil and gas industry and the potential for increased instate production, particularly around the potential development of California's abundant shale resources.

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.

n/a

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.

n/a

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

n/a

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

As noted above, I work with California's oil and gas industry to help educate the public about the realities of production in the state and about the potential for additional development of our shale resources. I have been published and/or quoted on these topics in most of California's major media outlets and I speak and write about shale development extensively.

Witnesses Representing Organizations

Name/Organization: <u>Dave Quast, California Director, Energy in Depth</u> Title/Date of Hearing: <u>Oversight hearing on "Energy Independence: Domestic Opportunities to Reverse</u> <u>California's Growing Dependence on Foreign Oil.</u>" April 4, 2014

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

n/a

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

n/a

j. 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).

See attached

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

See attached

l. 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)).

http://990finder.foundationcenter.org/990results.aspx?990_type=&fn=independent+petroleum+association+of +america&st=&zp=&ei=&fy=&action=Find and attached

Case File Date	Statute	Heading	Nature of Suit	Cause	Litigant
06/19/13	28:1331	Sierra Club Et Al V. United States Environmental Protection Agency Et Al	Environmental	Fed. Question	IPAA
06/19/13	28:1331	Sierra Club Et Al V. United States Environmental Protection Agency Et Al	Environmental	Fed. Question	IPAA
06/19/13		Defenders Of Wildlife Et Al V. Jewell Et Al	Environmental	Endangered Species Act	IPAA
10/25/12	1.750111111	Center for Sustainable Economy v. Sally Jewell, et al	Environmentar		IPAA
10/25/12		Center for Sustainable Economy v. Sally Jewell, et al			IPAA
10/20/12				Environment: Review of Agency	
06/18/12	30:181	Oceana Et Al V. Bureau Of Ocean Energy Management Et Al	Environmental	Action	IPAA
				Environmental Policy - Coop of	
12/13/11	42:4332	Oceana Et Al V. Bureau Of Ocean Energy Management Et Al	Environmental	Agency Repo	IPAA
				Review of Agency Action-	Amicus California Independent
12/08/11	42:4321	Center For Biological Diversity And Sierra Club V. The Bureau Of Land Management Et Al	Environmental	Environment	Petroleum Association
				Review of Agency Action-	Amicus California Independent
12/08/11	42:4321	Center For Biological Diversity And Sierra Club V. The Bureau Of Land Management Et Al	Environmental	Environment	Petroleum Association
				Review of Agency Action-	Amicus California Independent
12/08/11	42:4321	Center For Biological Diversity And Sierra Club V. The Bureau Of Land Management Et Al	Environmental	Environment	Petroleum Association
				Review of Agency Action-	
10/22/10	42:4321	Center For Biological Diversity V. Salazar Et Al	Environmental	Environment	IPAA
					Independent Petroleum
08/31/10	1.729861111	Wildearth Guardians V. Salazar	Environmental	Endangered Species Act	Association of New Mexico
00/24/40	4 7200004444	Wildowski Coundina V Colored	En la successione	Forders and Consider Act	Independent Petroleum
08/31/10	1.729861111	Wildearth Guardians V. Salazar	Environmental	Endangered Species Act	Association of New Mexico
06/30/10	42:4332	Natural Resources Defense Council Inc. Et Al V. U. S. Department Of Interior Et Al	Environmental	Environmental Policy - Coop of Agency Reports	IPAA
00/50/10	42.4552	Natural Resources Defense Council Inc. Et Al V. O. S. Department Of Interior Et Al	Environmenta	Environmental Policy - Coop of	IFAA
06/30/10	42:4332	Natural Resources Defense Council Inc. Et Al V. U. S. Department Of Interior Et Al	Environmental	Agency Reports	IPAA
06/24/10	42.4552	Hornbeck Offshore Services, et al v. Ken Salazar, et al	Other Statutory Actions	Agency Reports	IPAA
06/24/10		Hornbeck Offshore Services, et al v. Ken Salazar, et al	Other Statutory Actions		IPAA
06/15/10		Ctr for Biological Diversity v. Ken Salazar, et al	other statatory rations		IPAA
06/14/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
06/14/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
06/14/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
06/14/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
06/11/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
		SHELL OIL COMPANY; SWEPI LP D/B/A SHELL WESTERN E&P,	Petition for Review/		
06/07/10		SUCCESSOR IN INTEREST TO SHELL WESTERN E&P, INC. Vs. RALPH ROSS	Cause under Rule 53.1		IPAA
06/01/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
06/01/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
06/01/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
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06/01/10 06/01/10		Ctr for Biological Diversity v. Ken Salazar, et al Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
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06/01/10 06/01/10		Ctr for Biological Diversity v. Ken Salazar, et al Ctr for Biological Diversity v. Ken Salazar, et al			ΙΡΑΑ
06/01/10		Ctr for Biological Diversity V. Ken Salazar, et al Ctr for Biological Diversity V. Ken Salazar, et al			IPAA
06/01/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
06/01/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
06/01/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
06/01/10		Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
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Case	File Date Statut	e Heading	Nature of Suit	Cause	Litigant
06	/01/10	Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
05	/28/10	Ctr for Biological Diversity v. Ken Salazar, et al			IPAA
05	/28/10	Gulf Restoration Network, Inc., et al v. Ken Salazar, et al			IPAA
05	/26/10	Gulf Restoration Network, Inc., et al v. Ken Salazar, et al			IPAA
05	/26/10	Gulf Restoration Network, Inc., et al v. Ken Salazar, et al			IPAA
05	/26/10	Gulf Restoration Network, Inc., et al v. Ken Salazar, et al			IPAA
05	/26/10	Gulf Restoration Network, Inc., et al v. Ken Salazar, et al			IPAA
				Review of Agency Action-	
05	/18/10 42:432	1 Center For Biological Diversity V. Salazar Et Al	Environmental	Environment	IPAA
05	/18/10 0.590972	222 Gulf Restoration Network Et Al V. Salazar Et Al	Other Statutory Actions	Administrative Procedure Act	IPAA
05	/18/10 0.590972	222 Gulf Restoration Network Et Al V. Salazar Et Al	Other Statutory Actions	Administrative Procedure Act	IPAA
05	/17/10 33:136	5 Defenders Of Wildlife V. Minerals Management Service Et Al	Environmental	Environmental Matters	IPAA
05	/17/10 33:136	5 Defenders Of Wildlife V. Minerals Management Service Et Al	Environmental	Environmental Matters	IPAA

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) 2010 Open to Public

OMB No. 1545-0047

Depa Inter	artment o nal Reve	of the Treasury enue Service	► The organization	n may have to use a copy of t	his return to satisfy stat	te reporting	requirements.	0	Inspection	. C
			dar year, or tax year begir		, 2010, and		7/31	, 2	011	
		f applicable:	, , , , , , , , , , , , , , , , , , ,	3	, ,	J	D Employ	er Identificat		
		dress change	CALIFORNIA INDEP	ENDENT PETROLE	UM		95-3	304872	6	
			ASSOCIATION	-	-			one number	-	
		tial return	1112 I STREET #3				916	-447-1	177	
	_	rminated	SACRAMENTO, CA 9	5814						
	_	nended return					G Gross re	eceipts \$	1,481,	942.
	_	plication pending	F Name and address of principa	al officer:		H(a	a) Is this a group return			XNo
		h				H(b	Are all affiliates incl		Yes	No
I	Tax-e	exempt status	501(c)(3) X 501(c) (6)◄ (insert no.)	4947(a)(1) or	527	If 'No,' attach a list.	(see instruct	ions)	
J			W.CIPA.ORG	· , (,			:) Group exemption nu	umber ►		
ĸ			X Corporation Trust	Association Other ►	L Year o	of Formation:			domicile: CA	
	art I	Summar		16300lation Other		in onnation.	1970 110	fate of legal		
	1	Briefly descril	be the organization's miss	ion or most significant	activities: TO P	ROMOTE	THE INDEP	ENDENT	PETROLE	UM
e			<u>S INDUSTRY IN CA</u>							
ance										
erne										
IOVE			ox ► if the organization					net assets	5.	
& G			ting members of the gove	0 , (3		47
Activities & Governance			dependent voting member					4		47
iviti			of individuals employed in					5 6		<u>5</u> 0
Act			of volunteers (estimate if ed business revenue from	. .				о 7а		225.
`			business taxable income					7a 7b		0.
					0-1	<u></u>	Prior Year	/5	Current Ye	
	8	Contributions	and grants (Part VIII, line	1h)			The real		ourront ro	<u>u.</u>
iue			rice revenue (Part VIII, line				1,136,3	342.	1,444,	645.
Revenue		-	ncome (Part VIII, column (•			12,5			728.
Re	11	Other revenue	e (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c,	and 11e)		14,2		30,	569.
	12	Total revenue	e – add lines 8 through 11	(must equal Part VIII,	column (A), line 12	2)	1,163,1	.82.	1,481,	942.
	13	Grants and si	imilar amounts paid (Part	IX, column (A), lines 1	-3)		15,0	00.	36,	500.
	14	Benefits paid	to or for members (Part I	X, column (A), line 4).						
	15	Salaries, othe	er compensation, employe	e benefits (Part IX, col	umn (A), lines 5-10	0)	445,2	.46.	468,	756.
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)						
pen	b	Total fundrais	sing expenses (Part IX, co	lumn (D), line 25) ►						
EX			es (Part IX, column (A), li	· · · · -			691,0	82	943	574.
			es. Add lines 13-17 (must				1,151,3		1,448,	
			expenses. Subtract line 1			_	11,8			112.
r s	15				<u></u>	1	Beginning of Curren		End of Yea	
Net Assets or Fund Balances	20	Total assets ((Part X, line 16)				1,072,2		1,090,	
Ase I Ba			s (Part X, line 26)				1,5			344.
Net Fund	22	Net assets or	fund balances. Subtract I	ine 21 from line 20			1,070,6	573.	810.	651.
Pa	nrt II	Signatur							0207	
				turn, including accompanying s	chedules and statements	s, and to the	best of my knowledge	e and belief, i	t is true, correct.	and
com	plete. D	eclaration of prepa	eclare that I have examined this re arer (other than officer) is based or	all'information of which prepa	rer has any knowledge.	.,	j-	,	,	
		►								
Sig	jn	Signatu	re of officer				Date			
He	re		K ZIERMAN			(CEO			
			print name and title.					_		
		Print/Type p	oreparer's name	Preparer's signature	Date	e	Check	if PTIN	1	
Pai			. FRITZSCHE, CPA				self-employe	ed N/A		
Pre	epare	Firm's name	FRITZSCHE ASSOC	IATES, INC.						
Us	e On	y Firm's addre	ess ► 1511 CORPORATE	WAY STE 220			Firm's EIN	► N/A		
			SACRAMENTO, CA	95831-3890			Phone no.	916-422		
_			is return with the preparer					Х		No
BA	A For	Paperwork R	eduction Act Notice, see	the separate instructio	ns.	TEEA0	113L 12/21/10		Form 990	(2010)

Form 9	90 (2010) CALIFORNIA INDE	PENDENT PETROLEUM	95-3048	726 Page 2
Part I	II Statement of Program Se	ervice Accomplishments		
-	Check if Schedule O contains a	a response to any question in this Part III		
1 B	riefly describe the organization's mis	sion:		
]	TO PROMOTE THE INDEPEND	ENT PETROLEUM PRODUCERS IN	DUSTRY IN CALIFORNIA AND	THE UNITED
	STATES.			
_				
-				
2 D	id the organization undertake any si	gnificant program services during the yea	r which were not listed on the prior	
				Yes X No
	'Yes,' describe these new services of		·····	
		, or make significant changes in how it co	onducts, any program services?	Yes X No
	'Yes,' describe these changes on So			
4 D	escribe the exempt purpose achieve	ments for each of the organization's three on 4947(a)(1) trusts are required to report	e largest program services by expenses t the amount of grants and allocations t	. Section 501(c)(3)
e	xpenses, and revenue, if any, for early	ch program service reported.		
1a ((Code:) (Expenses \$	including grants of \$) (Revenue \$)
		FOR HUNDREDS OF INDUSTRY M		
	A PROFESSIONAL AND EFFE		EMBERS TO FROMOTE THEIR	
<u>_</u>	A PROFESSIONAL AND EFFE	<u>MANNER.</u>		
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1h //		including grants of \$) (Revenue \$	
4D ((Code:) (Expenses \$	including grants of \$) (Revenue \$)
-				
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4c ((Code:) (Expenses \$	including grants of \$) (Revenue \$)
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	other program services. (Describe in			
	Expenses \$	including grants of \$) (Revenue \$)
4e T	otal program service expenses 🕨			

Form 990 (2010) CALIFORNIA INDEPENDENT PETROLEUM Part IV Checklist of Required Schedules

		1	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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
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 1	3	Х	
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	Х	
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? If 'Yes,' complete Schedule D, Part I.	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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		Х
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.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	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	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>	13		X X
	 Did the organization maintain an office, employees, or agents outside of the United States? 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? If 'Yes,' complete Schedule F, Parts I and IV 	14a 14b		X
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? If 'Yes,' complete Schedule F, Parts II and IV	140		X
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? If 'Yes,' complete Schedule F, Parts III and IV	15		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	10		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	12		X
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		x
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
ł	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) CALIFORNIA INDEPENDENT PETROLEUM

Pai	rt IV Checklist of	Required Schedules (continued)			
				Yes	No
21	Did the organization repo United States on Part IX	ort more than \$5,000 of grants and other assistance to governments and organizations in the , column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21	Х	
22	Did the organization report IX, column (A), line 2? /	ort more than \$5,000 of grants and other assistance to individuals in the United States on Part f 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization ans	wer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current ctors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete</i>			
	Schedule J		23	Х	
24 a	a Did the organization hav the last day of the year, complete Schedule K. If	e a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and 'No,'go to line 25</i>	24a		Х
Ł	Did the organization inve	est any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	any tax-exempt bonds?	ntain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	C C	as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	disqualified person durin	1(c)(4) organizations. Did the organization engage in an excess benefit transaction with a g the year? If 'Yes,' complete Schedule L, Part I	25a		
ł	that the transaction has	e that it engaged in an excess benefit transaction with a disqualified person in a prior year, and not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	25b		
26	Was a loan to or by a cu disqualified person outst	rrent or former officer, director, trustee, key employee, highly compensated employee, or and and ing as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	contributor, or a grant se	vide a grant or other assistance to an officer, director, trustee, key employee, substantial election committee member, or to a person related to such an individual? <i>If 'Yes,' complete</i>	27		Х
28	Was the organization a p instructions for applicabl	party to a business transaction with one of the following parties (see Schedule L, Part IV e filing thresholds, conditions, and exceptions):			
ä	A current or former office	er, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł		Irrent or former officer, director, trustee, or key employee? If 'Yes,' complete	28b		Х
(An entity of which a curr officer, director, trustee,	ent or former officer, director, trustee, or key employee (or a family member thereof) was an or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization rece	eive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' c	eive contributions of art, historical treasures, or other similar assets, or qualified conservation <i>omplete Schedule M</i>	30		Х
31	Did the organization liqu	idate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32		, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete	32		Х
33	Did the organization owr 301.7701-2 and 301.770	1 100% of an entity disregarded as separate from the organization under Regulations sections 1-3? If 'Yes,' complete Schedule R, Part I	33		Х
34		ated to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,	34		Х
35	Is any related organization	on a controlled entity within the meaning of section 512(b)(13)?	35		Х
ä	a Did the organization rece within the meaning of se	eive any payment from or engage in any transaction with a controlled entity oction 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organi organization? If 'Yes,' co	zations. Did the organization make any transfers to an exempt non-charitable related omplete Schedule R, Part V, line 2	36		
37		duct more than 5% of its activities through an entity that is not a related organization and that is for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization com Note. All Form 990 filers	nplete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? are required to complete Schedule O	38	Х	
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Page 4

Forn	n 990 (2010) CALIFORNIA INDEPENDENT PETROLEUM 95-304872	6	F	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V.			<u>. </u>
			Yes	No
1a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 31			
ł	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 5			
ł	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
t	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		х
	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.			
52	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
	-			
	a 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?	6a		Х
ł	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	a 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		
ł	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	70		
	bid 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?	7f		
	g If the organization received a contribution of gualified intellectual property, did the organization file Form 8899			
	as required?	7g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
Ū	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9		-		
	a Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	a 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			
11	Section 501(c)(12) organizations. Enter:			
a	a Gross income from members or shareholders			
ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a 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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ł	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14a 14b		Λ
L	an res, has a mod a ronn 720 to report mose payments: in rio, provide an explanation in Schedule O	U+1		

1 011	m 990 (2010) CALIFORNIA INDEPENDENT PETROLEUM 95-3048726		Р	age 6
Pa	rt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be	low,	and	for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	ges i	in	
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			. X
Sec	ction A. Governing Body and Management			. 21
000			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1a 47		105	
	b Enter the number of voting members included in line 1a, above, who are independent 1b 47			
	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		Х
3	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents	4		Х
_	since the prior Form 990 was filed?	_		
5		5	v	Х
6	Does the organization have members or stockholders?SEE.SCHEDULE.0	6	Х	
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? SEE . SCH . O	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	Х	
	b Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10	a Does the organization have local chapters, branches, or affiliates?	10 a		Х
	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		
	 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? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 	10b 11a	Х	
11	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 	11 a		
11 12	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> 		X X	
11 12	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 	11 a		X
11 12	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 	11 a 12 a		X X
11 12	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? 	11a 12a 12b 12c 13	X	
11 12	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? 	11 a 12 a 12 b 12 c	X	
11 12 13 14	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? 	11a 12a 12b 12c 13	X	
11 12 13 14 15	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 	11a 12a 12b 12c 13	X	
11 12 13 14 15	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O. b Other officers of key employees of the organization. 	11a 12a 12b 12c 13 14	X X X X	
11 12 13 14 15	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE .0. 	11a 12a 12b 12c 13 14 15a	X X X X	X
11 12 13 14 15	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O. b Other officers of key employees of the organization. 	11a 12a 12b 12c 13 14 15a	X X X X	X
11 12 13 14 15	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>	11a 12a 12b 12c 13 14 15a 15b 16a	X X X X	x
11 12 13 14 15	 and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization nave a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? 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? a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 campanization with enspect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	X X X X	x
11 12 13 14 15 16	and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X	x x x
11 12 13 14 15 16 <u>Sec</u> 17	and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X	x x x
11 12 13 14 15 16 <u>Sec</u> 17	and branches to ensure their operations are consistent with those of the organization?. a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X	x x x
11 12 13 14 15 16 <u>Sec</u> 17 18	and branches to ensure their operations are consistent with those of the organization? a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O. b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a 16 b /ailabl	X X X X	X X X

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ACCOUNTANT 1112 I STREET, SUITE 350 SACRAMENTO CA 95814 916-447-1177 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)				(((D)	(E)	(F)
Name and title	Average hours per week		<u> </u>			hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HAL WASHBURN										
CHAIRMAN	5	Х		Х				0.	Ο.	0.
(2) CRAIG BARTO										
PAST CHAIRMAN	3	Х		Х				0.	0.	0.
(3) HORMOZ AMERI										
TREASURER	3	Х		Х				0.	0.	0.
(4) STEVEN RUSCH										
SECRETARY	3	Х		Х				0.	0.	0.
(5) CHRIS HALL										
LOS ANGELES VP	3	Х		Х				0.	0.	0.
(6) MARK_ELLIS										
DIRECTOR	3	Х		Х				0.	0.	0.
(7) TIM CRAWFORD										
SAN JOSE VP	3	Х		Х				0.	0.	0.
(8) FRANK KOMIN										
DIRECTOR	3	Х		Х				0.	0.	0.
(9) DONALD MACPHERSON										
DIRECTOR	3	Х		Х				0.	0.	0.
(10) GARY LOWER										
COASTAL VP	3	Х		Х				0.	0.	0.
(11) ROBERT DAVIS										
NOR-CAL VP	3	Х		Х				0.	0.	0.
(12) ROD ESON										
DIRECTOR	3	Х		Х				0.	0.	0.
(13) JEFFREY WARREN										
DIRECTOR	3	Х		Х				0.	0.	0.
(14) DAVID KILPATRICK										
DIRECTOR	3	Х		Х				0.	0.	0.
(15) MAC_MCFARLAND										
DIRECTOR	3	Х		Х				0.	0.	0.
(16) ROCK ZIERMAN									_	
CEO	40			Х				134,811.	0.	34,076.
_(17)										
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Form 990 (2010) CALIFORNIA INDEPENDENT PETROLEUM

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	990 (2010) CALIFORNIA INDEPENDENT PE									95-304872			Page 8
Par	t VII Section A. Officers, Directors, Trust	tees, k	(ey	Err	ıplo	bye	es,	ane	d Highest Con	pensated Emp	loyee	:s (co	nt)
	(A)	(B)				c)			(D)	(E)		(F)	
	Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer		hat Highest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am co o	Estimated ount of ot impensation from the rganization and relate ganization	ther on on
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
(26)													
(27)													
(28)													
(29)													
1 b	Sub-total							►	134,811.	0.		34,0	
d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c).							•	0. 134,811.	0.		34,0	
2	Total number of individuals (including but not limiter from the organization <a>1	d to tho	se li	sted	l abo	ove)	who	o reo	ceived more than	\$100,000 in reporta	able co	mpens	ation
3	Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust ndividua	:ee, l al	key	emp	oloy	ee, c	or hi	ghest compensat	ed employee	. 3	Yes	No X
4	For any individual listed on line 1a, is the sum of re the organization and related organizations greater th such individual	portable han \$15	e cor 50,00	npe 0?	nsa If 'Y	tion 'es'	and com	oth plete	er compensation e Schedule J for	from	. 4	X	
5	Did any person listed on line 1a receive or accrue c for services rendered to the organization? If 'Yes,' c	ompens complet	satio e Sc	n fro hed	om a lule .	any <i>J fo</i> i	unre r <i>suc</i>	elate ch p	d organization or erson	individual	. 5		Х
	ion B. Independent Contractors									¢100.000 (
1	Complete this table for your five highest compensat compensation from the organization.	ed inde	pend	lent	cor	ntrac	ctors	tha	t received more th	nan \$100,000 of			
	(A) Name and business addres	S							(B) Description of	of services	Comp	(C) ensatio	n
2	Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	iose	e list	ed a	bove) who receiv	ed more than			

Form 990 (2010) CALIFORNIA INDEPENDENT PETROLEUM Part VIII Statement of Revenue

Page 9

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ss	1a Federated campaigns 1a					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b					
MOI	c Fundraising events 1c					
FTS NR A	d Related organizations 1d					
S, GI	e Government grants (contributions) 1 e					
3UTI HEF	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
TRII D OI	g Noncash contributions included in Ins 1a-1f: \$					
ANI	h Total. Add lines 1a-1f	•				
		Business Code				
ENL	2a MEMBERSHIP DUES	561499	924,794.	924,794.		
REV		900099	516,491.	5217 / 511		516,491.
ICE	c SEMINARS	519100	3,360.	3,360.		010/1011
ERV	d	010100	3,300.	37300.		· · · · · · · · · · · · · · · · · · ·
M SI						
GRA	ef All other program service revenue					
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	Þ	1,444,645.			
<u> </u>			1,111,010.			
	3 Investment income (including dividends other similar amounts)		6,728.			6,728.
	4 Income from investment of tax-exempt					
	5 Royalties					
	(i) Real	(ii) Personal				
	6a Gross Rents					
	b Less: rental expenses.					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory.					
	b Less: cost or other basis					
	and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
NUE	8a Gross income from fundraising events (not including. \$					
VEN	of contributions reported on line 1c).					
OTHER REVE	See Part IV, line 18	14,556.				
THEF	b Less: direct expenses					
ò	c Net income or (loss) from fundraising e	vents ►	14,556.			14,556.
	9a Gross income from gaming activities. See Part IV, line 19a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activ	ities ►				
	10a Gross sales of inventory, less returns and allowances	1				
	b Less: cost of goods sold k					
	c Net income or (loss) from sales of inve	ntory ►				
	Miscellaneous Revenue	Business Code				
		900099	15,788.	15,788.		
	b ADVERTISING	541800	225.		225.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		16,013.			
	12 Total revenue. See instructions	•••••	1,481,942.	943,942.	225.	537,775.

Form 990 (2010) CALIFORNIA INDEPENDENT PETROLEUM

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).

	An other organizations must comp	(C)	(D)		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	36,500.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	168,887.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	218,211.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,304.			
9	Other employee benefits	46,854.			
10	Payroll taxes	26,500.			
11	Fees for services (non-employees):				
a	Management				
ł	Legal	34,227.			
c	Accounting	18,666.			
c	Lobbying	270,016.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	g Other	10,000.			
12	Advertising and promotion				
13	Office expenses.	33,732.			
14	Information technology				
15	Royalties				
16	Occupancy	46,010.			
17	Travel	41,282.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	276,795.			
20	Interest				
21	Payments to affiliates				
22					
23					
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 0.)				
a	NON-DUES RELATED CAMPAIGN EXPS	73,470.			
	SPECIAL SERVICES	58,303.			
	BOARD OF DIRECTORS EXPENSE	22,434.			
	TELEPHONE	15,945.			
	• MEMBERSHIP COMMUNICATION	14,544.			
	All other expenses	28,150.			
	Total functional expenses. Add lines 1 through 24f	1,448,830.			
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	_, _ 20,0001			

Form 990 (2010) CALIFORNIA INDEPENDENT PETROLEUM

Part X Balance Shee

	1	Cash – non-interest-bearing			171,706.	1	275,008.
	2	Savings and temporary cash investments			842,135.	2	731,894.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		53,838.	4	75,418.	
	5	Receivables from current and former officers, director					
	5	and highest compensated employees. Complete Part	Il of Sch	nedule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contr sponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	ibuting e ry emplo	employers and yees' beneficiary		6	
A	7	Notes and loans receivable, net.				7	
Š	, 8	Inventories for sale or use.				8	
A S S E T S	9	Prepaid expenses and deferred charges				9	
J			· · · · · · · · · · · ·				
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	29,600.			
	h	Less: accumulated depreciation.		20,925.	4,545.	10 c	8,675.
	11	Investments – publicly traded securities		,	1/0101	11	0,0101
	12	Investments – other securities. See Part IV, line 11.				12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets.				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line			1,072,224.	16	1,090,995.
	17	Accounts payable and accrued expenses			251.	17	44,046.
	18	Grants payable			18	· ·	
	19	Deferred revenue			1,300.	19	236,298.
L	20	Tax-exempt bond liabilities			•	20	•
Å B	21	Escrow or custodial account liability. Complete Part I	nedule D		21		
	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per of Schedule L.	ey employees, omplete Part II		22		
ĖS	23	Secured mortgages and notes payable to unrelated th		23			
Ũ	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities. Complete Part X of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25		1,551.	26	280,344.	
N		Organizations that follow SFAS 117, check here ►			,		
N E T		27 through 29 and lines 33 and 34.					
AS	27	Unrestricted net assets			1,070,673.	27	810,651.
ASSETS	28	Temporarily restricted net assets				28	
Ś	29	Permanently restricted net assets			29		
0 R		Organizations that do not follow SFAS 117, check he	ere ►	and complete			
E		lines 30 through 34.					
F U N D	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, or equipm	nent fund	1		31	
Ê	32	Retained earnings, endowment, accumulated income,	r funds		32		
BALANCES	33	Total net assets or fund balances			1,070,673.	33	810,651.
Ŝ	34	Total liabilities and net assets/fund balances	<u></u>		1,072,224.	34	1,090,995.
BA/	4						Form 990 (2010)

Form 990 (2010) CALIFORNIA INDEPENDENT PETROLEUM 95-30	048726		Pa	age 12
Part XI Reconciliation of Net Assets				-
Check if Schedule O contains a response to any question in this Part XI				. Х
	1			
				942.
				330.
	3			.12.
				573.
5 Other changes in net assets or fund balances (explain in Schedule O). SEE. SCHEDULE . O	5	-29	93,1	.34.
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	81	.0,6	551.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				. <u> </u>
	_		Yes	No
1 Accounting method used to prepare the Form 990: Cash X 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		Х
b Were the organization's financial statements audited by an independent accountant?		2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	Х	
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 separate basis, consolidated basis, or both:	l on a			
Separate basis X 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 Si Audit Act and OMB Circular A-133?	ngle 	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed audit	3b		L
BAA	F	orm	990 ((2010)

SCHEDULE C	Politi	cal Campaign and I	_obbying Activ	OMB No. 1545-0047				
(Form 990 or 990-EZ)		For Organizations Exempt From Income Tax Under section 501(c) and section 527						
	-	► Complete if the organization is described below.						
Department of the Treasury Internal Revenue Service		to Form 990 or Form 990-EZ			Open to Public Inspection			
If the organization answ	vities), then							
 Section 501(c)(3) or 	ganizations: Complete	Parts I-A and B. Do not comp	olete Part I-C.		•			
 Section 501(c) (other 	r than section 501(c)(3)) organizations: Complete Pa	arts I-A and C below.	Do not complete Part I-	B.			
-	ations: Complete Part I	-						
-		0, Part IV, line 4, or Form 990 iled Form 5768 (election unde	•					
Part II-A.	-	NOT filed Form 5768 (election			·			
	vered 'Yes,' to Form 99 5), or (6) organizations:	0, Part IV, line 5 (Proxy Tax) (or Form 990-EZ, Part '	V, line 35a (Proxy Tax),	then			
Name of organization				Employer identifica	tion number			
CALIFORNIA INDE	PENDENT PETROL	EUM		95-304872				
		n is exempt under secti	on 501(c) or is a s					
		s direct and indirect political of			PART IV			
	° °		1 0		51,386.			
•				· · ·				
		n is exempt under secti						
		red by the organization under		▶\$				
		red by organization managers						
		5 tax, did it file Form 4720 for			Yes No			
		· · · · · · · · · · · · · · · · · · ·						
b If 'Yes,' describe in	n Part IV.							
Part I-C Complete	if the organization	n is exempt under secti	on 501(c) , excep	t section 501(c)(3).				
1 Enter the amount	directly expended by th	e filing organization for section	on 527 exempt functio	n activities 🕨 \$	1,886.			
		n's funds contributed to other			49,500.			
3 Total exempt functions	tion expenditures. Add	lines 1 and 2. Enter here and	on Form 1120-POL,	►\$	51,386.			
		POL for this year?		••	Yes X No			
5 Enter the names, organization made amount of political	addresses and employe payments. For each o contributions received	er identification number (EIN) rganization listed, enter the a that were promptly and direc mittee (PAC). If additional spi	of all section 527 poli mount paid from the f tly delivered to a sepa	itical organizations to w iling organization's func arate political organizati	hich the filing Is. Also enter the on, such as a separate			
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1) CIPAC		STREET, 6TH_FLOOR_ NTO, CA 95814	68-0186896	49,500.				
(2)								
(3)								
(4)			-					
(5)								
(6)			-					

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

SCHEDULE C

Schedule **C** (Form 990 or 990-EZ) 2010

OMB No. 1545-0047

Schedule C (Form 990 or 990-EZ) 2010 CALIFORNIA	INDEPENDENT PETROLEUM	95-3048	3726 Page 2
Part II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (el	ection under
	longs to an affiliated group. lecked box A and 'limited control' provisions apply.		
Limits on Lobi (The term 'expenditures' me	(a) Filing organization's totals	(b) Affiliated group totals	
 1 a Total lobbying expenditures to influence p b Total lobbying expenditures to influence a c Total lobbying expenditures (add lines 1a d Other exempt purpose expenditures e Total exempt purpose expenditures (add f Lobbying nontaxable amount. Enter the a both columns. 			
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	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000			
g Grassroots nontaxable amount (enter 259	6 of line 1f)		
h Subtract line 1g from line 1a. If zero or le	ss, enter -0		
i Subtract line 1f from line 1c. If zero or les			

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

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.)

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

BAA

Schedule C (Form 990 or 990-EZ) 2010

Yes No

TEEA3202L 10/11/10

Schedule C (Form 990 or 990-EZ) 2010 CALIFORNIA INDEPENDENT PETROLEUM

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)).

	(á	(a)		b)	
	Yes	No	Am	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:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
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 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)(5)	, or			
section 501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Х
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Х
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	924,794.
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).		
ā	Current year.	2a	386,644.
t	Carryover from last year.	2b	
C	: Total.	2c	386,644.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	462,397.
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	0.
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 I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES ____

___MADE A CONTRIBUTION OF \$1,886 TO "RON CALDERON FOR CONTROLLER 2014," A CANDIDATE FOR ___

____PUBLIC_OFFICE, AS WELL AS A CONTRIBUTION OF \$49,500 TO THE CALIFORNIA INDEPENDENT

____PETROLEUM ASSOCIATION PAC, A SEPERATE SEGREGATED FUND.

95-3048726

Schedule C (Form 990 or 990-EZ) 2010 CALIFORNIA INDEPENDENT PETROLEUM Part IV Supplemental Information (continued)

50	HEDULE D							OMB N	No. 1545-0047
	rm 990)		Supplemental Financial Statements						010
Depa	rtment of the Treasury		Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.					Open	n to Public
	Part IV, lines 6, 7, 6, 9, 10, 11, or 12. reparting the organization								ection number
CA	LIFORNTA IND	EPENDENT PETRO	T.F.UM	ſ					
AS	SOCIATION						95-304		
Pa	rt I Organizati	ions Maintaining D zation answered 'Y)ono i ′es' t	r Advised Funds or Oth o Form 990, Part IV, line	er Similar Fur	nds or Acco	ounts. C	omplete	e if
	the organi		00 ((a) Donor advised		(b) F	unds and	other acc	ounts
1	Total number at e	end of year							
2	00 0	outions to (during year)							
3 4		from (during year)							
	00 0	2			a accete held in d	apar advisad			
5	funds are the org	anization's property, su	ubject	nor advisors in writing that the to the organization's exclusiv	e legal control?		· · · · · · · L	Yes	No
-				rs, and donor advisors in writ the benefit of the donor or do efit?				Yes	No
				ete if the organization a		to Form 9	90, Part	IV, line	7.
1			-	y the organization (check all t recreation or education)	hat apply).	of an historia	ally import	ant land	aroa
		natural habitat	e.y., i		Preservation				alea
		of open space						aotaro	
2	Complete lines 2a last day of the tax		anizati	on held a qualified conservati	ion contribution ir	the form of a	a conserva	ation ease	ement on the
	T						leld at the	End of the	he Tax Year
				ments					
	-	-		fied historic structure included					
(d Number of conse structure listed in	rvation easements incl the National Register.	uded i	n (c) acquired after 8/17/06, a	and not on a histo	oric 2d			
3	Number of conse tax year ►	rvation easements mod	dified,	transferred, released, extingu	uished, or termina	ited by the or	ganization	during th	ıe
4				onservation easement is locat		_			
5				garding the periodic monitorints it holds?				Yes	No
6	Staff and volunte ►	er hours devoted to mo	onitorii	ng, inspecting, and enforcing	conservation eas	ements durin	g the year		
7	Amount of expen ►\$	ses incurred in monitor	ring, ir	nspecting, and enforcing cons	servation easeme	nts during the	e year		
8	170(h)(4)(B)(i) ar	nd section 170(h)(4)(B)	(ii)?	n line 2(d) above satisfy the r				Yes	No
9	In Part XIV, descri include, if applica conservation ease	able, the text of the foo	reports tnote	s conservation easements in its to the organization's financial	revenue and expe statements that	nse statement describes the	, and balan organizat	ice sheet, ion's acco	and ounting for
Pa	rt III Organizat	tions Maintaining	Colle ansv	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, o), Part IV, line	r Other Sin 8.	nilar Ass	ets.	
1;	a If the organization art, historical treating in Part XIV, the to	n elected, as permitted asures, or other similar ext of the footnote to it	unde asset s finar	r SFAS 116 (ASC 958), not to s held for public exhibition, ec ncial statements that describe	o report in its reve ducation, or resea es these items.	enue statemer arch in further	nt and bala ance of pu	ance shee ublic serv	et works of ice, provide,
I	historical treasure following amounts	es, or other similar ass s relating to these item	ets he ıs:	r SFAS 116 (ASC 958), to rep Id for public exhibition, educa	ation, or research	in furtherance	e of public	service,	provide the
				line 1					
•				rt biotoriaal tracquiraa, or oth					
				rt, historical treasures, or oth 116 (ASC 958) relating to the 1				ue the fol	iowing
BAA	For Paperwork R	eduction Act Notice, s	ee the	Instructions for Form 990.	TEEA3301L	_ 11/15/10	Sch	edule D (F	orm 990) 2010

Schedule D (Form 990) 2010 CALIF							95-304		Page 2
Part III Organizations Maintai	ning Colle	ections	of Art, Histo	orical	Treasures, or	r Other Si	<u>milar Ass</u>	ets (conti	nued)
3 Using the organization's acquisition items (check all that apply):	on, accessio	n, and oth	ner records, ch	ieck ar	ny of the following	g that are a	significant ι	use of its col	lection
a Public exhibition			d Loan	or exc	hange programs				
b Scholarly research			e Other						
c Preservation for future generation	ations								
4 Provide a description of the organ Part XIV.									
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or	r receive o	donations of ar	rt, histo	orical treasures, o	or other simi	lar	Yes	No
Part IV Escrow and Custodial 9, or reported an amou	Arranger	nents. (Complete if	organ					-
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	an, or othe	er intermediary	/ for co	ontributions or oth	ner assets n	ot	Yes	No
b If 'Yes,' explain the arrangement									
				0				Amount	
c Beginning balance						1c			
d Additions during the year						1d			
e Distributions during the year						1e			
f Ending balance						1f			
2a Did the organization include an a	mount on Fo	orm 990, F	Part X, line 21	?				Yes	No
b If 'Yes,' explain the arrangement									
Part V Endowment Funds. Co	mplete if t	the orga	inization and	swere	ed 'Yes' to For	<u>m 990, Pa</u>	art IV, line	<u>e 10.</u>	
	(a) Curren	t year	(b) Prior yea	r	(c) Two years bac	k (d) Thr	ee years back	(e) Four y	ears back
1 a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	e of the year	end bala	nce held as:						
a Board designated or quasi-endow	ment 🕨 🔜		010						
b Permanent endowment	010	5							
c Term endowment ►	010								
3a Are there endowment funds not in organization by:	n the posses	sion of th	e organization	that a	re held and admi	nistered for	the	Yes	s No
(i) unrelated organizations								3a(i)	
(ii) related organizations								3a(ii)	
b If 'Yes' to 3a(ii), are the related o	rganizations	listed as	required on S	chedul	e R?			3b	
4 Describe in Part XIV the intended	l uses of the	organiza	tion's endowm	ent fur	nds.				
Part VI Land, Buildings, and E	quipmen	t. See F	orm 990, Pa	art X,	line 10.				
Description of investment		(a) Cost (inv	or other basis estment)	(b)	Cost or other asis (other)	(c) Accur deprec	nulated iation	(d) Book	value
1 a Land									<u> </u>
b Buildings					8,675.				8,675.
c Leasehold improvements					1				
d Equipment					15,233.		15,233.		0.
e Other					5,692.		5,692.		0.
Total. Add lines 1a through 1e (Column	n (d) must eo	qual Form	n 990, Part X, d	column	n (B), line 10(c).).		>		8,675.

BAA

Schedule **D** (Form 990) 2010

	Investments	Other Securitie	Soo Form OC	0 Dart V line
Schedule D	(Form 990) 2010	CALIFORNIA	INDEPENDENT	PETROLEUM

Part VII	Investments-Other Securities. See F	orm 990, Part X, li		
	(a) Description of security or category	(b) Book value	(c) Method of valua	tion:
	(including name of security)		Cost or end-of-year man	rket value
	ial derivatives			
	y-held equity interests			
(3) Other				
(A) (B)				
<u>(B)</u>				
<u>(D)</u>				
<u>(E)</u>				
<u>(F)</u>		-		
(G)				
(H)				
()				
	mn (b) must equal Form 990 Part X, column (B) line 12.) 🕨			
Part VIII	Investments-Program Related. (See	Form 990, Part X,	line 13) N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year man	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
· · · · ·	nn (b) must equal Form 990, Part X, column (B) line 13.) . 🕨			
Part IX	Other Assets. (See Form 990, Part X,	line 15) N/A		
		scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
	olumn (b) must equal Form 990, Part X, column(E	R) line 15)	►	
Part X	Other Liabilities. (See Form 990, Part			
	(a) Description of liability	(b) Amount		
(1) Fede	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Total (Colum	nn (h) muct equal Form 990 Part Y, column (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).

Sche	dule D (Form 990) 2010 CALIFORNIA INDEPENDENT PETROLEUM	95-304	18726	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments.			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV).			
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		N/A	
	Total revenue, gains, and other support per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIV)			
	Add lines 2a through 2d.	2e		
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b 4a			
	Other (Describe in Part XIV.)			
	Add lines 4a and 4b.	4c		
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		rn N/A	
	Total expenses and losses per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIV.)			
	Add lines 2a through 2d.	2e		
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
-	Other (Describe in Part XIV.)			
с	Add lines 4a and 4b	4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		
Par	t XIV Supplemental Information			
Part	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com dditional information.	t IV, lines plete this	1b and 2b; part to provid	e

Schedule D (Form 990) 2010 CALIFORNIA INDEPENDENT PETROLEUM Part XIV Supplemental Information (continued)

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SCHEDULE I (Form 990)		Gr Gov	ants and Oth ernments ar	ner Assistance nd Individuals ir	to Organization the United Sta	ls, Ites	-	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service				n answered 'Yes,' to Fo ► Attatch to Form 99	orm 990, Part IV, lines 2			Open to Public Inspection
Name of the organization CALIFORNIA INDEPENDE							Employer identifi 95-304872	
Part I General Informati 1 Does the organization main the selection criteria used	ntain recor	ds to substantiate the	amount of the gra	nts or assistance, the g	rantees' eligibility for t	he grants or assistance	ce, and	Yes X No
	Assista , line 21	nce to Governme for any recipient	nts and Organi that received m		ed States. Comple Check this box if no	one recipient rec	ceived more than	n \$5,000.
1 (a) Name and address of organiz or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FIRE SERVICE TRAIN 111 E DE LA GUERRA SANTA BARBARA, CA	A ST	20-5793662		10,000.	0.			CHARITABLE CONTRIBUTION
(2)								
<u>(3)</u>								
<u>(4)</u>								
<u>(6)</u>								
<u></u>								
2 Enter total number of secti 3 Enter total number of othe	r organizat	tions	-					

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

Schedule I (Form 990) 2010 CALIFORNIA INDEPENDENT PETROLEUM

95-3048726

Page 2

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Comp	olete this part to p	provide the informat	tion required in Par	rt I, line 2, and any oth	ner additional information.

Schedule I (Form 990) 2010

SCHEDULE J	Compensation Information			MB No. 1545-0047	
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				
Department of the Treasury Internal Revenue Service	 Complete if the organization answered 'Yes' to Form 990, Part IV, li Attach to Form 990. See separate instructions. 	Open to Public Inspection			
Name of the organization		Employer identification	n number		
	EPENDENT PETROLEUM	95-3048726			
Part I Questions	Regarding Compensation				
1 a Check the appropr VII, Section A, lir	iate box(es) if the organization provided any of the following to or for a person listed in F ne 1a. Complete Part III to provide any relevant information regarding these items	⁻ orm 990, Part		Yes	No
First-class or	charter travel Housing allowance or residence f	or personal use			
Travel for companions Payments for business use of personal residence					
Tax indemnif	ication and gross-up payments Health or social club dues or initia	ation fees			
Discretionary	spending account Personal services (e.g., maid, cha	auffeur, chef)			
—	—				
b If any of the boxe	es on line 1a are checked, did the organization follow a written policy regarding pa	avment or			
reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
3 Indicate which, if CEO/Executive D	any, of the following the organization uses to establish the compensation of the c irector. Check all that apply.	rganization's			
Compensatio	n committee Written employment contract				
Independent	compensation consultant Compensation survey or study				
Form 990 of	other organizations Approval by the board or compen	sation committee			
or a related orga	did any person listed in Form 990, Part VII, Section A, line 1a with respect to the nization: nce payment or change-of-control payment from the organization or a related org		4a		X
	receive payment from, a supplemental nonqualified retirement plan?		-		X
•	receive payment from, an equity-based compensation arrangement?				X
•	lines 4a-c, list the persons and provide the applicable amounts for each item in P				
-	(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
contingent on the		•	5a		
a The organization?					
b Any related organization? If 'Yes' to line 5a or 5b, describe in Part III.					
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
a The organization?					
b Any related organization?					
If 'Yes' to line 6a or 6b, describe in Part III.					
7 For persons liste described in lines	d in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fi s 5 and 6? If 'Yes,' describe in Part III	xed payments not	7		
 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. 					
9 If 'Yes' to line 8, section 53.4958-6	did the organization also follow the rebuttable presumption procedure described ir $S(c)$?				
BAA For Paperwork F	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	n 990)) 2010

Schedule J (Form 990) 2010 CALIFORNIA INDEPENDENT PETROLEUM

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	compensation		(F) Compensation reported in prior Form 990 or Form 990-EZ		
ROCK ZIERMAN	(i)	134,811.	0.	0.	5,130.	<u> </u>	168,887.	128,275.	
1	(ii)	0.	0.	0.	0.	0.	0.	0.	
2	(i)								
2	(ii)								
3	(i) (ii)								
-	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
•	(i)								
9	(ii)								
10	(i) (ii)								
10	(i)								
11	(i) (ii)								
	(i)								
12	(ii)								
·	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
<u>16</u> BAA	(ii)							lule J (Form 990) 201	

Page 2

95-3048726

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Schedule J (Form 990) 2010 CALIFORNIA INDEPENDENT PETROLEUM

Part III Supplemental Information

BAA

Schedule J (Form 990) 2010

95-3048726

Page 3

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-	EZ	OMB No. 1545-0047				
Department of the Treasury	Department of the Treasury Internal Revenue Service 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.						
Name of the organization CA	LIFORNIA INDEPENDENT PETROLEUM SOCIATION	Employer identifica					
	RT VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAI	I					
	EMBERS SELECT MEMBERS OF THE BOARD OF DIRECTORS. TH						
	RITICAL DECISIONS.						
	RT VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY						
	GES AND BOARD OF DIRECTORS MEMBERSHIP ARE SUBJECT TO						
VOTE.							
FORM 990, PA	RT VI, LINE 11B - FORM 990 REVIEW PROCESS						
	NCE COMMITTEE REVIEWS THE FORM 990. IT IS ALSO AVAI	LABLE TO A	ANY MEMBER				
THAT REQUES	TS_IT						
FORM 990, PA	RT VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCES						
THE EXECUTI	VE COMMITTEE MEETS ONCE A YEAR FOR PERSONNEL EVALUAT	TIONS AND I	DETERMINES				
COMPENSATIO	 N.						
FORM 990, PA	RT VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE					
CIPA'S DOCU	MENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AV	AILABLE TO) THE				
PUBLIC, IF	REQUESTED, AFTER THE REQUEST IS REVIEWED AND APPROVE	ED BY CIPA	'S				
MANAGEMENT.							

20	10
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SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 509

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

95-3048726

01:27PM

6/11/12

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT	\$ -293,134.
TOTAL	\$ -293,134.



Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.....

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only..... 🕨

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Name of exempt organization	Employer identification number					
Type or print	CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION	95-3048726					
File by the due date for							
filing your return, See 1112 I STREET #350							
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	SACRAMENTO, CA 95814						

Application Is For		Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

EAY No P

● The books are in the care of . ► <u>ACCOUNTANT</u>_____

Tolophono No $\blacktriangleright 916 - 1177$

•	If the organization does not have an office or place of business in the United States, check this box			►
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the second secon	his is	for the who	le group,
	check this box ► 🔄 . If it is for part of the group, check this box . ► 🗌 and attach a list with the names ar	nd EIN	Is of all me	mbers
	the extension is for.			
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	until $3/15$, 20 12 , to file the exempt organization return for the organization named above.			
	The extension is for the organization's return for:			
	► calendar year 20 or			
	 calendar year 20 or X tax year beginning <u>8/01</u>, 20 <u>10</u>, and ending <u>7/31</u>, 20 <u>11</u>. 			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fina	al retu	rn	
3	a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
	 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 	3b	\$	0.
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 886	8 (Rev 1-2011)				Page 2						
 If you 	are filing for an Additional (Not Automatic) 3-Mont	th Extensio	n, complete only Part II and check	this box	► X						
Note. Only	y complete Part II if you have already been granted	l an automa	tic 3-month extension on a previou	sly filed Form 8868.							
	are filing for an Automatic 3-Month Extension, cor										
Part II	Additional (Not Automatic) 3-Month Exte	ension of	Time. Only file the original (no copies needed).							
	Name of exempt organization	Employer identification number	r								
Type or print	CALIFORNIA INDEPENDENT PETROLEU ASSOCIATION	JM		95-3048726							
•	Number, street, and room or suite number. If a P.O. box, see inst	ructions.									
File by the extended due date for filing the	FRITZSCHE ASSOCIATES, INC. 1511 CORPORATE WAY STE 220										
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
	SACRAMENTO, CA 95831-3890										
Enter the	Return code for the return that this application is fo	or (file a sep	parate application for each return).		01						
Is For		Code	Is For		Code						
Form 990		01									
Form 990	-BL	02	Form 1041-A		08						
Form 990	-EZ	03	Form 4720		09						
Form 990	-PF	04	Form 5227		10						
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 6069		11						
Form 990	-T (trust other than above)	06	Form 8870		12						
STOP! Do	not complete Part II if you were not already grante	ed an autor	natic 3-month extension on a previ	ously filed Form 8868.							
Teleph If the If this	boks are in care of. ► <u>ACCOUNTANT</u> none No. ► <u>916-447-1177</u> organization does not have an office or place of bur is for a Group Return, enter the organization's four	siness in th ⁻ digit Group	e United States, check this box Exemption Number (GEN)	. If this	is for the						
	up, check this box ► 🔄 . If it is for part of the gr	oup, check t	this box 🕨 🔄 and attach a list wi	th the names and EINs o	fall						
	the extension is for.	C /1 F	22.10								
 5 For 6 If the 7 State 	uest an additional 3-month extension of time until calendar year, or other tax year beginnin e tax year entered in line 5 is for less than 12 mont Change in accounting period e in detail why you need the extension <u>TAXP</u> <u>THER_INFORMATION_NECESSARY_TO_FI</u>	g <u>8/01</u> ths, check r <u>AYER_RE</u>	, 20 <u>10</u> , and ending_ eason: Initial return <u>SPECTFULLY_REQUESTS_AD</u>	Final return							
nonr	is application is for Form 990-BL, 990-PF, 990-T, 47 refundable credits. See instructions		· · · · · · · · · · · · · · · · · · ·								
payr	is application is for Form 990-PF, 990-T, 4720, or 6 ments made. Include any prior year overpayment al Form 8868	llowed as a	credit and any amount paid previou	usly							
c Bala EFT	ance due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System). See	instructions	5	8c \$							
Under penalti correct, and c	Signation ies of perjury, I declare that I have examined this form, including acc complete, and that I am authorized to prepare this form.		d Verification edules and statements, and to the best of my kn	nowledge and belief, it is true,							
Signature	Title	CEO		Date 🕨							
BAA		FIFZ0502L	. 11/15/10	Form 8868 (Rev 1-2011)						

TAXABLE	YEAR	<u>C</u>	alifornia	a Exemp	t Ora	anizat	ion						FORM	
201	0	Ă	nnual Ir	a Exemp Iformation	on Re	eturn							199	
Calendar ye	ear 20	10 or fi	scal year beg	inning month	08	day 01	year 2	2 010 ,a	and endin	ig month 07	da	ay 31 y	ear 2011	
A First Retu	rn Filed	?	Yes	B Type of orga	nization	Exempt	under Sectio	on 23701	. <u>E</u> ((insert letter)	C	CORP #		
		Х	No			IRC Sect	tion 4947(a)	(1) trust				0777682		
Corporation/Org	ganizatio	on Name	CALIFOR	NIA INDEP	ENDENT	r petro	LEUM				F	EIN		
			ASSOCIA	TION							9	95-30487	26	
Address														
<u>1112 I</u> Citv	STRE	SET (ŧ350									tate ZIP Code		
											5	tate ZIP Code		
SACRAME						TT		oontributi	ana ahaali h	ox. See General Inst	ruotion	. F		
				•••••••••••••••••••••••••••••••••••••••		X No				ed			•	
1.11.		r	iliate in a group e	•	Yes	X No	н			sed 1 Cash		2 X Accrual	3 Othe	ər
a is this a See Ger	a group ieral Ins	struction	affiliates?	•	Yes	No	1	If exempt	under R&TC	Section 23701d, ha	is the o	organization duri	ing the year:	
b If 'Yes,'	enter tl	he numb	er of affiliates					(1) partici legislation	ipated in any 1 or any ballo	/ political campaign ot measure, or (3) n	or (2) nade ar	attempted to inf 1 election under	luence	
c Are all	affiliates	s include	d?		Yes	No		R&TC Sec	tion 23704.5	5 (relating to lobbyin orm FTB 3509, Polit	ia by pi	ublic charities)?	'If 'Yes.'	
• •			e instructions.)							izations		-		0
			n filed by an orga	nization covered	Yes	No	J							U
	•	•				NU	J	articles of	incorporatio	ave any changes in on, or bylaws that h	ave not	been reported t	to the	
						No	4			If 'Yes,' complete a				
E Final retu								of revised	documents.			····· • [_	Yes X No	
•	Dissolve	ed o	Surrende	ered (Withdrawn)						empt under R&TC S			Yes X No	0
•	Merged.	/Reorgar	nized (attach expl	anation)				If 'Yes,' er	nter amount	of gross receipts fr	om	3		
If a box is	checke	d, enter	date	•		_				der audit by the IRS				
F Check the		-		ollowing federal fo						year?			Yes X No	
1•	990T			3 ● (Sch	-			-		imited Liability Con			Yes X No	0
G If organiza	ation is al. or ch	exempt ι aritable	under R&TC Section	ion 23701d and is I primarily (50% c	exclusively i	religious, public	N	Did the or	ganization fi	ile Form 100 or Forr ?	n 109 t	° ●	Yes X No	0
				ot required to								····· •	100 11 10	<u> </u>
										•	1		557,148	3.
	2 (Gross	dues and asse	essments from	n member	s and affilia	ates			•	2		924,794	
Receipts and	3 (Gross	contributions,	gifts, grants, a	and simila	ar amounts	received			•	3			
Revenues		0	•	for filing requi				0						
				-					neral Inst	ruction B	4	1,	481,942	<u>.</u>
				and sales exp							_			
				5 and line 6.							7	1	401 040	
				disbursements						•	8 9		481,942 448,830	
Expenses										•••••••••••••••••	9 10	<u> </u>	<u>448,830</u> 33,112	
				5. See Genera							11		10	
Filing		-									12	1		
Filing											13			
										•	14			
	15 <u> </u>	Balanc	e due. Add lin	ne 11, line 13,	and line	14.					15		10	`
										nents, and to the bes nas any knowledge.	-	knowledge and		
Sign	correct,	, and con	nplete. Declaration	n of preparer (other	than taxpay	er) is based on Title	all informa	tion of whic		nas any knowledge. Date				
Here	Signatur of office	re 🕨								Date		• Telephone		
	of office	r				CEO		Date		Check		916-447- Preparer's P		
Paid	Prepare signatu	er's ► re						Duit		if self- employed	-	0042335		
Preparer's			FRITZ	SCHE ASSO	CIATE	S, INC.					_	FEIN		
Use Only	(or yours, if self-employed)			1511 CORPORATE WAY STE 220						32-0343346				
			SACRA	MENTO, CA	A 9583	1-3890						 Telephone 		
												916-422-		
	May	the FTI	B discuss this	return with th	e prepare	er shown al	oove? Se	e instruc	ctions		(X Yes	No	

For Privacy Notice, get form FTB 1131.	
--	--

Part II		A INDEPENDENT PETROLEUM anizations with gross receipts of more plete Part II or furnish substitute infor	than \$25,000 and pr	ivate foundations rega	95-3048726 ardless of amount of g	gross receipts –
		plete Part II or furnish substitute infor Gross sales or receipts from all busin				
	2					
	2	Interest				
Receipts	3 4	Gross rents.				-
rom	4 5	Gross royalties				-
Other Sources	6	Gross amount received from sale of a				
bources	7	Other income. Attach schedule	•	,		
	8	Total gross sales or receipts from oth				550,420
	0	Enter here and on Side 1, Part I, line		-		557 149
	9	Contributions, gifts, grants, and similar amount				
	10	Disbursements to or for members	-			
	11	Compensation of officers, directors, a				
xpenses	12	Other salaries and wages				
and	13	Interest				
Disburse- nents	14	Taxes.			-	
lients	14	Rents				
	16	Depreciation and depletion (See Instr				
	17	Other. Attach schedule	•			
	18	Total expenses and disbursements. Add line 9 t				· · · · ·
Schedule		Balance Sheets	Beginning of ta			axable year
Assets		Dalance Sheets	(a)	(b)	(c)	(d)
			(4)	1,013,841.		 1,006,902
		receivable		53,838.		• 75,418
3 Net note	es rec	eivable. Attach schedule				•
4 Inventor	ries .					•
5 Federal	and s	state government obligations				•
6 Investm	ients i	in other bonds. Attach sch				•
7 Investm	ients i	in stock. Attach schedule				•
8 Mortgag	ge loa	ns (number of loans)				•
		nents. Attach schedule				•
10 a Depreci	able a	assets	25,470.		29,600.	
b Less ac	cumu	lated depreciation	20,925.	4,545.	20,925.	8,675
						•
	conto	Attach schedule.				•
	33513.					4 000 005
12 Other as 13 Total as	ssets.			1,072,224.		1,090,995
12 Other as	ssets.					
 12 Other as 13 Total as iabilities a 14 Account 	ssets. I nd r ts pay	able		1,072,224. 		• 44,046
 12 Other as 13 Total as iabilities a 14 Account 	ssets. I nd r ts pay	net worth				
 Other as Total as iabilities a Account Contribution 	ssets. I nd r ts pay utions	able				• 44,046
 12 Other at 13 Total as .iabilities a 14 Account 15 Contribution 16 Bonds at 17 Mortgage 	ssets. Ind r ts pay utions and no ges pa	net worth				• 44,046 •
 12 Other a: 13 Total as i.iabilities a 14 Account 15 Contribution 16 Bonds a 17 Mortgage 	ssets. Ind r ts pay utions and no ges pa	net worth able. , gifts, or grants payable. otes payable. Attach schedule.		251.		• 44,046 • • 236,298
12 Other a: 13 Total as 14 Account 15 Contribut 16 Bonds a 17 Mortgag 18 Other li 19 Capital	ssets. Ind r ts pay utions and no ges pa abiliti stock	net worth able. able, or grants payable. bets payable. Attach schedule ayable. es. Attach schedule. or principle fund		251.		• 44,046 •
12Other a:13Total asiabilities a14Account15Contribut16Bonds a17Mortgag18Other li19Capital20Paid-in	ssets. Ind r ts pay utions and no ges pa abiliti stock or ca	net worth able. , gifts, or grants payable. otes payable. Attach schedule ayable. ayable. <td< td=""><td></td><td>251.</td><td></td><td>• 44,046 • • 236,298 • 810,651</td></td<>		251.		• 44,046 • • 236,298 • 810,651
12Other a:13Total asiabilities a14Account15Contribut16Bonds a17Mortgag18Other li19Capital20Paid-in21Retained	ssets. Ind r ts pay utions and no ges pa abiliti stock or ca d earr	net worth able. able, or grants payable. bets payable. Attach schedule ayable. es. Attach schedule. or principle fund		251.		• 44,046 • • 236,298 • 810,651

Federal income tax. not included in this return. **3** Excess of capital losses over capital gains Attach schedule..... • 4 Income not recorded on books this year. 8 Deductions in this return not charged Attach schedule..... • against book income this year. **5** Expenses recorded on books this year not deducted Attach schedule..... • in this return. Attach schedule 9 Total. Add line 7 and line 8 6 Total. 10 Net income per return. 33,112. Add line 1 through line 5. Subtract line 9 from line 6... 33,112.

059

3652104

IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE:	Using black or blue ink, make check or money order payable to the
	'Franchise Tax Board.' Write the corporation number or FEIN and
	'2010 FTB 3539' on the check or money order. Detach form below. Enclose, but do not staple, payment with form and mail to:
	Enclose, but uo not staple, payment with form and main to.
	FRANCHISE TAX BOARD
	PO BOX 942857
	SACRAMENTO CA 94257-0551
	SAGNAMENTO CA 54257-0351
Make all checks or mo	oney orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year corporations – File and Pay by March 15, 2011 Fiscal year filers – See instructions Employees' trust and IRA – File and Pay by April 15, 2011* Calendar year exempt organizations – File and Pay by May 16, 2011

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. *Due to the federal Emancipation Day holiday on April 15, 2011, tax returns or payments due by this date, and received on April 18, 2011, will be considered timely.

PAY ONLINE: Beginning **November 2010**, corporations and exempt organizations can make payments electronically at the Franchise Tax Board's website using Web Pay. After a one-time online registration, corporations and exempt organizations can make an immediate payment or schedule payments up to a year in advance. For more information, go to **ftb.ca.gov** and search for **web pay**.

____ DETACH HERE ____ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM ____ DETACH HERE _____

TAXABLE YEAR Payment for Automatic Extension			CALIFORNIA FORM		
2010 for Corps and Exem			3539 (CORP)		
0777682 CALI 95-304872 TYB 08-01-10 TYE 07-31-	• • • • • • • • • • • • •	10	FORM 3		
CALIFORNIA INDEPENDENT PETROI	LEUM ASSOCIATION				
ACCOUNTANT 1112 I STREET SACRAMENTO CA 95814	STE 350				
	TOTAL PAYN	IENT AMT	10.		

L

CALIFORNIA STATEMENTS CALIFORNIA INDEPENDENT PETROLEUM

ASSOCIATION

PAGE 1

CLIENT 509

95-3048726 01:27PM

6/11/12

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

ADVERTISING	Ś	225
ANNUAL MEETING	Ŧ	516 491
GOLF TOURNAMENT		1/ 556
OTHER MISC RVENUE		15 799
		2 260
SEMINARS	~	5,300.
IUIAL	, Ş	55U,4ZU.

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS <u>PER WEEK DEVOTED</u>	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HAL WASHBURN	CHAIRMAN 5.00			
CRAIG BARTO 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	PAST CHAIRMAN 3.00	0.	0.	0.
HORMOZ AMERI 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	TREASURER 3.00	0.	0.	0.
STEVEN RUSCH 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	SECRETARY 3.00	0.	0.	0.
CHRIS HALL VICE PRESIDENT SACRAMENTO, CA 95814	LOS ANGELES VP 3.00	0.	0.	0.
MARK ELLIS 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
TIM CRAWFORD 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	SAN JOSE VP 3.00	0.	0.	0.
FRANK KOMIN 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
	DIRECTOR 3.00	0.	0.	0.

2010

CALIFORNIA STATEMENTS

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

95-3048726

01:27PM

6/11/12

CLIENT 509

STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS <u>PER WEEK DEVOTED</u>		BUTION TO	
GARY LOWER 1112 I STREET, SUITE 350 SACAMENTO, CA 95814	COASTAL VP 3.00	\$0.	\$0.	\$0.
ROBERT DAVIS 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	NOR-CAL VP 3.00	0.	0.	0.
ROD ESON 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
JEFFREY WARREN 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
DAVID KILPATRICK 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
MAC MCFARLAND 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
ROCK ZIERMAN 1112 I STREET, SUITE 350 SACRAMENTO, CA 95814	CEO 40.00	168,887.	0.	0.
	TOTAI	\$ 168,887.	<u>\$0.</u>	<u>\$0.</u>

STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

BAD DEBT. BOARD OF DIRECTORS EXPENSE. CONFERENCES, CONVENTIONS, AND MEETINGS. EQUIPMENT LEASE AND SERVICE. LEGAL FEES. LOBBYING FEES. MEMBERSHIP COMMUNICATION. NON-DUES RELATED CAMPAIGN EXPS. OFFICE EXPENSES. OTHER EMPLOYEE BENEFIT. OTHER FEES. PENSION PLAN CONTRIBUTIONS.	<pre>\$ 18,666. 11,990. 22,434. 276,795. 13,955. 34,227. 270,016. 14,544. 73,470. 33,732. 46,854. 10,000. 8,304. 58,303.</pre>
SPECIAL SERVICES.	58,304.
TAXES AND FEES.	2,205.

2010		PAGE 3
CLIENT 509	CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION	95-3048726
6/11/12		01:27PM
STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 17 OTHER EXPENSES		
	\$ TOTAL <u>\$</u>	15,945. <u>41,282.</u> 952,722.
STATEMENT 4 FORM 199, SCHEDULE L, LINE OTHER LIABILITIES	18	
DEFERRED REVENUE	TOTAL <u>\$</u>	236,298. 236,298.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Depa Inter	artment of t nal Revenu	he Treasury e Service	The organization	I may have to use a copy of	this return to satisfy	y state reporti	ng requirements.		Inspection	
Α	For the	2011 calend	dar year, or tax year begin	ning 8/01	, 2011, a	and ending	g 7/31		, 2012	_
В	Check if ap	oplicable:	C				D Em	oloyer Ident	tification Number	
	X Addre	ess change	CALIFORNIA INDEP	ENDENT PETROL	EUM		95	5-3048	726	
	Name	change	ASSOCIATION				E Tele	phone num	ber	
	Initial		1001 K STREET, 6 SACRAMENTO, CA 9				91	6-447	-1177	
	Termi	nated	SACRAMENIO, CA 9	5014						
	Amen	ided return					G Gros	s receipts	\$ 1,650,855	•
	Applic	cation pending	F Name and address of principa	l officer: ROCK ZIER	MAN		H(a) Is this a group r		iliates? Yes XI	No
			1001 K STREET, 6TH F	LOOR SACRAMENTO,	CA 95814		H(b) Are all affiliates If 'No,' attach a			No
1	Tax-exe	mpt status	501(c)(3) X 501(c) (6)◀ (insert no.)	4947(a)(1) or	527	ii No, attach a	131. (300 111	situctions)	
J	Websi		W.CIPA.ORG				H(c) Group exemption	n number 🎙	•	
κ			X Corporation Trust	Association Other►	LY	ear of Formati	on: 1976 I	X State of	legal domicile: CA	
Pa	art I	Summary	y							
			be the organization's miss							_
e	<u>_P</u>	<u>RODUCER.</u>	<u>S INDUSTRY IN CA</u>	<u>LIFORNIA AND 1</u>	<u>CHE UNITED</u>	<u>STATES</u>	•			_
nan										-
ver	2 Cł	neck this bo	x ▶ if the organizatio	n discontinued its op	orations or dispo		ro than 25% of i	te not ac		-
ő			ting members of the gover							49
న న			dependent voting member							48
/itie			of individuals employed in							5
Activities & Governance			of volunteers (estimate if						00.465	0
4			d business revenue from						-28,467	
	DINE	et unrelated	business taxable income	from Form 990-1, line	9 34				-20,888).
	8 Co	ontributions	and grants (Part VIII, line	16)			Prior Ye	ar	Current Year	—
ne			ice revenue (Part VIII, line					. 645	1,590,157	1
Revenue			come (Part VIII, column (/					,728.		
Be			e (Part VIII, column (A), lii					,569.	-7,359).
	12 To	otal revenue	- add lines 8 through 11	(must equal Part VIII	, column (A), lin	ne 12)	1,481	,942.	1,583,605	; .
	13 Gr	rants and si	milar amounts paid (Part	X, column (A), lines	1-3)		36	,500.		
	14 Be	enefits paid	to or for members (Part I)	K, column (A), line 4)						
ø	15 Sa	alaries, othe	er compensation, employe	e benefits (Part IX, co	olumn (A), lines	5-10)	468	,756.	512,433	١.
nse:	16a Pr	ofessional f	fundraising fees (Part IX, o	column (A), line 11e).						
Expenses	b To	otal fundrais	ing expenses (Part IX, co	umn (D), line 25) 🕨						
ш	17 Ot	ther expense	es (Part IX, column (A), li	nes 11a-11d, 11f-24e)		943	,574.	1,117,663	3.
	18 To	tal expense	es. Add lines 13-17 (must	equal Part IX, columr	n (A), line 25)		1,448	,830.	1,630,096	5.
	19 Re	evenue less	expenses. Subtract line 1	8 from line 12			33	,112.	-46,491	
r s							Beginning of Cur		End of Year	
Net Assets or Fund Balances	20 To	•	Part X, line 16)				1,090		2,226,926	
at As nd B	21 To	otal liabilities	s (Part X, line 26)					,344.	1,462,766	
			fund balances. Subtract li	ne 21 from line 20			810	,651.	764,160).
		Signature								
Unc	ler penalties plete. Decla	s of perjury, I de aration of prepa	eclare that I have examined this ref arer (other than officer) is based on	urn, including accompanying all information of which pre	schedules and staten barer has any knowled	ments, and to t dge.	the best of my knowle	dge and be	elief, it is true, correct, and	
Sid	nn	Signatur	re of officer				Date			
Siq He	re	ROCH	K ZIERMAN				CEO			
			print name and title.							—
		Print/Type p	reparer's name	Preparer's signature		Date	Check	if	PTIN	
Pa	id	JAMES H	. FRITZSCHE, CPA				self-emp	loyed	P00423351	
Pre	eparer	Firm's name		IATES, INC.						
	e Only	Firm's addre					Firm's E	<u>IN ► 32</u> -	-0343346	
			SACRAMENTO, CA	95831-3890			Phone n	o. 916-	422-2111	
Ma	y the IRS	6 discuss thi	is return with the preparer	shown above? (see	instructions)				X Yes No	,
BA	A For Pa	aperwork R	eduction Act Notice, see	the separate instructi	ons.	TEE	A0113L 08/18/11		Form 990 (201	11)

Form	990 (2011) CALIFORNIA INDEPENDE	NT PETROLEUM		95-3048726	Page 2
Par	t III Statement of Program Service	Accomplishments			
	Check if Schedule O contains a respon	se to any question in this Par	t III		
1	Briefly describe the organization's mission: <u>TO</u> <u>PROMOTE THE INDEPENDENT</u> PI <u>STATES</u> .	ETROLEUM PRODUCERS	INDUSTRY IN CAL	IFORNIA AND THE U	<u>NITED</u>
2	Did the organization undertake any significant Form 990 or 990-EZ? If 'Yes,' describe these new services on Scher		•		X No
3	Did the organization cease conducting, or mal If 'Yes,' describe these changes on Schedule	ъ т	it conducts, any program	services? Yes	X No
4	Describe the organization's program service a Section 501(c)(3) and 501(c)(4) organizations others, the total expenses, and revenue, if an	ccomplishments for each of it and section 4947(a)(1) trusts y, for each program service re	s three largest program s are required to report th eported.	services, as measured by e e amount of grants and allo	xpenses. ocations to
4a	(Code:) (Expenses \$) PROVIDED OPPORTUNITIES FOR H A PROFESSIONAL AND EFFECTIVE)(Revenue \$ MOTE_THEIR_INDUST) RY_IN
					· -
					· -
					·
					· -
46	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
					·
					·
4 c	: (Code:) (Expenses \$	including grants of	\$) (Revenue \$)
40	Other program services. (Describe in Schedul	e O.)			
_		ding grants of \$) (Revenue	\$)
4e	Total program service expenses ►				

Form 990 (2011) CALIFORNIA INDEPENDENT PETROLEUM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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	Х	
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? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	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>	11 b		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	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> .	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f	Х	
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		Х
	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	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
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		Х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) CALIFORNIA INDEPENDENT PETROLEUM

Pa	rtiv	Checklist of Required Schedules (continued)			
				Yes	No
21	Did t Unite	the organization report more than \$5,000 of grants and other assistance to governments and organizations in the ed States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21		Х
22	Did t IX, c	the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did t and	the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete edule J</i> .	23	Х	
~ ~			23	21	<u> </u>
24	the l	the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and</i> plete Schedule K. If 'No,'go to line 25	24a		Х
I	b Did t	the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	any	the organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?	24c		
(d Did t	the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Sect disqu	tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a ualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	that	e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete edule L, Part I	25b		
26	Was disqu	a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or ualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	conti	the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial ributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member ny of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27		x
28	Was instr	the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV uctions for applicable filing thresholds, conditions, and exceptions):			
	a A cu	rrent or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A fai Sche	mily member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete edule L, Part IV</i>	28b		Х
	c An e	entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			37
29		er, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c 29		X X
			25		Λ
30	conti	the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did t	the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32		the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete edule N, Part II	32		Х
33	Did t 301.	the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34		the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 1	34		х
35	a Did t	the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b Did t of se	the organization receive any payment from or engage in any transaction with a controlled entity within the meaning ection 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Sect orga	tion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related inization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did t treat	the organization conduct more than 5% of its activities through an entity that is not a related organization and that is ted as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did t Note	the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? All Form 990 filers are required to complete Schedule O	38	Х	
BAA	4		Form	990 ((2011)

۵	5	_	2	n	Λ	Q	7	2	6	
У	5	-	3	U	4	ŏ	1	Ζ.	n	

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Forn	n 990 (2011) CALIFORNIA INDEPENDENT PETROLEUM 95-304872	6	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 31			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
28	a 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 5			
		2b	v	
1	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Х	
2	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	2-	Х	
	 a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 	3a 3b	X	
		20	Λ	
43	a 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		Х
	b If 'Yes,' enter the name of the foreign country: ►	Tu		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
	-			
68	a 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?	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
	not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a 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		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_		
	Form 8282?	7c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	. 9		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
Ū	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	•		
•	holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	a Did the organization make any taxable distributions under section 4966?	9a 9b		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
		-		
	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	a 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.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
I	b Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14b		

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	ction A. Governing Body and Management						
			Yes	No			
1;	a Enter the number of voting members of the governing body at the end of the tax year 1a 49						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad						
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
I	b Enter the number of voting members included in line 1a, above, who are independent 1b 48						
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		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
Л	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		Х			
since the prior Form 990 was filed?							
5		4 5		<u>Х</u> Х			
6	Did the organization have members or stockholders?SEESCHEDULE . 0	6	Х				
		-					
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х			
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?							
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by							
the following: a The governing body?							
b Each committee with authority to act on behalf of the governing body?							
9 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? <i>If 'Yes,' provide the names and addresses in Schedule O</i>							
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
10	- Did the survey is the stand shows have a set of the table	10 -	Yes	No X			
	a Did the organization have local chapters, branches, or affiliates?	10a		Λ			
I	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b					
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O						
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х				
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х			
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		Х			
	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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?						
	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.	15a	Х				
	b Other officers of key employees of the organization.	15b		Х			
-	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16							
taxable entity during the year?							
	a 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		X			
	 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 	16a 16b		X			
	 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 			X			
Sec	 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 			<u>X</u>			
Sec	 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a 	16b	e for				
Sec 17	 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE 	16b	e for				

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 during the tax year. SEE SCHEDULE O 19

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ACCOUNTANT 1001 K STREET, 6TH FLOOR SACRAMENTO CA 95814 916-447-1177

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

95-3048726

Page 7

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.

—		(C)								
(A) Name and title	(B) Average hours per week	unless person is both an officer rs and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) STEVEN RUSCH										
CHAIRMAN	5	Х		Х				0.	0.	0.
(2) HORMOZ AMERI										
PAST CHAIRMAN	3	Х		Х				0.	0.	0.
(3) KENNETH HUNTERS								_	_	_
TREASURER	3	Х		Х				0.	0.	0.
(4) STEPHEN LAYTON										-
SECRETARY	3	Х		Х				0.	0.	0.
(5) CHRIS HALL	_									
LOS ANGELES VP	3	Х		Х				0.	0.	0.
	_									
NC VP	3	Х		Х				0.	0.	0.
(7) TIM CRAWFORD									2	0
SAN JOSE VP	3	Х		Х				0.	0.	0.
(8) LARRY HUSKINS									2	0
CO VP	3	Х		Х				0.	0.	0.
(9) DONALD MACPHERSON									2	0
DIRECTOR	3	Х		Х				0.	0.	0.
(10) CRAIG BARTO		37		37				0	0	0
DIRECTOR	3	Х		Х				0.	0.	0.
(11) GREGORY BROWN		37		37				0	0	0
DIRECTOR	3	Х		Х				0.	0.	0.
(12) JEFF DITTMAN		37		37				0	0	0
DIRECTOR	3	Х		Х				0.	0.	0.
(13) FRANK KOMIN	-	v		v				0	0	0
DIRECTOR	3	Х		Х				0.	0.	0.
(14) DAVID KILPATRICK		v		v				0	0	0
DIRECTOR	3	Х		Х				0.	0.	0.

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Par	t VII Section A. Officers, Directors, Trust	ees, k	<u> Key</u>	En	nplo	bye	es,	and	Highest Com	pensated Empl	oyees	; (cor	1t)
			(C)										
	(A) Name and title	(B) Average hours	box.	, unle	heck ss pe	rson	than is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of ot	ther
		per week (describ	Ind or o	Inst	Officer	Key	Hig	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f	pensation rom the ganization	
		` e hours	Individual or director	Institutional	cer	' emp	Highest compensated employee	mer			ar	nd relate	ed
		for related organi-	or or	<u>w</u>		employee	compe						
		zations in	tee	trustee		-	ensat						
		Sch O)					ed						
(15)	MAC MCFARLAND	3	v		Х				0	0			0
(16)	JIM STANDLEY	3	Х		Λ				0.	0.			0.
<u></u>	DIRECTOR	3	Х		Х				0.	0.			0.
(17)	ROCK_ZIERMAN												
<u> </u>	CEO	40	 		Х		1		143,736.	0.		37,1	158.
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
(23)													
(0.0)													
<u>(24)</u>													
(25)													
1 h	Sub-total							•	143,736.	0.		37 1	158.
	Total from continuation sheets to Part VII, Section								0.	0.		57,1	0.
	Total (add lines 1b and 1c)							►	143,736.	0.		37,1	158.
2	Total number of individuals (including but not limite	d to the	ose l	iste	d ab	ove) wh	o re	ceived more than	\$100,000 of reporta	able co	npens	ation
	from the organization <a>1											Yes	No
3	Did the organization list any former officer, director	or trus	tee.	kev	em	nlov	ee.	or hi	ghest compensate	ed employee		103	
-	on line 1a? If 'Yes,' complete Schedule J for such in										. 3		Х
4	For any individual listed on line 1a, is the sum of re the organization and related organizations greater the	han \$1	50,0	00'?	<i>lf</i> '}	′es'	com	plet	e Schedule J for			v	
5	such individual Did any person listed on line 1a receive or accrue c	ompen	satio	on fr	om	any	unre	elate	d organization or	individual		Х	
Sec	for services rendered to the organization? If 'Yes,' of tion B. Independent Contractors	comple	te So	chec	lule	J fo	r su	ch p	erson		. 5	<u> </u>	Х
	Complete this table for your five highest compensat	ed inde	epen	den	t coi	ntra	ctors	tha	t received more the	nan \$100,000 of			
	compensation from the organization. Report compe	ISalioi		the	Cale	llua	ryea	arei	(B)		-		
	(A) (B) (C) Compensation												
2	Total number of independent contractors (including	but no	t lim	ited	to t	hose	e list	ed a	above) who receiv	ed more than			

\$100.000 in	compensation	from the	organization •	• 0
φ100,000 m	oomponsation		organization	•

Form 990 (2011) CALIFORNIA INDEPENDENT PETROLEUM Part VIII Statement of Revenue

95-3048726

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Pa	t VIII Statement of Revenue				r
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a1 ab Membership dues1 bc Fundraising events1 cd Related organizations1 d				
UTIONS,	e Government grants (contributions) 1e f All other contributions, gifts, grants, and	_			
CONTRIBI	similar amounts not included above 1f g Noncash contributions included in Ins 1a-1f: \$				
	Business Code				
NU			002.000		
EVE	2a MEMBERSHIP_DUES 561499	892,986.	892,986.		
ER	b ANNUAL MEETING 900099	497,722.	497,722.		
٨ic	c VOLUNTARY ASSESSMENTS 900099	192,165.	192,165.		
ER	d SEMINARS 519100	7,284.	7,284.		
W					
PROGRAM SERVICE REVENUE	f All other program service revenue g Total. Add lines 2a-2f	► 1 E00 1E7			
۵.					
	3 Investment income (including dividends, interest and other similar amounts)	.► 807.			807.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	. ►			
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less: rental expenses. 47, 919.				
	c Rental income or (loss) $-29,467$.				
		▶ -29 467		20 467	
	d Net rental income or (loss)	-29,467.		-29,467.	
	7a Gross amount from sales of assets other than inventory. (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	. ►			
UE	8a Gross income from fundraising events (not including. \$				
OTHER REVEN	of contributions reported on line 1c).				
k RE	See Part IV, line 18 a 33, 99	9.			
НЕР	b Less: direct expenses b 19,33				
10	c Net income or (loss) from fundraising events				14,668.
	9a Gross income from gaming activities.				14,000.
	See Part IV, line 19a				
	b Less: direct expenses				
	c Net income or (loss) from gaming activities	. ►			
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory	. ►			
	Miscellaneous Revenue Business Code				
	11a OTHER MISC REVENUE 900099	6,440.	6,440.		
		1,000.	0,440.	1,000.	
		±,000.		I,000.	
	¢				
	d All other revenue				
	e Total. Add lines 11a-11d	/			
	12 Total revenue. See instructions	.► 1,583,605.	1,596,597.	-28,467.	15,475.
					Earma 000 (2011)

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). 0 . . 1.157

_	Check if Schedule O contains a response to any question in this Part IX								
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	180,894.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	241,465.							
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	8,951.							
9	Other employee benefits.	53,471.							
10	Payroll taxes	27,652.							
11	Fees for services (non-employees):								
ä	a Management								
I	b Legal	101,159.							
(c Accounting	31,226.							
(Lobbying	373,885.							
(e Professional fundraising services. See Part IV, line 17								
t	Investment management fees								
	g Other								
12	Advertising and promotion								
13	Office expenses.	4,758.							
14	Information technology								
15	Royalties	05 500							
16		27,500.							
17	Travel	56,566.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	250,069.							
20	Interest	12,807.							
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	4,891.							
23 24	Insurance Other expenses. Itemize expenses not	7,103.							
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
ä	MEMBERSHIP COMMUNICATION	65,198.							
I	SPECIAL SERVICES	57,412.							
(ADMIN_SERVICES	51,359.							
(BOARD_OF_DIRECTORS_EXPENSE	17,871.							
(e All other expenses	55,859.							
25	Total functional expenses. Add lines 1 through 24e	1,630,096.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.								
	Check here ► if following								
	SOP 98-2 (ASC 958-720)								

Form 990 (2011) CALIFORNIA INDEPENDENT PETROLEUM

Part X	Balance	Sheet

<u>г</u> а					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			275,008.	1	84,376.
	2	Savings and temporary cash investments		-	731,894.	2	151,766.
	3	Pledges and grants receivable, net.	-	- /	3	- ,	
	4	Accounts receivable, net		75,418.	4	114,264.	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trustee	es, key employees, edule l		5	·
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contr sponsoring organizations of section 501(c)(9) voluntai organizations (see instructions).	ed under ibuting e ry employ	section 4958(f)(1)), mployers and yees' beneficiary		6	
A S	7	Notes and loans receivable, net		-		7	
Ŝ	8	Inventories for sale or use				8	
ASSETS	9	Prepaid expenses and deferred charges		-		9	
-		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		1,887,893.		_	
		Less: accumulated depreciation.		11,373.	8,675.	10 c	1,876,520.
		Investments – publicly traded securities		0,013.	11	1,070,520.	
	12	Investments – other securities. See Part IV, line 11		-		12	
	13	Investments – program-related. See Part IV, line 11.		-		13	
	14	Intangible assets.		-		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line		1,090,995.	16	2,226,926.	
	17	Accounts payable and accrued expenses			44,046.	17	117,712.
	18	Grants payable		18			
	19	Deferred revenue		236,298.	19	214,756.	
L	20	Tax-exempt bond liabilities				20	
A	21	Escrow or custodial account liability. Complete Part I	V of Sch	edule D		21	
A B I L I T	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per of Schedule L.	stees, ke rsons. Co	y employees, omplete Part II		22	
i E S	23	Secured mortgages and notes payable to unrelated th				23	1,130,298.
s	24	Unsecured notes and loans payable to unrelated third				24	, ,
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25.			280,344.	26	1,462,766.
NET		Organizations that follow SFAS 117, check here ►	X and	complete lines			
Ť		27 through 29 and lines 33 and 34.					
Ş	27	Unrestricted net assets			810,651.	27	764,160.
ร้างการ	28	Temporarily restricted net assets.				28	
	29	Permanently restricted net assets		29			
0 R		Organizations that do not follow SFAS 117, check he	ere ►	and complete			
FUND		lines 30 through 34.					
N D	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, or equipm	nent fund	· · · · · · · · · · · · · · · · · · ·		31	
Ä	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
BALAZCEN	33	Total net assets or fund balances			810,651.	33	764,160.
5	34	Total liabilities and net assets/fund balances			1,090,995.	34	2,226,926.

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Form 990 (2011)

Form 990 (2011) CALIFORNIA INDEPENDENT PETROLEUM 95-	3048726		Pa	ige 12			
Part XI Reconciliation of Net Assets							
Check if Schedule O contains a response to any question in this Part XI				. 🗌			
1 Total revenue (must equal Part VIII, column (A), line 12) 1							
2 Total expenses (must equal Part IX, column (A), line 25) 2							
3 Revenue less expenses. Subtract line 2 from line 1			46,4 10,6	191.			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5 Other changes in net assets or fund balances (explain in Schedule O).	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							
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII							
		· · · · · · · · · · · · · · · · · · ·	Yes	· L			
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			163	NO			
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		Х			
b Were the organization's financial statements audited by an independent accountant?		2b	Х				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2c	Х				
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 issu separate basis, consolidated basis, or both:	ied on a						
Separate basis X 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 Audit Act and OMB Circular A-133?	Single	3a		Х			
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired audit	3b					
BAA		Form	990 ((2011)			

SCHEDULE C		Political Compaign and I	obbying Activ	vition	OMB No. 1545-0047			
(Form 990 or 990-EZ)	m 990 or 990-EZ)							
	For	Organizations Exempt From Income Tax	.,		2011			
Department of the Treasury		Complete if the organizatio			Open to Public			
Department of the Treasury Internal Revenue Service		► Attach to Form 990 or Form 990-EZ.	•		Inspection			
-		,' to Form 990, Part IV, line 3, or Form 990	•	olitical Campaign Activ	rities), then			
	0	s: Complete Parts I-A and B. Do not comp tion 501(c)(3)) organizations: Complete Pa		Do not complete Part I I	P			
 Section 501(c) (011 Section 527 organi. 			and the below.		D.			
If the organization ans	wered 'Yes	,' to Form 990, Part IV, line 4, or Form 990 s that have filed Form 5768 (election unde	· · ·					
 Section 501(c)(3) c Part II-A. 	organization	s that have NOT filed Form 5768 (election	under section 501(h)): Complete Part II-B. D	o not complete			
-		,' to Form 990, Part IV, line 5 (Proxy Tax) or rganizations: Complete Part III.	or Form 990-EZ, Part	V, line 35a (Proxy Tax),	then			
Name of organization	(0), 0. (0) 0			Employer identifica	tion number			
CALIFORNIA IND	EPENDEN	T PETROLEUM		95-304872	6			
		rganization is exempt under section	on 501(c) or is a	section 527 organiz	ation.			
1 Provide a descrip	tion of the	organization's direct and indirect political of	campaign activities in	Part IV.				
		· · · · · · · · · · · · · · · · · · ·						
				-				
Part I-B Complet	e if the o	rganization is exempt under section	on 501(c)(3).					
1 Enter the amount	t of any exc	ise tax incurred by the organization under	section 4955	▶\$				
2 Enter the amount	t of any exc	ise tax incurred by organization managers	under section 4955.	▶\$				
		a section 4955 tax, did it file Form 4720 for						
-		·	•					
b If 'Yes,' describe								
Part I-C Complet	e if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).				
		pended by the filing organization for section						
		g organization's funds contributed to other						
3 Total exempt fun- line 17b	ction expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	►\$				
		e Form 1120-POL for this year?		-				
5 Enter the names, organization mad amount of politica	addresses le payments al contributi	and employer identification number (EIN) s. For each organization listed, enter the a ons received that were promptly and direc al action committee (PAC). If additional spa	of all section 527 pol mount paid from the tly delivered to a sepa	itical organizations to w filing organization's fund arate political organization	hich the filing Is. Also enter the on. such as a separate			
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political			
			()	organization's funds. If none, enter-0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
BAA For Paperwork Redu	ction Act Noti	ice, see the Instructions for Form 990 or 990-EZ.		Schedule C (For	m 990 or 990-EZ) 2011			

Schedule C (Form 990 or 990-EZ) 201				95-304	
Part II-A Complete if section 501(the organizatio h)).	n is exempt under se	ection 501(c)(3) and	d filed Form 5768 (e	lection under
A Check ► if the filir	ng organization belo	ngs to an affiliated group	(and list in Part IV eac	h affiliated group memb	er's name,
address,	EIN, expenses, and	share of excess lobbying	g expenditures).		
B Check ► if the filir	ng organization che	cked box A and 'limited co	ontrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pu	blic opinion (grass roots l	obbying)		
b Total lobbying expenditu	ires to influence a l	egislative body (direct lob	bying)		
c Total lobbying expenditu	ures (add lines 1a a	nd 1b)			
d Other exempt purpose e					
e Total exempt purpose e	xpenditures (add lir	nes 1c and 1d)			
f Lobbying nontaxable an both columns.	nount. Enter the am	ount from the following ta	able in		
If the amount on line 1e, colu	umn (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 exces	s over \$500,000.		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the exces	s 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 a	amount (enter 25%	of line 1f)			
h Subtract line 1g from lin	e 1a. If zero or less	s, enter -0			
i Subtract line 1f from line	e 1c. If zero or less	, enter -0			
j If there is an amount ot section 4911 tax for this	ner than zero on eit year?	her line 1h or line 1i, did	the organization file Fo	rm 4720 reporting	···· Yes No
(Some	e organizations tha	4-Year Averaging Period t made a section 501(h) e s below. See the instruct	election do not have to	complete all of the five Jh 2f.)	
	Lobb	ying Expenditures During	g 4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					

c Total lobbying expenditures		
d Grassroots nontaxable amount		
e Grassroots ceiling amount (150% of line 2d, column (e))		
f Grassroots lobbying expenditures		

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Schedule **C** (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 CALIFORNIA INDEPENDENT PETROLEUM 95-3048726 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)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	V	(a) (l		(b)	
	Yes	No	Am	ount	
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, 					
through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
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?					
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 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		, or			
section 501(c)(6).					
				Yes No	
1 Were substantially all (90% or more) dues received nondeductible by members?			1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Х	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			•		
				X	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	(c)(5)	, or s	ection III-A, line	e 3, is	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O	(c)(5) R (b)	, or s	ection III-A, line	e 3, is	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). 	(c)(5) R (b)	, or s Part	ection III-A, line	3, is	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 	(c)(5) R (b)	, or s Part	ection III-A, line	3, is	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). 	(c)(5) R (b)	, or s Part 1	ection III-A, line	3, is	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. 	(c)(5) R (b)	, or s Part 1 2a	ection III-A, line 1, 0	3, is 071,609. 073,885.	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. 	(c)(5) R (b)	, or s Part 1 2a 2b	ection III-A, line 1, 0 3	1 1	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 political estimate of nondeductible lobbying and political expension agree to carryover to the reasonable estimate of nondeductible lobbying and political estimate of nondeductible lobbying and political expensions. 	(c)(5) R (b)	, or s Part 1 2a 2b 2c 3	ection III-A, line 1, 0 3	3, is 371, 609. 373, 885. 373, 885. 31, 887.	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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 polit expenditure next year? 	(c)(5) R (b)	or s Part	ection III-A, line 1, 0 3	3, is 371, 609. 373, 885. 373, 885. 31, 887. 0.	
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 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politi expenditure next year?. 5 Taxable amount of lobbying and political expenditures (see instructions)	(c)(5) R (b)	, or s Part 2 2 2 2 5	ection III-A, line	e 3, is 071,609. 073,885. 031,887. 0. 0.	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politi expenditure next year?. 5 Taxable amount of lobbying and political expenditures (see instructions)	(c)(5) R (b)	, or s Part 2 2 2 2 5	ection III-A, line	e 3, is 071,609. 073,885. 031,887. 0. 0.	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politi expenditure next year?. 5 Taxable amount of lobbying and political expenditures (see instructions)	(c)(5) R (b)	, or s Part 2 2 2 2 5	ection III-A, line	e 3, is 071,609. 073,885. 031,887. 0. 0.	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politi expenditure next year?. 5 Taxable amount of lobbying and political expenditures (see instructions)	(c)(5) R (b)	, or s Part 2 2 2 2 5	ection III-A, line	e 3, is 071,609. 073,885. 031,887. 0. 0.	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politi expenditure next year?. 5 Taxable amount of lobbying and political expenditures (see instructions)	(c)(5) R (b)	, or s Part 2 2 2 2 5	ection III-A, line	e 3, is 071,609. 073,885. 031,887. 0. 0.	
 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' 1 Dues, assessments and similar amounts from members. 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). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politi expenditure next year?. 5 Taxable amount of lobbying and political expenditures (see instructions)	(c)(5) R (b)	, or s Part 2 2 2 2 5	ection III-A, line	e 3, is 071,609. 073,885. 031,887. 0. 0.	

Schedule C (Form 990 or 990-EZ) 2011 CALIFORNIA INDEPENDENT PETROLEUM Part IV Supplemental Information (continued)

SCHEDULE D	OMB No. 1545-0047
(Form 990) Supplemental Financial Statements	2011
► Complete if the organization answered 'Yes,' to Form 990, Department of the Treasury Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	Open to Public
Internal Revenue Service Attach to Form 990. See separate instructions.	Inspection yer identification number
CALIFORNIA INDEPENDENT PETROLEUM	
ASSOCIATION 95-3	3048726
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts the organization answered 'Yes' to Form 990, Part IV, line 6.	. Complete if
(a) Donor advised funds (b) Funds a	and other accounts
1 Total number at end of year 2 Aggregate contributions to (during year)	
2 Aggregate contributions to (during year) 3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	. Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, P	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	,
Preservation of land for public use (e.g., recreation or education) Preservation of an historically im	
Protection of natural habitat	c structure
 Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons 	ervation easement on the
last day of the tax year.	
a Total number of conservation easements	the End of the Tax Year
b Total acreage restricted by conservation easements.	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza tax year ►	tion during the
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	. Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the y ►	/ear
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	. Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and b include, if applicable, the text of the footnote to the organization's financial statements that describes the organ conservation easements.	alance sheet, and ization's accounting for
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	Assets.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu following amounts relating to these items:	Iblic service, provide the
(i) Revenues included in Form 990, Part VIII, line 1	
	►\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pranounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	►\$
	►\$ Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 CALIE						95-304			Page 2
Part III Organizations Mainta	ining Colle	ections	s of Art, Histo	orical Treasures, or	r Other	Similar Ass	ets (c	ontinu	ied)
3 Using the organization's acquisiti items (check all that apply):	ion, accession	n, and c	ther records, ch	eck any of the following	g that are	e a significant ι	use of it	s collec	tion
a Public exhibition			d 🗌 Loan d	or exchange programs					
b Scholarly research			e Other						
c Preservation for future gener	ations								
4 Provide a description of the orga Part XIV.							se in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be mai	ntained as part of	of the organization's co	Ilection?				No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen amount on	rents. Form	Complete if t 990, Part X,	he organization an line 21.	iswerec	l 'Yes' to Foi	rm 990), Parl	ίΙV,
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or ot	her intermediary	for contributions or oth	ner asset	s not	Yes		No
b If 'Yes,' explain the arrangement								L	
							Amour	ıt	
c Beginning balance					10	:			
d Additions during the year					1c	I			
e Distributions during the year					1e	•			
f Ending balance					1f				
2a Did the organization include an a	mount on Fo	rm 990,	Part X, line 21?				Yes		No
b If 'Yes,' explain the arrangement									
Part V Endowment Funds. Co	omplete if t	he org	anization ans	swered 'Yes' to For	<u>m 990,</u>	Part IV, line	e 10.		
	(a) Current	year	(b) Prior year	r (c) Two years bac	k (d)	Three years back	(e)	Four year	s back
1 a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage		nt year	end balance (lin	e 1g, column (a)) held	as:				
a Board designated or quasi-endov	vment 🕨 🔄		010						
b Permanent endowment	0								
c Temporarily restricted endowmer			0						
The percentages in lines 2a, 2b,	and 2c shoul	d equal	100%.						
3a Are there endowment funds not i organization by:	n the posses	sion of	the organization	that are held and admi	inistered	for the	[Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations									
b If 'Yes' to 3a(ii), are the related of	organizations	listed a	s required on So	hedule R?			3b		
4 Describe in Part XIV the intended	d uses of the	organiz	ation's endowme	ent funds.					
Part VI Land, Buildings, and	Equipment	t. See	Form 990, Pa	art X, line 10.					
Description of property		(a) Cos (ir	t or other basis vestment)	(b) Cost or other basis (other)		ccumulated preciation	(d)	Book va	alue
1 a Land				154,665.				154	,665.
b Buildings				1,714,896.		10,718.	1	,704	,178.
c Leasehold improvements									
d Equipment									
e Other				18,332.		655.			<u>,677.</u>
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Fo	rm 990, Part X, (column (B), line 10(c).))				,520.
BAA						Sched	lule D (F	⁻ orm 99	90) 2011

	In the state of the	Other Ceauvit	Lee Coo Forma (200 Dert V Lin
Schedule D	(Form 990) 2011	CALIFORNIA	INDEPENDENT	PETROLEUM

Part VII	Investments - Other Securities. See	Form 990, Part X,	line 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion: ′ket value
(1) Financ	ial derivatives			
	y-held equity interests			
(3) Other				
<u>(A)</u>				
<u>(B)</u>				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
<u>(F)</u> (G)				
(H)				
()				
	mn (b) must equal Form 990 Part X, column (B) line 12.) ►			
	Investments - Program Related. See	Form 990, Part X,	line 13. N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valua	tion:
			Cost or end-of-year man	ket value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.) . 🕨			
Part IX	Other Assets. See Form 990, Part X, I	ine 15. N/A		
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (B		·····	
Part X	Other Liabilities. See Form 990, Part 2	X, line 25.		
	(a) Description of liability	(b) Book value		
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
 (8)				
(9)				
(10)				
(11)				
-	nn (b) must equal Form 990, Part X, column (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).

Schedule D (Form 990) 2011 CALIFORNIA INDEPENDENT PETROLEUM 95	5-3048726	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year. Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments.		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV.)		
9 Total adjustments (net). Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn N/A	
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:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return N/A	
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:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b Other (Describe in Part XIV.)		
c Add lines 4a and 4b	4c 5	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

___PART X - FIN 48 FOOTNOTE_____

___CIPA AND CNGPA_HAVE ADOPTED THE RECENT_ACCOUNTING_GUIDANCE_FOR_RECOGNIZING_AND____

MEASURING UNCERTAIN TAX POSITIONS. CIPA AND CNGPA FOLLOW THE STATUTORY REQUIREMENTS

____FOR_THEIR_INCOME_TAX_ACCOUNTING_AND_GENERALLY_AVOID_RISKS_ASSOCIATED_WITH_____

POTENTIALLY PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON EXAMINATION.

<u>MANAGEMENT BELIEVES ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING</u>

ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO CIPA'S AND CNGPA'S

TAX-EXEMPT STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE ACCOMPANYING COMBINED

Schedule D (Form 990) 2011 CALIFORNIA INDEPENDENT PETROLEUM	95-3048726	Page 5
Part XIV Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
FINANCIAL STATEMENTS.		

SCHE	EDU	ILE	G	
(Form)

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

2011

Name of the organization CALIFORNIA IN ASSOCIATION					Employer identific 95-304872				
Part I 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.									
 Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custor	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization			
1		Yes	No						
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total	ation is registe	red or lice	nsed to so	licit contributions or ha	as been notified it is exe	0. empt from registration			

Schedule G (Form 990 or 990-EZ) 2011 CALIFORNIA INDEPENDENT PETROLEUM

95-3048726 Page 2

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 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) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming								
		bingo/progressive bingo		(add column (a) through column (c))								
ross revenue												
ash prizes												
on-cash prizes												
ent/facility costs												
ther direct expenses												
olunteer labor	Yes∜ No	Yes% No	Yes∜ No									
irect expense summary. Add lines 2 three	ough 5 in column (d)											
et gaming income summary. Combine li	ines 1, column (d) and	line 7										
et gaming income summary. Combine li	ines 1, column (d) and	line /	····· ►									
organization licensed to operate gaming	activities in each of th	ese states?		 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 								
a o e tt b	Ish prizes In-cash prizes In-cash prizes Int/facility costs her direct expenses Inter labor Inter labor Inter labor Inter the state of the summary. Combine I Inter state of the s	In-cash prizes	oss revenue	oss revenue								

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ)) 2011 CALIFORNIA	INDEPENDENT PETROLEUM	95-3048726	Page 3
		nonmembers?	Yes	No
12 Is the organization a granton administer charitable gamin	r, beneficiary or trustee of g?	f a trust or a member of a partnership or	r other entity formed to	No
13 Indicate the percentage of g	aming activity operated in			
, , ,	o y 1		13a	00
				0/0
14 Enter the name and address	s of the person who prepa	ares the organization's gaming/special ev	vents books and records:	
Name ►				
Address ►				
b If 'Yes,' enter the amount of of gaming revenue retained	f gaming revenue received by the third party ► \$_	ty from whom the organization receives of by the organization ► \$		No
c If 'Yes,' enter name and add	dress of the third party:			
Name ►				
Address ►				l
16 Gaming manager informatio	n:			
Name ►				
Gaming manager compensa	ation ► \$			
Description of services prov	ided ►		·	
Director/officer	Employee	Independent contractor		
17 Mandatory distributions				
state gaming license?		charitable distributions from the gaming	Yes	No
b Enter the amount of distribution organization's own exempt a	•	e law to be distributed to other exempt or	rganizations or spent in the	
Part IV Supplemental Inf	ormation. Complete (v), and Part III, lines	this part to provide the explanati s 9, 9b, 10b, 15b, 15c, 16, and 17 rmation (see instructions).	ons required by Part I, line 2 7b, as applicable. Also comp	2b, plete

SCHEDULE J	Compensati	on Information		OMB No.	1545-00	47		
(Form 990)	For certain Officers, Directors, Ti Compensa	rustees, Key Employees, and Highe ted Employees	st	20	11			
Department of the Treasury Internal Revenue Service	 Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ▲ Attach to Form 990. ▲ See separate instructions. 							
Name of the organization			Employer identification r	umber				
	EPENDENT PETROLEUM		95-3048726					
Part I Questions	Regarding Compensation							
1 a Check the appropr VII, Section A, lir	iate box(es) if the organization provided any of the ne 1a. Complete Part III to provide any relevant	following to or for a person listed in For information regarding these items.	orm 990, Part		Yes	No		
First-class or charter travel Housing allowance or residence for personal use								
Travel for co	npanions	Payments for business use of pers	sonal residence					
Tax indemnif	ication and gross-up payments	Health or social club dues or initia	tion fees					
Discretionary	spending account	Personal services (e.g., maid, cha	uffeur, chef)					
b If any of the boxe reimbursement o	es on line 1a are checked, did the organization r provision of all of the expenses described abo	follow a written policy regarding pay ove? If 'No,' complete Part III to exp	/ment or lain	1b				
2 Did the organizat trustees, and the	ion require substantiation prior to reimbursing on CEO/Executive Director, regarding the items of	or allowing expenses incurred by all necked in line 1a?	officers, directors,	2				
CEO/Executive D	any, of the following the filing organization use irector. Check all that apply. Do not check any sation of the CEO/Executive Director. Explain i	boxes for methods used by a relate	the organization's d organization to					
Compensatio	n committee	Written employment contract						
Independent	Independent compensation consultant Compensation survey or study							
Form 990 of	Form 990 of other organizations Approval by the board or compensation committee							
4 During the year,	did any person listed in Form 990, Part VII, Sec	- ction A, line 1a with respect to the fi	ling organization					
or a related orga	nization:							
	nce payment or change-of-control payment?					<u>X</u>		
•	receive payment from, a supplemental nonqua	•				X X		
•	receive payment from, an equity-based compe	-		4c		X		
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
Only section 501	(c)(3) and 501(c)(4) organizations must comple	ete lines 5-9.						
contingent on the								
-	2							
, ,	nization?			5b				
If 'Yes' to line 5a	or 5b, describe in Part III.							
contingent on the								
-	2							
	nization?			6b				
If 'Yes' to line 6a	or 6b, describe in Part III.							
described in lines	d in Form 990, Part VII, Section A, line 1a, did 5 and 6? If 'Yes,' describe in Part III			-				
8 Were any amoun contract exception	ts reported in Form 990, Part VII, paid or accru n described in Regulations section 53.4958-4(a	ed pursuant to a contract that was s)(3)? If 'Yes,' describe in Part III	subject to the initial	8				
section 53.4958-6	did the organization also follow the rebuttable $p(c)$?	<u></u>	<u> </u>			0011		
BAA FOR Paperwork H	eduction Act Notice, see the Instructions for F	orm 990.	Schedule	J (FOLL	n 990)	2011		

Schedule J (Form 990) 2011 CALIFORNIA INDEPENDENT PETROLEUM

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

			of W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
(A) Name		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990	
ROCK ZIERMAN	(i)	<u>113,736.</u>	30,000.	0.	5,328.	31,830.	180,894.	0	
1	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
-	(i)				+				
5	(ii) (i)								
6	(i) (ii)				+				
0	(i)								
7	(i) (ii)				+				
,	(i)								
8	(ii)								
-	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)				├				
14	(ii)								
1-	(i)				+			┨─────	
15	(ii)								
16	(i) (ii)				+			{	
16 BAA	(1)			TEEA4102L 01	<u> </u>			l dule J (Form 990) 201	

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Schedule J (Form 990) 2011 CALIFORNIA INDEPENDENT PETROLEUM	95-3048726	Page 3
Part III Supplemental Information		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3 Part II. Also complete this part for any additional information.	3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, ar	nd 8, for

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ										
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	s on	Open to Public Inspection							
	LIFORNIA INDEPENDENT PETROLEUM SOCIATION	Employer identifica								
<u>EXPLANATIO</u>	N OF LATE FILING:									
THE_TAXPAYER, CALIFORNIA INDEPENDENT PETROLEUM_ASSOCIATION_(CIPA)_HAS_A_SISTER										
ORGANIZATIO	N, THE CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION	PAC (CIPAC	<u>C). WHEN</u>							
PREPARING_T	HE APPLICATION FOR EXTENSION (FORM 8879) FOR CIPA FOR	<u>OR TAX YEAR</u>	R 2011, AN							
EXTENSION_W	AS INADVERTENTLY SENT IN FOR CIPAC INSTEAD.									
BY_NAME_USI	TWARE PROGRAM (LACERTE) USED TO PREPARE THE EXTENSION NG THE FIRST 30 CHARACTERS OR SO OF THEIR RESPECTIVE TION, CIPA AND CIPAC BOTH SHOW UP IN THE LISTING AS CAL NAMES LED TO EXTENSION BEING FILED FOR THE INCOR S TAKEN TO FILE THE EXTENSION IN A TIMELY MANNER.	E <u>NAMES.</u> I <u>HAVING THI</u> RRECT ENTIT THE ERROR M	BECAUSE OF SAME NAME TY ADE WAS							
	PROMPTLY PREPARED AND FILED.									
BASED ON TH	E FOREGOING, AND UNDER PENALTY OF PERJURY, WE BELIE	<u>VE THAT WE</u>	<u>HAVE</u>							
DEMONSTRATE	D REASONABLE CAUSE FOR LATE FILING AND REQUEST THAT	<u>ANY PENAL'</u>	<u>FIES BY</u>							
FORM 990, PA	RT VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHA	REHOLDER								
PRODUCING_M	EMBERS SELECT MEMBERS OF THE BOARD OF DIRECTORS. T	HE BOARD OF	<u>DIRECTORS</u>							
MAKES_ALL_C	RITICAL DECISIONS.									

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION	Employer identification number 95-3048726
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY	Y MEMBERS OR SHAREHOLDERS
BY-LAW CHANGES AND BOARD OF DIRECTORS MEMBERSHIP ARE SUBJECT	TO FULL MEMBERSHIP
VOTE	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
CIPA'S FINANCE COMMITTEE REVIEWS THE FORM 990. IT IS ALSO AVA	AILABLE TO ANY MEMBER
THAT REQUESTS IT.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCES	SS FOR CEO, EXEC. DIR., OR TOP MG
THE EXECUTIVE COMMITTEE MEETS ONCE A YEAR FOR PERSONNEL EVALUA	ATIONS AND DETERMINES
COMPENSATION.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE
CIPA'S DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE	AVAILABLE TO THE
PUBLIC, IF REQUESTED, AFTER THE REQUEST IS REVIEWED AND APPROV	VED BY CIPA'S
MANAGEMENT.	

		Ex	empt Organization B	usin	ess Incom	e Tax	x Return			OMB No	o. 1545-0687
F	orm 990-T	_	(and proxy tax u			• • • •		. 20		21	011
		For ca	alendar year 2011 or other tax y and ending 7/3		eginning <u>8/0</u> 201		, 201	1,		2	
Depar	tment of the Treasury al Revenue Service		· · · · · · · · · · · · · · · · · · ·		, <u>201</u> structions.				0	pen to Pub 01(c)(3) Or	lic Inspection for ganizations Only
-	X Check box if				e changed and see ins	tructions.)	D	Em	ployer ider	ntification number
B	<u>address changed</u> Exempt under sectior		CALIFORNIA INDEPEND	DENT	PETROLEUM				(Er see	nployees' tr instruction	ust, s.)
	X 501(C)(6)	or	ASSOCIATION 1001 K STREET, 6TH	ET O	תר				9	5-3048	3726
	408(e) 220(SACRAMENTO, CA 9581		JK			E		related bus des (See in	iness activity structions.)
	408A 530((a)									·····,
С	529(a) Book value of all assets a end of year	t F Grour	exemption number (See instructi	ione)	•				9	00099	
C	end of year 2, 226, 92	6. G Chec	k organization type ► X			501	(c) trust	401((a) t	rust	Other trust
Η			ry unrelated business activity.	001(0		0011		101(ust	outor ador
	DEBT-FINANCED	•									
[During the tax year, w	was the corpo	pration a subsidiary in an affiliat	ted gro	oup or a parent-s	subsidia	ary controlled g	roup	?	► Y	′es X No
-			ifying number of the parent corp	ooratic	on 🕨						
	he books are in care						elephone numbe		91		
Pa			Business Income		(A) Income	;	(B) Expen	ses		(C) Net
18	Gross receipts or sa	ales	- Dalamaa 🕨	1.							
			c Balance. ►	1c 2							
2	-	-	line 7) n line 1c	2							
	•		Schedule D).	- 3 - 4a							
		•	7) (attach Form 4797)	4a 4b							
			//) (attach i oinn 4/ <i>3/)</i>	4c							
	Income (loss) from	partnerships	and S corporations								
	(attach statement).		·····	5							
6	•	-		6	1.0				•		
7			(Schedule E)	7	12,	511.	32	,49	0.		-19,979.
8	organizations (Sche	royaities, and edule F)	d rents from controlled	8							
9		-	, (9), or (17) organization (Sch G)	9							
10			e (Schedule I)	10							
11	Advertising income	(Schedule J))	11	1,	000.	1	,40	9.		-409.
12	Other income (See	instructions;	attach schedule.)								
				12							
			12	13	13,			,89	9.		-20,388.
Pa	<u>t II</u> Deduction	is Not Take	en Elsewhere (See instructions, deductions must be	ctions	s for limitation	IS ON	deductions.)	d hi	icir	locc in	somo)
14	· ·				5			-			Joine.)
14	•		ors, and trustees (Schedule K)						4 5		
15	5								5 6		
16 17	•								o 7		
18									8		
19	·								9		
20			structions for limitation rules.)						20		
21							6,482				
22			chedule A and elsewhere on ret						2b		
23	Depletion							. 2	23		
24	Contributions to def	ferred compe	nsation plans					. 2	24		
25	Employee benefit p	orograms	·					. 2	25		
26			dule I)						26		
27			ule J)						27		
28			lle)						28		500.
29			hrough 28 me before net operating loss de						29 80		<u>500.</u> -20,888.
30 31			nited to the amount on line 30).						50 81		20,000.
32			me before specific deduction. S						32		-20,888.
33			,000, but see line 33 instructior						3		
34	Unrelated business	s taxable inco	ome. Subtract line 33 from line	32. If	line 33 is greater	than I	ine 32, enter				20.000
B ^ ^			lotice, see instructions.					. 3	84	Form	-20,888. n 990-T (2011)

BAA For Paperwork Reduction Act Notice, see instructions.

Form **990-1** (2011)

Form	n 990-T (2011)	CALIFORNIA INDEE	PENDENT PETROLEUM			95	-30487	126	Pa	ge 2
	t III Tax Co									<u> </u>
-			See instructions for tax com	putation.						
			1 and 1563) check here 🕨 🗌		ructions and:					
а			, and \$9,925,000 taxable ind			:				
	(1) \$	(2) \$	(3)	\$						
b			nal 5% tax (not more than \$	11,750)	\$					
	(2) Additional 3	% tax (not more than \$10	0,000)		\$					
с			·				35 c			0.
36	Trusts Taxable	at Trust Rates. See instru	actions for tax computation.	Income tax of	on the amount					
	on line 34 from	: Tax rate schedule	or Schedule D (Forr	n 1041)		►	36			
37	Proxy tax. See						37			
38	Alternative min	imum tax					38			
39	Total. Add lines	s 37 and 38 to line 35c or	36, whichever applies				39			0.
Par	t IV Tax an	d Payments								
40 a	Foreign tax cre	dit (corporations attach Fo	orm 1118; trusts attach Form	1116)	40 a					
b	Other credits (s	see instructions)		[40 b					
С	General busine	ss credit. Attach Form 380	00 (see instructions)		40 c					
d	Credit for prior	year minimum tax (attach	Form 8801 or 8827)		40 d					
е	Total credits. A	Add lines 40a through 40d					40 e			0.
41	Subtract line 40	De from line 39 <u></u>	<u></u>		. <u></u>		41			0.
42	Other taxes. Ch	neck if from: Form 42	255 Form 8611 Fo	orm 8697	Form 8866					
	Other (atta	ch schedule).	· · · · · · · · · · · · · · · · · · ·		 		42			
43	Total tax. Add I	ines 41 and 42					43			0.
44 a	Payments: A	2010 overpayment credite	ed to 2011		44 a					
b	2011 estimated	tax payments			44 b					
					44 c					
			eld at source (see instruction		44 d					
					44 e					
			e premiums (Attach Form 8		44 f					
g	Other credits a		Form 2439							
	Form 4136		Other	Total 🕨	44 g					
45		÷	4g				45			0.
46	Estimated tax p	penalty (see instructions).	Check if Form 2220 is attack	ned	►		46			
47	Tax due. If line	45 is less than the total of	of lines 43 and 46, enter amo	ount owed			47			
48	Overpayment.	If line 45 is larger than the	e total of lines 43 and 46, en	ter amount o	overpaid	►	48			
49	Enter the amou	Int of line 48 you want: Cr	edited to 2012 estimated tax	<►	F	Refunded 🕨	49			
Par	t V Statem	ents Regarding Cert	ain Activities and Othe	er Informa	tion (see instru	ctions)				
1	At any time du	ring the 2011 calendar yea	ar, did the organization have	an interest	in or a signature	or other aut	hority ov	er a	Yes	No
			in a foreign country? If YES,							
	Report of Foreig	n Bank and Financial Accou	nts. If YES, enter the name of	the foreign c	ountry here	►				Х
2	During the tax	vear, did the organization	receive a distribution from, o	or was it the	grantor of, or tra	ansferor to.	a foreign	trust?		Х
_		-	he organization may have to		g					
3			received or accrued during t		► ¢	0.		_		
			nter method of inventory valu	F .	Ŷ	0.				
		ginning of year			ntory at end of y	oor	6			
1	-				, ,		0			
2				_ 7 Cos	t of goods sold. 6 from line 5. Er	Subtract				
3			. 3		in Part I, line 2.		7			
4a	Additional section 2	263A costs (attach schedule)							Yes	No
la la			4a	8 Dot	he rules of section	2621 (wit	h rochoo			
	Other costs (attach sch)		4b	prop	erty produced of	acquired fo	r resale)	apply		
5		s 1 through 4b		to th	e organization?.					Х
<u> </u>	Under pena correct, and	Ities of perjury, I declare that I have I complete. Declaration of preparer	e examined this return, including acco (other than taxpayer) is based on all	mpanying sched information of w	ules and statements, a hich preparer has any	and to the best o knowledge.	f my knowle	edge and beli	ef, it is ti	rue,
Sigr Her	1			-	EO	-	May the IRS	S discuss this or shown belo	s return v	
пен	Signatu	ire of officer	Date	Titl	e		instructions	X Ye		No
	Print/Type r	preparer's name	Preparer's signature	Da	te	Chast	if PTIN	AITE	3	No
Paic								172251		
Pre-		H. FRITZSCHE, CE				self-employed		423351	_	
pare Use						Firm's EIN 🕨	32-03	43346		
Only		ess ► <u>1511 CORPORA</u>				-	010	100 01		
		SACRAMENTO,	CA 95831-3890			Phone no.	916-	422-21		
BAA			TEEA0202L 1	2/12/11				Form 99	0-T (2	011)

Form 990-T (2011) CALIFO	ORNIA INDEPE			al Property	Leas	ed With Rea		3048726 Page	
1 Description of property				<u></u>		<u>ou mantou</u>			
(1)									
(2)									
(3)									
(4)									
(a) From personal p (if the percentage of rent property is more than not more than 5	2 Rent receive property for personal 10% but 0%)		eal and pe percentage property ex based on	rsonal property e of rent for xceeds 50% or profit or incom	, e)	with the inco	ome in	s directly connected n columns 2(a) and 2(b) h schedule)	
(1)									
(2)									
(3)									
(4)									
Total (c) Total income. Add totals or here and on page 1, Part I, lin	f columns 2(a) and	otal 2(b). Enter				(b) Total deduction here and on page 1 I, line 6, column (B	. Part		
Schedule E – Unrelated			instructio	ns)		, <i>,</i> , , , , , , , , , , , , , , , , ,	/		
	lebt-financed prope		2 Gross	income from	3 De	ductions directly debt-f	y conn finance	nected with or allocable to ed property SEE ST 2	
			debt-financed property		depre	(a) Straight line depreciation (attach sch)		(b) Other deductions (attach schedule)	
(1) 1001 K STREET, 6	TH FLOOR			18,452.		6,4	82.	41,437.	
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	Average adjusted basis of allocable to debt-financed roperty (attach schedule)		6 Column 4 divided by column 5 (cr		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1) 1,134,29	96.	1,672,953.		67.8020 %		12,5	511.	32,490.	
(2)				0/0					
(3)				010					
(4)				010					
								Enter here and on page 1 Part I, line 7, column (B).	
Totals.						12,5	>⊥⊥.	32,490.	
Total dividends-received ded	Annuities Reve		nte Erer	n Controlles	10	anizationa		tructions	
Schedule F – Interest, A	hindides, Roya	Exempt Con				aiiizalions (s	ee ins	Structions)	
1 Norma of the little		•		, 		5 Part of co	Jump		
1 Name of controlled organization 2 Employer identification number		3 Net unr income (see instru	(loss)	4 Total of spo payments r	ecified nade	that is inc in the cont organizat gross inc	luded trolling tion's	connected with incom	
(1)						3.200 110			
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	zations								
7 Taxable Income	8 Net unrelated income (loss) (see instruction	paymer	f specified nts made	included	in the	nn 9 that is controlling ross income		11 Deductions directly onnected with income in column 10	
(1)									

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

(2) (3) (4)

Form 990-T (2011) CALIFORNIA I							048726	Page 4
Schedule G – Investment Inco	me of a Sectior	<u>1 501(c</u>						
1 Description of income	2 Amount of inc	ome	direc	Deductions tly connected ach schedule)	4 Set-aside (attach schec		set-as	deductions and ides (column 3 is column 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and on Part I, line 9, colur							re and on page 1, ne 9, column (B).
Totals.				<u></u>	•			
Schedule I – Exploited Exemp							•	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pro unrelate	penses connected duction of d business come	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	attrib	xpenses utable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, column (A)	on p Part I,	nere and age 1, line 10, nn (B).					Enter here and on page 1, Part II, line 26.
Totals	•							
Schedule J – Advertising Inco	me (See instructio	ns.)						
Part I Income From Periodica	als Reported or	n a Coi	nsolida	ted Basis				
1 Name of periodical	2 Gross advertising income	adve	virect rtising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)MONDAY MORNING REPORT (2)	1,000.]	L,409.					-
(3)								-
(4)				-				-
(4)								
Totals (carry to Part II, line (5))	1,000.	-	L,409.	-409.				
Part II Income From Periodica 7 on a line-by-line basis.)					n Deriodical listed ir	n Part II	l, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	adve	Pirect rtising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I	1,000.	1	L,409.					
	Enter here and on page 1, Part I, line 11, column (A).	on p Part I,	nere and age 1, line 11, nn (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	1,000.		L,409.					
Schedule K – Compensation of	of Officers, Dire	ctors,	and Tr	ustees (see insti	ructions)			
1 Name				2 Title	3 Percent of time devote to busines	ed	Compense to unrela	ation attributable ated business
						010		
						0/0		
						00		
						010		

Total. Enter here and on page 1, Part II, line 14.

FEDERAL STATEMENTS

PAGE 1

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

95-3048726

STATEMENT 1 FORM 990-T, PART II, LINE 28 OTHER DEDUCTIONS TAX PREP FEES	 <u>500.</u> 500.
STATEMENT 2 FORM 990-T, SCHEDULE E, LINE 3B OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY 1001 K STREET, 6TH FLOOR ASSOCIATION DUES CLEANING AND MAINTENANCE INTEREST TAXES.	\$ 11,561. 1,474. 19,211. 9,191. 41,437.

GENERAL ELECTIONS

PAGE 1

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

95-3048726

ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK

PURSUANT TO IRC SECTION 172(B)(3), THE ORGANIZATION HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED 7/31/12.

TAXABLE YEARCalifornia Exempt Organization2011Annual Information Return

 FORM					
100					

201		Annual Information Return				199
Calendar Y	'ear 2011 o	r fiscal year beginning month 08 day 01 year 2011, and ending month 07	day	/ 31	year	2012
Corporation/Or	ganization Nan	^{ne} CALIFORNIA INDEPENDENT PETROLEUM	С	alifornia co	rporation r	number
		ASSOCIATION	0	77768	2	
Address (suite,	, room, or PMB	no.)	F	EIN		
1001 K	STREET	, 6TH FLOOR	9	5-304	8726	
City		State ZIP Code				
		A 95814				
A First Ret	urn					
B Amended	Return	organization during the year: (1) participated i political campaign, or (2) attempted to influence	ce			
C IRC Secti	on 4947(a)(1)	trust	an elect ing by		Yes	No
		If 'Yes,' complete and attach form FTB 3509.		•	162	N/A
•	Dissolved	Surrendered (Withdrawn)	00701	0 -		11
•	Merged/Reor	ganized Enter date: • K Is the organization exempt under R&TC Section If 'Yes,' enter gross receipts from	1 23/01	JY. ●	Yes	X No
	counting metho		\$			
1	Cash 2	X Accrual 3 Other	00701d			
F Federal r	eturn filed?	L If organization is exempt under R&TC Section <i>and</i> is exclusively religious, educational, or cha	aritable.			
1 •	X 990T	2 • 990 (PF) 3 • Sch H (990) and is supported primarily (50% or more) by a contributions, check box. No filing fee is requir	od	•		
G Is this a	group filing for	r the subordinates/affiliates? Yes X No	eu	•••		
	attach a roster.	/?		Yes	X No	
	ganization in a Vhat's the pare	group exemption?	to repo)rt ●	X Yes	No
	O Is the organization under audit by the IRS or				_	
		ve any changes in its activities, audited in a prior year?		•	Yes	X No
that have	not been repo	rticles of incorporation, or bylaws rted to the Franchise Tax Board? • Yes X No				
		tach copies of revised documents.				
Part I	Complete	Part I unless not required to file this form. See General Instructions B and C.				
	1 Gross	s sales or receipts from other sources. From Side 2, Part II, line 8	1		1,650),855.
	2 Gross	s dues and assessments from members and affiliates	2			
Receipts and	3 Gross	s contributions, gifts, grants, and similar amounts received. \ldots \bullet	3			
Revenues		gross receipts for filing requirement test. Add line 1 through line 3.				
	This	line must be completed. If the result is less than \$25,000, see General Instruction B ●	4		1,650),855.
		of goods sold				
	6 Cost	or other basis, and sales expenses of assets sold				
		costs. Add line 5 and line 6	7			
	8 Total	gross income. Subtract line 7 from line 4	8		1,650),855.
Expenses		expenses and disbursements. From Side 2, Part II, line 18	9			7,346.
		ss of receipts over expenses and disbursements. Subtract line 9 from line 8 •	10		-46	5,491.
		g fee \$10 or \$25. See General Instruction F	11			10.
Filing		payments	12			
Fee		Ities and Interest. See General Instruction J.	13			
		tax. See General Instruction K	14			
	Then	subtract line 12 from the result	15			10.
	Under penalti correct. and c	es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	t of my	knowledge	and belief	, it is true,
Sign Here	concoct, and c	Title Date		Telephor		
Tiere	Signature	CEO		16-44		77
		Date Check		Paid PT		
Paid	Preparer's signature	► if self- employed ►	P	00423	351	
Preparer's Use Only	Firm's name	FRITZSCHE ASSOCIATES, INC.	•	FEIN		
USE ONLY	(or yours, if self-employed) ▶ 1511 CORPORATE WAY STE 220		2-034		
	and address	SACRAMENTO, CA 95831-3890		Telepho	ne	
			9	16-42		<u>11</u>
	May the F	TB discuss this return with the preparer shown above? See instructions	🏾 \bullet	X Ye	es	No

059	365

ſ

CALIFORNIA INDEPENDENT PETROLEUM

95-3048726

Part	II	Orga com	anizations with gross receipts of plete Part II or furnish substitute	more than \$25,000 and p information. See Specifi	rivate foundations reg c Line Instructions.	gardless of amour	nt of gross	receipts –
		1	Gross sales or receipts from all	business activities. See in	nstructions	•	1	
		2	Interest			•	2	807.
		3	Dividends			•	3	
Recei	pts	4	Gross rents.			•	4	18,452.
from	-	5	Gross royalties			•	5	•
Other Sourc		6	Gross amount received from sal	6				
		7	7	1,631,596.				
		8	Other income. Attach schedule. Total gross sales or receipts fro					
			Enter here and on Side 1, Part		-		8	1,650,855.
		9	Contributions, gifts, grants, and similar a				9	
		10	Disbursements to or for membe				10	
		11	Compensation of officers, direct				11	180,894.
Exper		12	Other salaries and wages				12	241,465.
anḋ		13	Interest				13	12,807.
Disbu		14	Taxes				14	27,652.
mente	,	15	Rents				15	27,500.
		16	Depreciation and depletion (See				16	11,373.
		17	Other Expenses and Disbursem	,			17	1,195,655.
		18	Total expenses and disbursements. Add				17	
Sche	dulo		Balance Sheets	Beginning of t			l of taxable	1,697,346.
Asset			Dalarice Sileets	(a)	(b)	(c)		(d)
				, ,	1,006,902.	(0)	•	236,142.
			receivable		75,418.		•	114,264.
			eivable		•		•	• • • •
4	Invento	ries .					•	
5	Federal	and s	tate government obligations				•	
6	Investm	ients i	n other bonds				•	
7	Investm	ients i	n stock				•	
8	Mortgag	je loai	ns				•	
9 (Other ir	ivestri	nents Attach schedule				•	
10 a	Depreci	able a	issets	29,600.		1,733,22	28.	
b	Less ac	cumul	ated depreciation.	20,925.	8,675.	11,3	73.	1,721,855.
11	Land						•	154,665.
12 (Other a	ssets.	Attach schedule.				•	
13	Total as	sets.			1,090,995.			2,226,926.
Liabili	ities a	nd n	et worth					
14	Account	s pay	able		44,046.		•	117,712.
15 (Contribu	utions	, gifts, or grants payable				•	
16	Bonds a	and no	otes payable				•	
17	Mortgag	jes pa	yable				•	1,130,298.
18	Other li	abiliti	es. Attach schedule		236,298.			214,756.
19 (Capital	stock	or principle fund		810,651.		•	764,160.
			pital surplus. Attach reconciliation.		·		•	·
21	Retaine	d earr	nings or income fund				•	
22	Total lia	abilitie	es and net worth		1,090,995.			2,226,926.
Sche	edule	• M-	1 Reconciliation of income p Do not complete this schedu			n (d), is less than	\$25,000	
	Net income per books							
	Federal income tax				not included in this	return.		
			ital losses over capital gains					
	• • • • • • • • • • • • • • • • • • •					-		
			ıle		against book incom	-		
			orded on books this year not deducted					<u> </u>
		eturn.	. Attach schedule) 		d line 8		
	Total. Add ling	1 +L-	rough line F	10 101	10 Net income per retu			_16_401
/	HUU IING		rough line 5	-46,491.	Subtract line 9 from	1 line 6		-46,491.

059 3652114

CALIFORNIA STATEMENTS

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

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STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME ADVERTISING INCOME FROM SPECIAL EVENTS OTHER MISC REVENUE PROGRAM SERVICE REVENUE				1,000. 33,999. 6,440. <u>1,590,157.</u> 1,631,596.
STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECT	ORS, TRUSTEES AND KE	Y EMPLOYEES		
CURRENT OFFICERS: NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVEN RUSCH 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	CHAIRMAN 5.00		\$0.	
HORMOZ AMERI 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	PAST CHAIRMAN 3.00	0.	0.	0.
KENNETH HUNTERS 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	TREASURER 3.00	0.	0.	0.
STEPHEN LAYTON 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	SECRETARY 3.00	0.	0.	0.
CHRIS HALL 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	LOS ANGELES VP 3.00	0.	0.	0.
ROD ESON 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	NC VP 3.00	0.	0.	0.
TIM CRAWFORD 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	SAN JOSE VP 3.00	0.	0.	0.
LARRY HUSKINS 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	CO VP 3.00	0.	0.	0.
DONALD MACPHERSON 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.

CALIFORNIA STATEMENTS

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

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STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS <u>PER WEEK DEVOTEI</u>		CONTRI- BUTION TO EBP & DC	ACCOUNT/
CRAIG BARTO 1001 K STREET, 6TH FLOOR SACAMENTO, CA 95814	DIRECTOR 3.00	\$0.	\$ 0. 9	\$0.
GREGORY BROWN 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
JEFF DITTMAN 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
FRANK KOMIN 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
DAVID KILPATRICK 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
MAC MCFARLAND 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
JIM STANDLEY 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 3.00	0.	0.	0.
ROCK ZIERMAN 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	CEO 40.00	180,894.	0.	0.
	TOTA	L <u>\$ 180,894.</u>	\$ 0.	\$0.

STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

CALIFORNIA STATEMENTS

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

PAGE 3

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STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

OFFICE EXPENSES	\$ 4,758.
OTHER EMPLOYEE BENEFIT	
PENSION PLAN CONTRIBUTIONS	
PROPERTY TAX	
RENTAL EXPENSES	
SPECIAL EVENT EXPENSES	19,331.
SPECIAL SERVICES	
TAXES AND FEES	
TELEPHONE	14,764.
TRAVEL	
TOTAI	L \$ 1,195,655.

STATEMENT 4 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

DEFERRED REVENUE		214,756.
ΤΟΤΑΙ.	Ś	214.756.

TAXABLE Y	EAR C	alifornia Exempt Organizatio	n		FORM
201 1	Ē	Business Income Tax Return			1 0 9
Calendar Yea	ar 2011 or	fiscal year beginning month 08 day 01	year 2011, & ending month 07	day 31	year 2012
A First Retu		Yes X No B Is this an education meaning of R&TC S		CORP # 0777682	
Corporation/Orga	nization Name	CALIFORNIA INDEPENDENT PETROL	EUM	FEIN	
Address		ASSOCIATION		95-304872	6
Address		(
<u>1001 K S</u> City	TREET,	6TH FLOOR		State ZIP Co	de
SACRAMEN	TO, CA	95814			
C Is the org or has th	anization e IRS audi	under audit by the IRS ted in a prior year? ● Yes X No	H Is the organization a non-exempt charitable tri described in IRC Section 4947(a)(1)?		es X No
• Me	solved ged/Reorg	● Surrendered (Withdrawn) ganized (attach explanation) enter date●	I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (L Local Agency Military Base Recovery Area (LA Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits	MBRA),	es 🛛 🗙 No
			Ì Ì		
F Accounting	Nethod Used	: (1) Cash (2) X Accrual (3) Other ousiness DEBT-FINANCED RENTAL PRO	 J Is this organization a qualified pension, profitstock bonus plan as described in IRC Section K Unrelated Business Activity (UBA) Code 	401(a)? Ye	
Taxable		elated business taxable income from Side 2, Part II.			-20,888.
Corporation		tiply line 1 by the average apportionment percentag			20,0001
		dule R, Apportionment Formula Worksheet, Part A, line 6 or Part E		2	
		er the lesser amount from line 1 or line 2. If line 2 is		3	-20,888.
Taxable Trust		elated business taxable income from Side 2, Part II,		4	·
Tax		elated business taxable income from line 3 or line 4		5	
Compu-		erprise zone, LAMBRA, LARZ, TTA, or Pierce's dise	6		
tation		Operating Loss deduction. See General Information		7	
		line 6 and line 7		8	
	9 Net	unrelated business taxable income. Subtract line 8	from line 5	9	
	10 Tax	% x line 9. See General Informat	ion J	10	
	11 a New	jobs credit, amount generated • a)	11 b) Amount claimed ●	11b	
		credits from Schedule B. See instructions		11c	
		al Credits. Add line 11b and 11c		11d	
Total Tax		ance. Subtract line 11d from line 10. If line 11d is gr		12	0.
Tux		rnative minimum tax. See General Information O		13	
		al tax. Add line 12 and line 13		14	
Payments		rpayment from a prior year allowed as a credit		-	
		1 estimated tax payments. See instructions		-	
		1 withholding (Form 592-B and/or 593.) See instruct ount paid with extension (form FTB 3539)		-	
		al payments and credits. Add line 15 through line 18		19	
Refund		due. Subtract line 19 from line 14. Pay entire amount with return.		20	
(Direct		rpayment. Subtract line 14 from line 19. See instruc		21	
Deposit of Refund) or		er amount of line 21 to be applied to 2012 estimated		22	
Amount Due		tax. See instructions		23	
540	24 Refu	nd. If the sum of line 22 and line 23 is less than line 21, then subt	ract the total from line 21 \bullet	24	
	a Fill	n the account information to have the refund directly de	posited. Routing number • 24a		
	b Тур	e: Checking ● 📄 Savings ● 📄 c Accoun	t Number • 24c	<u> </u>	
	25 Per	alties and interest. See General Information M		25	
	26 •	Check if estimate penalty computed using Exception B or C and			
	27 Tota	amount due. Add line 20, line 22, line 23, and line 25, then subtra	act line 21 from the result	27	

95-3048726

CALIFORNIA INDEPENDENT PETROLEUM Unrelated Business Taxable Income

Part I	Unrelated Trade or Business I	ncom

Part		Unrelated Trade or Business Income						
1a	Gross	s receipts or gross sales b Less returns ar	nd allowances		Balance.	•	1c	
2	Cos	t of goods sold and/or operations (Schedule A, line 7)				•	2	
3	Gro	ss profit. Subtract line 2 from line 1c				•	3	
4a	Сар	ital gain net income. See Specific Line Instructions - Trus	sts attach So	chedule D (541).		•	4a	
b	Net	gain (loss) from Part II, Schedule D-1				•	4b	
с	Сар	ital loss deduction for trusts				•	4c	
5	Inco	ome (or loss) from partnerships, limited liability companies	or S corpo	rations. See sne	cific line			
Ū	inst	ructions. Attach Schedule K-1 (565, 568, or 100S) or simila	ar schedule.	· · · · · · · · · · · · · · · · · · ·		•	5	
6	Ren	tal income (Schedule C)				•	6	
7	Unr	elated debt-financed income (Schedule D)				•	7	-19,979.
8	Inve	estment income of an R&TC Section 23701g, 23701i, or 23	701n organi	zation (Schedule	E)	•	8	
9	Inte	rest, Annuities, Royalties and Rents from controlled organ	izations (Sc	hedule F)		•	9	
10	Exp	loited exempt activity income (Schedule G)				• 1	0	
11	Adv	ertising income (Schedule H, Part III, Column A)				• 1	1	
12	Oth	er income. Attach schedule				• 1	2	
13	Tota	al unrelated trade or business income. Add line 3 through	line 12			• 1	3	-19,979.
Part	II	Deductions Not Taken Elsewhere (Except for contributions, ded	uctions must be	e directly connected w	vith the unrelated b	usiness i	ncome.)	
14	Con	npensation of officers, directors, and trustees from Schedu	ıle I			• 1	4	
15	Sala	aries and wages				• 1	5	
16	Rep	airs				• 1	6	
17	Bad	l debts				• 1	7	
18	Inte	rest. Attach schedule				• 1	8	
19	Тах	es. Attach schedule				• 1	9	
20	Con	tributions. See instructions and attach schedule		<u> </u>		• 2	20	
21 a	Depr	eciation (Corporations and Associations $-$ Schedule J) (Trusts $-$ form F1	ГВ 3885F)	● 21a				
b	Les	s: depreciation claimed on Schedule A. See instructions		21 b		2	21	
22	Dep	letion. Attach schedule				• 2	2	
23 a	Con	tributions to deferred compensation plans				2	3a	
		ployee benefit programs. See instructions					3b	
24	Oth	er deductions. Attach schedule		SEES.T	ATEMENT.1	• 2	4	500.
25	Tota	al deductions. Add line 14 through line 24				2	25	500.
26	Unre	elated business taxable income before allowable excess a	dvertisina co	sts. Subtract line	e 25 from			
	line					• 2	6	-20,479.
27	Exc	ess advertising costs (Schedule H, Part III, Column B)				• 2	.7	409.
28	Unr	elated business taxable income before specific deduction.	Subtract lin	e 27 from line 26	5	• 2	.8	-20,888.
		cific deduction. See instructions.					9	
30	Unre	elated business taxable income. Subtract line 29 from line					0	-20,888.
Sign		Under penalties of perjury, I declare that I have examined this return, includir correct, and complete. Declaration of preparer (other than taxpayer) is based	ng accompanyin I on all informati	g schedules and stater on of which preparer h	nents, and to the be as any knowledge.	est of my	knowledge	e and belief, it is true,
Here			Title		Date	● Te	lephone	
		Signature of officer	CEO			q	16-4	47-1177
				Date		● PT		
Paid		Preparer's signature			Check if self-employed		00423	2251
Pre-		Firm's name (or yours, if self-employed) and address				● FE		5551
parer Use	's	► FRITZSCHE ASSOCIATES, INC.						43346
Only		1511 CORPORATE WAY STE 220					Z-03. lephone	
•		SACRAMENTO, CA 95831-3890					·	22-2111
		May the FTB discuss this return with the preparer shown above? See instruct	ions				Yes	
						2	103	

	LIFORNIA INDEPENDENT PETROLEUM					95-3048	3726
	nedule A Cost of Goods Sold and/or Operations. Methed						
1	Inventory at beginning of year					1	
2	Purchases.					2	
3	Cost of labor				•	3	
4 a	Additional IRC Section 263A costs. Attach schedule					4a	
I	Other costs. Attach schedule				• • • • • • • • • • • • • • • • • • • •	4 b	
5	Total. Add line 1 through line 4b					5	
6	Inventory at end of year					6	
7	Cost of goods sold and/or operations. Subtract line 6 fro	om line 5.	Enter here and	on Si	de 2, Part I, line 2	7	
	Do the rules of IRC Section 263A (with respect to prope	erty produc	ed or acquired	for res	ale) apply to this organi	ization?	Yes X No
Scł	nedule B Tax Credits. Do not claim the New Jobs Cre				, , , , , , , , , , , , , , , , , , , ,		
1			●	1			
2				2			
3				3			
4	Total. Add line 1 through line 3. If claiming more than 3 New Jobs Credit, on line 4. Enter here and on Side 1, li	3 credits, e	nter the total of	f all cla	aimed credits, except	4	
Scł	edule K Add-On Taxes or Recapture of Tax. See ins	structions.					
1	Interest computation under the look-back method for cc Attach form FTB 3834.	ompleted lo	ong-term contra	octs.	•	1	
2	Interest on tax attributable to installment: a Sales of ce	ertain times	shares or reside	ential I	ots	2a	
					ons	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain o			•		3	
4	Credit recapture. Credit name					4	
	Total. Combine the amounts on line 1 through line 4. So	ee instruct	ions			5	
	iedule R Apportionment Formula Worksheet	00 1100 400				•	
	is organization electing the Alternate Method – Single-S	ales Facto	r Formula?			• Yes	s X No
	es,' skip Part A and complete Part B. If 'No,' complete Pa						•••
	A. Standard Method – Three Factor Formula. Complete			norati	on uses the three-factor	formula (T	he three-factor
	ula includes the double-weighted sales factor.)		t only it the cor	poruti			
	only for unrelated trade or business amounts		tal within and Itside California		 Total within California 	(c) Perce	ent within ornia (b) ÷ (a)
				•	California	•	
1 2	Payroll factor: Wages and other compensation of employees.			•			
3	Sales factor: Gross sales and/or receipts less returns			-		•	
	and allowances			•		•	
4 5	Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1,						
6	line 2, and line 4 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2.						
	See instructions for exceptions.						
Part	B. Alternate Method – Single-Sales Factor Formula	a. Complete	e this part only	if the	corporation elects the si	ingle-sales f	actor formula.
This	is an irrevocable annual election.					1	
	only for unrelated trade or business amounts		otal within and Itside California		 Total within California 		ent within ornia (b) ÷ (a)
1	Total Sales.			•			
2	Apportionment percentage. Divide total sales column (b) by total sale column (a) and enter the result here and on Form 109, Side 1, line 2.					•	
Sch	iedule C Rental Income from Real Property and Pers		erty Leased wi	th Rea	l Property		
	ental income from debt-financed property, use Schedule D, R&TC Section					tions for excent	ions.
1					Rent received	3 Percentad	e of rent attribut-
					or accrued	able to p	ersonal property
				_			<u>%</u>
				_			%
		- • ·					%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income				s more than 10%, but not more	1	
(a)	Deductions directly connected (b) Income includible, (attach schedule) column 2 less column 4(a)		ncome reportable, 2 x column 3		Deductions directly connected th personal property (att sch)		come includible, less column 5(b)
Add	columns 4(b) and 5(c). Enter here and on Side 2, Part I,	, line 6	·····				
CAVA	9834L 12/16/11 059	364	3114			Form 109	C1 2011 Side 3

CALIFORNIA INDEPENDENT PETROLEUM Schedule D Unrelated Debt-Financed Income

	Debt-Financed Incom	e		3 5 1 1 1			
1 Description of debt-financed prop	erty		2 Gross income from or allocable to debt-	3 Deductions directly connected with or allocable to debt-financed property			
			financed property	(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule) ST 2		
1001 K STREET, 6T	H FLOOR		18,452.	6,482.	41,437.		
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	indebtedness on or allocable to debt-financed property (attach schedule) of or allocable to debt-financed property (attach schedule)		7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8		
1,134,296.	1,672,953	67.802 %	12,511.	32,490.	-19,979.		
		8					
		8			10.070		
Total. Enter here and on Sid					-19,979.		
		Section 23701g, 23701i,					
1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5		
Total. Enter here and on Sid	e 2, Part I, line 8						
Enter gross income from me	mbers (dues, fees, c	harges, or similar amoun	ts)				
Schedule F Interest, Ar	nuities, Royalties ar	nd Rents from Controlled	Organizations				
Exempt Controlled Organiza	tions						
1 Name of controlled organizations	2 Employer Identification Number	a Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)		
1							
2							
3							
Nonexempt Controlled Orga	nizations	- 1					
7 Taxable Income		8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)		
1							
2							
3							
4 Add columns 5 and 10							
5 Add columns 6 and 11							
6 Subtract line 5 from lin	e 4. Enter here and o	on Side 2, Part 1, line 9.					
Schedule G Exploited E	xempt Activity Incor	ne, other than Advertisin	g Income				
1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	income from product trade or unrelat	ted with trade or business,	from activity at	xpenses tributable to olumn 5 column 6 column 6 more thar column 4	includible, less column 4 less but not less than zero		
T I I I I I I I I I I							

Total. Enter here and on Side 2, Part I, line 10.....

Par	tl Income	e from Perio	dicals Re	ported on a C	consolid	lated Basis							
	lame of eriodical	2 Gross adv income	3 Direct advertising come 4 Advertising income or excess advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column 2, enter the excess in Part III, column 5, 6, and 7. 5 Circulation income		or excess advertisin costs. If column 2 is greater than column 3, complete column 5, 6, and 7. If colum 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete				6 Readership costs			If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0	
MON	IDAY MO	:	1,000.	1	,409.	-						_	
Total	s		1,000.	1	,409.	- 4	109.						
Par	t II Income		-	ported on a S		Basis		•					
					•								
Par		n A – Net A			•			t III Column I					
		solidated period n-consolidated		r names of	Part I, c amount	r total amount from column 4 or 7, and cs listed in Part II, umns 4 and 7	(a)	Enter 'consolidat non-cons		lical' and/or na periodicals	mes of	from	Enter total amount Part I, column 4, and ints listed in Part II, column 4
							CON	SOLIDATE	D PEF	RIODICAL	1		409
							Enter	total here and on	Side 2, P	art II, line 27			409.
-	edule I			ficers, Directo				<u> </u>					
I	Name of Offic	er	2 SSN	or IIIN	3 Ti	Itle	4	Percent of time devoted to busin		5 Compensati attributable unrelated b			Expense account allowances
									8				
									ક				
									8				
									8				
									8				
						<u> </u>							
			n (Corpo			ions only. Trus	1			A	C 13		
1	Group and gui description of	deline class or property		2 Date acquir	ed 3	Cost or other basis	4	Depreciation allowed or allowable in prior years	C	Nethod of omputing epreciation	6 Lif rat	e or e	7 Depreciation for this year
1	Total additi	onal first-ye	ar depr <u>e</u> c	iation (do not	include	in items below)						
2	Other depr	eciation:											
	Buildings												
	Furniture a	nd fixtures.											
	Transporta	tion equipme	ent										
	Machinery other equip	and ment											
	Other (spec	cify)											
3							<u> </u>						
4													
5 6		•				on Side 2, Part							

TAXABLE YEAR
2011Net Operating Loss (NOL) Computation and NOL
and Disaster Loss Limitations – Corporations

CALIFORNIA FORM

3805Q

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting. Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II. 1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. 2 2011 disaster loss included in line 1. Enter as a positive number. 2 2011 disaster loss included in line 1. Enter as a positive number. 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 4a Enter the amount of the loss incurred by a new business included in line 3 4b 20,888. c Add line 4a and line 4b 5 General NOL. Subtract line 4c from line 3 6 2011 NOL carryover. Add line 2, line 4c, and line 5. See instructions
During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation FEIN S Corporation X Exempt Organization Limited Liability Company (electing to be taxed as a corporation) 95-3048726 If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number: 95-3048726 If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting. Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II. 1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. 2 1 20,888. 2011 disaster loss included in line 1. Enter as a positive number. 2 3 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. 4a Enter the amount of the loss incurred by a new business included in line 3 4b 20,888. 20,888. 5 General NOL. Subtract line 4c from line 3 5 5 6 2011 NOL carryover. Add line 2, line 4c, and line 5. See instructions. 6
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Enter as a positive number.120,888.22011 disaster loss included in line 1. Enter as a positive number.23Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.320,888.4aEnter the amount of the loss incurred by a new business included in line 3.4a4abEnter the amount of the loss incurred by an eligible small business included in line 34b20,888.cAdd line 4a and line 4b.4c20,888.5General NOL. Subtract line 4c from line 3.562011 NOL carryover. Add line 2, line 4c, and line 5. See instructions.620,888.
2 2011 disaster loss included in line 1. Enter as a positive number. 2 3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. 3 20,888. 4a Enter the amount of the loss incurred by a new business included in line 3. 4a 4a b Enter the amount of the loss incurred by an eligible small business included in line 3 4b 20,888. c Add line 4a and line 4b. 4c 20,888. 5 General NOL. Subtract line 4c from line 3 5 6 2011 NOL carryover. Add line 2, line 4c, and line 5. See instructions. 6 20,888.
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c Add line 4a and line 4b. 4c 20,888. 5 General NOL. Subtract line 4c from line 3. 5 5 6 2011 NOL carryover. Add line 2, line 4c, and line 5. See instructions. 6 20,888.
6 2011 NOL carryover. Add line 2, line 4c, and line 5. See instructions
Part II NOL carryover and disaster loss carryover limitations. See Instructions.
1 Net income (loss) – Enter the amount from Form 100, line 19; Form 100W, line 19; (g) Available balance
Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2. If the corporation net income after state adjustments (pre-apportioned income) is \$300,000 or more, see instructions.
Prior Year NOLs
(a) Year of loss(b) Code - See instructions(c) Type of NOL - See below*(d) Initial Loss(e) Carryover from 2010(f) Amount used in 2011(h) Carryover to 2012 col (e) - col (f)
2
Current Year NOLs
col (d) - col (f)
3 2011 DIS DIS
4 2011 ESB 20,888. 20,888. 20,888.
2011
2011
2011
*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).
Part III 2011 NOL deduction
1 Total the amounts in Part II, line 2, column (f) 1
 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0

Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S,	
line 18; or Form 109, line 7.	3

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CALIFORNIA STATEMENTS

PAGE 1

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

95-3048726

STATEMENT 1 FORM 109, PART II, LINE 24 OTHER EXPENSES TAX PREP FEES	<u>\$</u> TAL <u>\$</u>	<u>500.</u> 500.
STATEMENT 2 FORM 109, SCHEDULE D, LINE 3B OTHER DEDUCTIONS		
1001 K STREET, 6TH FLOOR ASSOCIATION DUES CLEANING AND MAINTENANCE INTEREST TAXES		\$ 11,561. 1,474. 19,211. 9,191.
	TOTAL	\$ 41,437.

Form **990**

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Revenue

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)

No

48

48

5

0

OMB No. 1545-0047

2012

Open to Public Inspection Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning . 2012. and ending 8/01 7/31 , 2013 Check if applicable: C D Employer Identification Number Address change CALIFORNIA INDEPENDENT PETROLEUM 95-3048726 ASSOCIATION F Telephone number Name change 1001 K STREET, 6TH FLOOR Initial return 916-447-1177 SACRAMENTO, CA 95814 Terminated Amended return **G** Gross receipts \$ 1,872,771 H(a) Is this a group return for affiliates? F Name and address of principal officer: X _{No} Application pending Yes H(b) Are all affiliates included? If 'No,' attach a list. (see instructions) Yes Tax-exempt status 501(c)(3) X 501(c) (6)◀ 4947(a)(1) or 527 (insert no.) Website: > WWW.CIPA.ORG H(c) Group exemption number X Corporation M State of legal domicile: CA Association L Year of Formation: 1976 Form of organization: Trust Other P Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE THE INDEPENDENT PETROLEUM 1 PRODUCERS INDUSTRY IN CALIFORNIA AND THE UNITED STATES. Activities & Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a)..... 5 Total number of volunteers (estimate if necessary)..... 6 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a -3,651. **b** Net unrelated business taxable income from Form 990-T, line 34.... 7b -3,879. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h). 8 Program service revenue (Part VIII, line 2g) 9 1,590,157. 755.641 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 807. 28 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 -7.35923,543 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 779,212 12 583,605 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).... Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 512,433 537,614 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 1,117,663. 1,216,043. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 1,630,096. 1,753,657. 19 Revenue less expenses. Subtract line 18 from line 12..... -46,491 25,555. Beginning of Current Year End of Year 20 Total assets (Part X, line 16)..... 2,242,262. 2,226,926. 21 Total liabilities (Part X, line 26) 1,462,766. 1,452,547. 22 Net assets or fund balances. Subtract line 21 from line 20..... 764,160. 789,715. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sian	Signature of officer		Date						
Sign Here	ROCK ZIERMAN		CEO	CEO					
	Type or print name and title.								
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN				
Paid	JAMES H. FRITZSCHE, CPA			self-employed	P00423351				
Preparer	Firm's name FRITZSCHE ASSO								
Use Only	Firm's address 1511 CORPORATE	Firm's EIN ► 32	-0343346						
	SACRAMENTO, CA	95831-3890		Phone no. 916	-422-2111				
May the IRS	discuss this return with the prepare	er shown above? (see instruction	ons)		X Yes	No			
BAA For Pa	perwork Reduction Act Notice, see	the separate instructions.	TEEA0113L	12/18/12	Form 990	(2012)			

Form	990 (2012) CALIFORNIA INDEPENDENT PETROLEUM	95-3048726	Page 2
Par	5 1		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: <u>TO PROMOTE THE INDEPENDENT PETROLEUM PRODUCERS INDUSTRY IN CALIF</u> <u>STATES</u> .	ORNIA AND THE U	NITED
	Did the organization undertake any significant program services during the year which were not listed on the pr Form 990 or 990-EZ?	Yes	X No
3	If 'Yes,' describe these changes on Schedule O.	ervices? Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported.	vices, as measured by e of grants and allocations to	xpenses.
4 a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROVIDED OPPORTUNITIES FOR HUNDREDS OF INDUSTRY MEMBERS TO PROMO A PROFESSIONAL AND EFFECTIVE MANNER.	<u>TE THEIR INDUST</u>	RY_IN
4 b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code)) (European C) instruction months of C)	Devenue é	
4 c	: (Code:) (Expenses \$ including grants of \$) (Kevenue >)
4 d	I Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ►		/

Form 990 (2012) CALIFORNIA INDEPENDENT PETROLEUM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
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		Х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	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>	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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> .	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	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 and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) CALIFORNIA INDEPENDENT PETROLEUM
Part IV Checklist of Required Schedules (continued)

Far			Yes	No
			165	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? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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		Х
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	Х	
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ł	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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
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	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 ((2012)

95-3048726

Page 4

Form	n 990 (2012) CALIFORNIA INDEPENDENT PETROLEUM 95-304872	6	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 21			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 5			
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	
Ł	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b	Х	
	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		Х
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
Ł	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	a 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?	7 a		
Ł	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 q		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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 beddies of any time during the user?	0		
9	holdings at any time during the year?	8		
-	a Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders 11 a			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a 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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
a	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ľ	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
Ł	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI.

	Check if Schedule O contains a response to any question in this Part VI			. Х
Sec	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 48 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1 a 48			
	b Enter the number of voting members included in line 1a, above, who are independent 1b 48			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents	5		Λ
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?SEE. SCHEDULE . Q	6	Х	
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?SEE . SCH . O	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code.)	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
		10 0		Λ
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		<u> </u>
11	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 		X	
11	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 	10 b		<u> </u>
11 12	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 	10 b	X	
11 12	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 	10 b 11 a		х Х
11 12	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 	10b 11a 12a		
11 12 13	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization nave a written whistleblower policy?. 	10b 11a 12a 12b	X	X
11 12 13	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>. 	10b 11a 12a 12b 12c	X	X
11 12 13 14	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization nave a written whistleblower policy?. 	10b 11a 12a 12b 12c 13	X	X
11 12 13 14 15	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13	X	X X
11 12 13 14 15	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13 14	X X X X	X
11 12 13 14 15	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13 14 15a	X X X X	X X
11 12 13 14 15	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O. 	10b 11a 12a 12b 12c 13 14 15a	X X X X	X X
11 12 13 14 15	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X	x x x
11 12 13 14 15	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written birector, or top management official . SEE . SCHEDULE. O. b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's ceconstatus with respect to such arrangements?. 	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X	x x x
11 12 13 14 15	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? a The organization's CEO, Executive Director, or top management official . SEE . SCHEDULE. O. b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X	x x x
11 12 13 14 15 16	 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done</i>. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? a The organization's CEO, Executive Director, or top management official . SEE . SCHEDULE. O. b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X	

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► ACCOUNTANT 1001 K STREET, 6TH FLOOR SACRAMENTO CA 95814 916-447-1177

95-3048726

Form 990 (2012) CALIFORNIA INDE							. . .	anlovene Uighee	95-3048	
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, Tru	stees, K	ley E	mp	loy	ees	s, and	d Hi	ighest Compensa	ted Employees	
1 a 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 hig who received reportable compensation (Bos organization and any related organizations.	shest comp 5 of Forn	pensa n W-2	and	emp I/or I	loye Box	es (o 7 of F	ther orm	than an officer, direct 1099-MISC) of more	tor, trustee, or key en than \$100,000 from t	nployee) the
• List all of the organization's former of of reportable compensation from the organization										than \$100,000
• List all of the organization's former direct organization, more than \$10,000 of reportal	ble compe	nsatio	n fro	om t	he o	organi	zàtio	on and any related org	ganizations.	
List persons in the following order: individual tr employees; and former such persons.										:d
Check this box if neither the organization n	ior any rela	ted or	ganiz			mpen	sate	d any current officer, di	rector, or trustee.	
				(0	;)					
(A) Name and Title	(B) Average hours per week (list	one bo offic	ox, un cer an	less i	oerso	k more t n is bot pr/truste	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours	Individual or director	lnsti	Officer	Key	Hìgh emp	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organiza- tions	ridua recto	Institutional trustee	сеr	employee	Highest compensated employee	ner			and related organizations
	below dotted	or tru	u Ier		loye) omp				
	line)	trustee r	uste		()	ensa				
			ø			fed				
(1) STEVEN RUSCH	5									
CHAIRMAN	0	Х		Х				0.	0.	0.
(2) HORMOZ AMERI PAST CHAIRMAN	<u>- 3</u>	Х		v				0.	0.	0
(3) KENNETH HUNTERS	3	Λ		Х				0.	0.	0.
TREASURER	0	Х		Х				0.	0.	0.
(4) STEPHEN LAYTON	3									
SECRETARY	0	Х		Х				0.	0.	0.
(5) CHRIS HALL	3	_								
LOS ANGELES VP	0	Х		Х				0.	0.	0.
_(6)_ROD_ESON	3	·								
NC VP	0	Х		Х				0.	0.	0.
	<u>- 3</u>	Х		Х				0.	0.	0
(8) LARRY HUSKINS	3	Λ		Λ				0.	0.	0.
CO VP	0	Х		Х				0.	0.	0.
(9) DONALD MACPHERSON	3									
AT LARGE	0	Х		Х				0.	0.	0.
(10) CRAIG BARTO	3	_								
AT LARGE	0	Х		Х				0.	0.	0.
(11) GREGORY BROWN	3	·								
AT LARGE	0	Х		Х				0.	0.	0.
(12) JEFF_DITTMAN AT LARGE	<u>- 3</u>	Х		Х				0.	0.	0.
(13) FRANK KOMIN	3	Λ		Λ				0.	0.	0.
AT LARGE	0	Х		Х				0.	0.	0.
(14) DAVID KILPATRICK	3									
AT LARGE	0	Х		Х				0.	0.	0.

Form 990 (2012) CALIFORNIA INDEPENDENT PETROLEUM

Form 990 (2012) CALIFORNIA INDEPENDENT P								95-304872	
Part VII Section A. Officers, Directors, Trus	1	hey	Em			es, ar	Id Hignest Con	ipensated Emp	loyees (cont)
(A) Name and title	(B) Average hours per week	box offic	, unles cer an	neck ss pe	ition more erson lirecto	than one is both ar pr/trustee)	Reportable	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	T the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) MAC MCFARLAND	_ 3_								
AT LARGE	0	Х		Х			0.	0.	0.
(16) JIM STANDLEY	3								
AT LARGE	0	Х		Х			0.	0.	0.
(17) ALAN_ADLER	_1_								
DIRECTOR	0	Х					0.	0.	0.
(18) DAVID ARIAS	1_								
DIRECTOR	0	Х					0.	0.	0.
(19) KRISTEN BOYER	_ 1_								
DIRECTOR	0	Х					0.	0.	0.
(20) BILL BUSS	_ 1_								
DIRECTOR	0	Х					0.	0.	0.
(21) BRAD_CALIFF	_ 1_								
DIRECTOR	0	Х					0.	0.	0.
(22) RON CLEVELAND	_ 1_								
DIRECTOR	0	Х					0.	0.	0.
(23) CHARLES COMFORT	1								
DIRECTOR	0	Х					0.	0.	0.
(24) STEVEN COOMBS	_ 1_								
DIRECTOR	0	Х					0.	0.	0.
(25) JEFF COOPER	1_								
DIRECTOR	0	Х					0.	0.	0.
1 b Sub-total						►	0.	0.	0.
c Total from continuation sheets to Part VII, Section	1 A					►	164,167.	0.	36,293.
d Total (add lines 1b and 1c)						►	164,167.	0.	36,293.
2 Total number of individuals (including but not limited to	o those I	isted	abov	re) v	vho	received	d more than \$100,00	00 of reportable comp	pensation
from the organization 1									
									Yes No
3 Did the organization list any former officer, directo on line 1a? <i>If 'Yes,' complete Schedule J for such</i>	r or trus <i>individu</i>	stee, <i>ial</i>	key	emp	oloy	ee, or l	nighest compensat	ed employee	. з х
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	than \$1	50,00	20?	lf 'Y	′es'	comple	te Schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or accrue	compen	satio	n fro	m :	anv	unrelat	ed organization or	individual	
for services rendered to the organization? If 'Yes,'	comple	te So	chedi	ule	J fo	r such	person		. 5 X
Section B. Independent Contractors									
1 Complete this table for your five highest compensation from the organization. Report compensation	ated inde ation for	epen the c	dent alenc	cor lar y	ntrac /ear	ctors th ending	at received more t with or within the or	han \$100,000 of ganization's tax year	
(A) Name and business addre	SS						(B) Description) of services	(C) Compensation
KESTER PAHOS 925 L STREET, STE 1402 SACRAME	NTO, CI	A 95	814				LOBBYING		238,123.
		_			_		1	1	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <a>1

Department of the Treasury Internal Revenue Service

DIRECTOR

Name of the Organization

CALIFORNIA INDEPENDENT PETROLEUM

Employler Identification number

95-3048726 Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) (B) (C) (D) (F) (E) Position (check all that apply) Reportable compensation from Reportable compensation from Estimated amount of other Name and Title Average Individual hours per week (list any Q Officer employee Highest compensated nstitutional -ormer compensation from the organization Ì the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) · director y employee hours for related organiza-tions and related organizations l trustee I trustee below dotted line) BRAD DEWITT 1 DIRECTOR 0 Х 0. 0 0. BRAD ELLIOT 1 DIRECTOR 0 Х 0. 0 0. STANFORD ESCHNER 1 0 Х DIRECTOR 0. 0 0. CHRIS GARNER 1 DIRECTOR 0 Х 0. 0 0. JOSEPH GRIGG 1 DIRECTOR 0 Х 0. 0 0. CHAD HATHAWAY 1 DIRECTOR 0 Х 0. 0 0. FRED HOLMES 1 0. DIRECTOR 0 Х 0. 0 CHRISTOPHER HOYT 1 DIRECTOR 0 0. 0. Х 0. DAVE JONES 1 DIRECTOR 0 Х 0. 0 0. DEREK JONES 1 0 DIRECTOR Х 0. 0 0. JOHNNY JORDAN 1 0 DIRECTOR Х 0 0 0. STEVE LILES 1 DIRECTOR 0 0. 0 Х 0. MIKE MCPHETRIDGE 1 DIRECTOR 0 Х 0. 0 0. BOB POOLE 1 DIRECTOR 0 Х 0. 0 0. JERRY REEDY 1 DIRECTOR 0 Х 0. 0 0. WOLF REGENER 1 DIRECTOR 0 Х 0. 0 0. DEAN ROBINSON 1 Х DIRECTOR 0 0. 0. 0. TRACY ROGERS 1 DIRECTOR 0 Х 0. 0 0. CLIFTON SIMONSON 1 DIRECTOR 0 Х 0. 0. 0. CHRIS SMITH 1 DIRECTOR 0 0 Х 0. 0. JEFF SMITH 1

Form 990 Cont 2012

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Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

CALIFORNIA INDEPENDENT PET	ROLEUM								95-3048726	
Part VII Continuation: Officers, I Employees	Directors	, Tru	ste	es,	Ke	y En	plo	oyees, and Highes	st Compensated	
(A)	(B)	_		(0				(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual truster or director		Officer	Key employee	hat employee		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
NANCY_STRABALA	1	1								
DIRECTOR	0	Х						0.	0.	0.
KERRY_ZEMP DIRECTOR	<u> </u>	Х						0.	0.	0.
ROCK_ZIERMAN	<u>40</u> 0	ł		Х				164,167.	0.	36,293.
		ł								
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Form 990 (2012) CALIFORNIA INDEPENDENT PETROLEUM

Part VIII Statement of Revenue

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

95-3048726

Page 9

Π

0			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
NTS	1 a Federated campaigns1 a					
GR/	b Membership dues 1b					
TS, AN	c Fundraising events 1c					
ILA G	d Related organizations 1d					
SNC SIM	e Government grants (contributions) 1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
N	g Noncash contributions included in Ins 1a-1f: \$					
	h Total. Add lines 1a-1f					
IN		Business Code				
PROGRAM SERVICE REVENUE	2a <u>MEMBERSHIP_DUES & ASSESSMENTS</u>	561499	1,029,314.	1,029,314.		
щ		900099	606,276.	606,276.		
R VIC		900099	106,601.	106,601.		
SE		519100	13,450.	13,450.		
RAN	e					
00	f All other program service revenue					
Æ	g Total. Add lines 2a-2f	• • • • • • • • • • • • • • • • • • • •	1,755,641.			
	3 Investment income (including dividends,	, interest and				
	other similar amounts)		28.			28.
	4 Income from investment of tax-exempt I					
	5 Royalties					
	(i) Real	(ii) Personal				
	6a Gross rents					
	b Less: rental expenses 77,187.					
	c Rental income or (loss)4,401.					
	d Net rental income or (loss)		-4,401.		-4,401.	
	7 a Gross amount from sales of assets other than inventory.	(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
OTHER REVENUE	8 a Gross income from fundraising events (not including. \$					
RR	See Part IV, line 18 a	38,022.				
뛷	b Less: direct expenses b					
Ö	c Net income or (loss) from fundraising ev		21,650.			21,650.
	9 a Gross income from gaming activities. See Part IV, line 19a		,			
	b Less: direct expenses b					
	c Net income or (loss) from gaming activit	ties►				
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inver	ntory ►				
	Miscellaneous Revenue	Business Code				
	11a OTHER MISC REVENUE	900099	5,544.	5,544.		
	b ADVERTISING	541800	750.		750.	
	c d All other revenue					
	d All other revenue		C 001			
	e Total. Add lines 11a-11d		6,294.	1 7 61 1 65	0.651	01.000
	12 Total revenue. See instructions		1,779,212.	1,761,185.	-3,651.	21,678. Form 990 (2012)

Form 990 (2012) CALIFORNIA INDEPENDENT PETROLEUM Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r				
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		0,00,000	general expenses	CAPONISCS
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees Compensation not included above, to	200,460.			
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	252,097.			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b)				
-	èmployer contributions)	9,148.			
9	Other employee benefits	46,584.			
10	Payroll taxes	29,325.			
11	Fees for services (non-employees):				
	a Management				
	Legal	14,359.			
	Accounting	31,453.			
	Lobbying	359,651.			
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	Office expenses	25,332.			
14	Information technology	23,332.			
15	Royalties				
16	Occupancy				
17	Travel	59,696.			
18	Payments of travel or entertainment	59,696.			
10	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	327,054.			
20	Interest	17,235.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,875.			
23	Insurance	4,502.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
ä	SPECIAL SERVICES	209,410.			
	• MEMBERSHIP COMMUNICATION	51,781.			
	ADMIN SERVICES	36,659.			
	BOARD OF DIRECTORS EXPENSE	17,805.			
	All other expenses	41,231.			
25	Total functional expenses. Add lines 1 through 24e	1,753,657.			
26	Joint costs. Complete this line only if	1770070071			
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following				
-	SOP 98-2 (ASC 958-720)				
RΔΔ					Form 990 (2012)

Form 990 (2012) CALIFORNIA INDEPENDENT PETROLEUM Part X Balance Sheet

			(A)		(B) End of year
			Beginning of year		
1	Cash – non-interest-bearing		84,376.	1	327,364.
2	Savings and temporary cash investments		151,766.	2	643
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		114,264.	4	75,207
5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L.	mployees. Complete		5	
6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6		
7	Notes and loans receivable, net.		7		
8	Inventories for sale or use			8	
7 8 9		Prepaid expenses and deferred charges.			
	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			9	7,000
			1 056 500	10	1 000 040
	b Less: accumulated depreciation	,	1,876,520.	10 c	1,832,048
11				11	
12	Investments – other securities. See Part IV, line 11.			12	
13	Investments – program-related. See Part IV, line 11.			13	
14	Intangible assets.			14	
15	Other assets. See Part IV, line 11		0.000.000	15	0.040.060
16	Total assets. Add lines 1 through 15 (must equal line		2,226,926.	16	2,242,262
17 18	Accounts payable and accrued expenses		117,712.	17 18	105,614
19	Deferred revenue		214,756.	10	256,448
20	Tax-exempt bond liabilities		214,730.	20	230,440
01	Escrow or custodial account liability. Complete Part I			20	
21		ers, directors, trustees,		22	
23			1,130,298.	23	1,090,485
23		-	1,130,290.	24	1,090,405
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			25	
26	Total liabilities. Add lines 17 through 25		1,462,766.	26	1,452,547
	Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ► X and complete			
	- · · · · · · · · · · · · · · · · · · ·		764,160.	27	789,715
27 28 29	Temporarily restricted net assets.		,01,100.	28	1007110
29				29	
2	Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.			-	
30				20	
	Capital stock or trust principal, or current funds			30	
31 32 33 34	Paid-in or capital surplus, or land, building, or equipm			31	
32	Retained earnings, endowment, accumulated income			32	700 715
33	Total net assets or fund balances		764,160.	33	789,715
34 AA	Total liabilities and net assets/fund balances		2,226,926.	34	2,242,262 Form 990 (2012

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Form 990 (2012) CALIFORNIA INDEPENDENT PETROLEUM 95-	3048	3726		Pa	ge 12
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response to any question in this Part XI					. П
1 Total revenue (must equal Part VIII, column (A), line 12)	1		1,77	79,2	12.
2 Total expenses (must equal Part IX, column (A), line 25)	2				57.
3 Revenue less expenses. Subtract line 2 from line 1	3				55.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				60.
5 Net unrealized gains (losses) on investments.	5				
6 Donated services and use of facilities	6				
7 Investment expenses	7				
8 Prior period adjustments	8				
9 Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					<u> </u>
column (B))	10		78	39,7	15.
Part XII Financial Statements and Reporting		-			
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 X 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		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on	а			
Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant?			2 b	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis	ate				
 c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant? 	, 		2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 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		Х
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	lit	[3b		
BAA			orm	990 (2012)

	HEDULE C		Political Campaign and L	obbying Activ	vitios	OMB No. 1545-	0047	
(For	m 990 or 990-EZ)	For Or	ganizations Exempt From Income Tax I			2012	2	
Department of the Treasury Internal Revenue Service			nplete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.			Open to Public Inspection		
lf th ● :	e organization ans Section 501(c)(3) o	rganizations:	5 Form 990, Part IV, line 3, or Form 990 Complete Parts I-A and B. Do not comp	-EZ, Part V, line 46 (F lete Part I-C.	1 0	ities), then		
• ;	Section 527 organiz	zations: Comp	n 501(c)(3)) organizations: Complete Pa lete Part I-A only. 5 Form 990, Part IV, line 4, or Form 990		·			
• ;	Section 501(c)(3) org	anizations that	have filed Form 5768 (election under sect	ion 501(h)): Complete	Part II-A. Do not complete	Part II-B.		
	Section 501(c)(3) org Part II-A.	panizations that	have NOT filed Form 5768 (election under	section 501(h)): Com	blete Part II-B. Do not com	nplete		
	-		Form 990, Part IV, line 5 (Proxy Tax) of Inizations: Complete Part III.	or Form 990-EZ, Part	V, line 35a (Proxy Tax),	then		
-	of organization				Employer identifica	tion number		
CA	LIFORNIA IND	EPENDENT	PETROLEUM		95-304872	6		
			anization is exempt under section	on 501(c) or is a				
1	Provide a descrip	tion of the org	anization's direct and indirect political of	ampaign activities in	Part IV.			
2	•	-	·					
3	Volunteer hours							
Pa	rt I-B Complete	e if the orga	anization is exempt under section	on 501(c)(3).				
1	Enter the amount	of any excise	tax incurred by the organization under	section 4955	▶\$			
2			tax incurred by organization managers					
3			ection 4955 tax, did it file Form 4720 for		-	Yes	No	
	÷			-				
	b If 'Yes,' describe							
	· · · · · · · · · · · · · · · · · · ·		anization is exempt under section	on 501(c) ovcon	t continue 501(c)(2)			
1			nded by the filing organization for section					
I					· -			
2			anization's funds contributed to other organ					
2								
2 3	Total exempt fund	ction expendit	ures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$			
	Total exempt fund line 17b Did the filing orga	ction expendition	orm 1120-POL for this year?				XNo	
3	Total exempt func- line 17b Did the filing orga Enter the names, organization mad	ction expendition nization file F addresses an e payments. F	• • • • • • • • • • • • • • • • • • • •	of all section 527 pol	itical organizations to w	hich the filing ls. Also enter t		
3 4	Total exempt func- line 17b Did the filing orga Enter the names, organization mad	ction expendition nization file F addresses an e payments. F	orm 1120-POL for this year? d employer identification number (EIN) or each organization listed, enter the a	of all section 527 pol	itical organizations to w	hich the filing ls. Also enter t	olitical ved and rectly parate tion. If	
3 4	Total exempt fund line 17b Did the filing orga Enter the names, organization mad amount of political segregated fund o	ction expendition nization file F addresses an e payments. F	orm 1120-POL for this year? d employer identification number (EIN) or each organization listed, enter the an ceived that were promptly and directly del ction committee (PAC). If additional spa	of all section 527 pol mount paid from the ivered to a separate p ace is needed, provid	itical organizations to w filing organization's func olitical organization, such e information in Part IV. (d) Amount paid from filing organization's funds. If	(e) Amount of p contributions rece promptly and d delivered to a se political organizz	Ditical ved and rectly parate tion. If	
3 4 5	Total exempt fund line 17b Did the filing orga Enter the names, organization mad amount of political segregated fund o	ction expendition nization file F addresses an e payments. F	orm 1120-POL for this year? d employer identification number (EIN) or each organization listed, enter the an ceived that were promptly and directly del ction committee (PAC). If additional spa	of all section 527 pol mount paid from the ivered to a separate p ace is needed, provid	itical organizations to w filing organization's func olitical organization, such e information in Part IV. (d) Amount paid from filing organization's funds. If	(e) Amount of p contributions rece promptly and d delivered to a se political organizz	Ditical ved and rectly parate tion. If	
3 4 5 (1)	Total exempt fund line 17b Did the filing orga Enter the names, organization mad amount of political segregated fund o	ction expendition nization file F addresses an e payments. F	orm 1120-POL for this year? d employer identification number (EIN) or each organization listed, enter the an ceived that were promptly and directly del ction committee (PAC). If additional spa	of all section 527 pol mount paid from the ivered to a separate p ace is needed, provid	itical organizations to w filing organization's func olitical organization, such e information in Part IV. (d) Amount paid from filing organization's funds. If	(e) Amount of p contributions rece promptly and d delivered to a se political organizz	Ditical ved and rectly parate tion. If	
3 4 5 (1) (2)	Total exempt fund line 17b Did the filing orga Enter the names, organization mad amount of political segregated fund o	ction expendition nization file F addresses an e payments. F	orm 1120-POL for this year? d employer identification number (EIN) or each organization listed, enter the an ceived that were promptly and directly del ction committee (PAC). If additional spa	of all section 527 pol mount paid from the ivered to a separate p ace is needed, provid	itical organizations to w filing organization's func olitical organization, such e information in Part IV. (d) Amount paid from filing organization's funds. If	(e) Amount of p contributions rece promptly and d delivered to a se political organizz	Ditical ved and rectly parate tion. If	
3 4 5 (1) (2) (3)	Total exempt fund line 17b Did the filing orga Enter the names, organization mad amount of political segregated fund o	ction expendition nization file F addresses an e payments. F	orm 1120-POL for this year? d employer identification number (EIN) or each organization listed, enter the an ceived that were promptly and directly del ction committee (PAC). If additional spa	of all section 527 pol mount paid from the ivered to a separate p ace is needed, provid	itical organizations to w filing organization's func olitical organization, such e information in Part IV. (d) Amount paid from filing organization's funds. If	(e) Amount of p contributions rece promptly and d delivered to a se political organizz	Ditical ved and rectly parate tion. If	

Schedule C (Form 990 or 990-EZ) 2012 CALIFORNIA	on is exempt under section 501(c)(3) and	95-3048 filed Form 5768 (el	
section 501(h)).			
A Check ► if the filing organization belo	ngs to an affiliated group (and list in Part IV each affilia	ed group member's name	<i>,</i>
address, EIN, expenses, a	nd share of excess lobbying expenditures).		
B Check ► if the filing organization ch	ecked box A and 'limited control' provisions apply.		
Limits on Lobl (The term 'expenditures' mo	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	oublic opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a	a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a	and 1b)		
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add	lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the a both columns.	mount from the following table in		
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	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25%	6 of line 1f)		
h Subtract line 1g from line 1a. If zero or le	ss, enter -0		
i Subtract line 1f from line 1c. If zero or les	ss, enter -0		
j If there is an amount other than zero on either section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 4720	eporting	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.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total			
2 a Lobbying non-taxable amount								
b Lobbying ceiling amount (150% of line 2a, column (e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

BAA

Schedule **C** (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 CA	LIFORNIA INDE	PENDENT PETROLEUM
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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)		
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Amo	unt	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?						
d Mailings to members, legislators, or the public?						
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?						
j Total. Add lines 1c through 1i						
2 a 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 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(section 501(c)(6).	c)(5)	, or				
					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		Х
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501((6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) P answered 'Yes.'	c)(5) art II	, or s I-A, I	ection ine 3,	50 is	1(c)	
1 Dues, assessments and similar amounts from members.		1	1	,13	35,9	915.
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).						
a Current year.		2a		35	59,6	51.
b Carryover from last year.		2 b				

	c Total	2 c	359,651.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	514,657.
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	0.
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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

95-3048726

SCHEDULE D					OMB No	. 1545-0047		
	Form 990) Supplemental Financial Statements						20)12
Department of th Internal Revenue	ne Treasury e Service	Part IV, lines	ete if the organization answere 5 6, 7, 8, 9, 10, 11a, 11b, 11c, 1 ach to Form 990. ► See sep	1d, 11e, 11f, 12a, or	l, 12b.		Open Inspec	to Public
Name of the org	anization		•			Employer in	dentification	number
ASSOCIA	TION	EPENDENT PETROLEUM				95-304		
Part I	Drganiza t	ions Maintaining Donc	or Advised Funds or Oth to Form 990, Part IV, lin	er Similar Funds	s or Ac	counts. (Complete	e if
u	le organ		(a) Donor advised		(h)	Funds and	othor and	unto
1 Total n	umber at e	end of year		Turius	(0)	Fullus allu	other acco	Junis
		outions to (during year)						
00 0	•	from (during year)						
00 0		at end of year						
5 Did the are the	e organizat e organizat	on inform all donors and dor on's property, subject to the	nor advisors in writing that the organization's exclusive legal	e assets held in dono control?	r advised	d funds	Yes	No
6 Did the for cha	e organizati aritable pur	on inform all grantees, dono	rs, and donor advisors in writi t of the donor or donor advisor	ing that grant funds or, or for any other pu	an be us	sed only	_]Yes	
			lete if the organization a					
		•	y the organization (check all the			990, i ali	t iv, iiie	7.
		of land for public use (e.g., r		Preservation of a	n historio	cally import	ant land a	irea
		natural habitat	·····,	Preservation of a		5 1		
Pre	eservation	of open space						
2 Comple last da	ete lines 2a ly of the ta	through 2d if the organization I	neld a qualified conservation cor	ntribution in the form o	f a conse	rvation ease	ement on th	ie
						Held at the	End of th	e Tax Year
					2 a			
			ments fied historic structure included		2 b 2 c			
					20			
a Numbe structu	er of consei ire listed in	vation easements included i the National Register	n (c) acquired after 8/17/06, a	and not on a historic	2 d			
	r of conserv	5	nsferred, released, extinguished,		organizati	ion during th	ie	
4 Numbe	r of states v	where property subject to conse	ervation easement is located ►					
5 Does t and en	he organiza Iforcement	ation have a written policy re of the conservation easemen	garding the periodic monitorir	ng, inspection, handli	ng of vio	lations,	Yes	No
6 Staff ar ►	nd volunteer	hours devoted to monitoring,	inspecting, and enforcing conser	rvation easements dur	ng the ye	ear	_	
7 Amoun ►\$	t of expense	es incurred in monitoring, inspe	ecting, and enforcing conservation	on easements during th	ne year			
			n line 2(d) above satisfy the re				Yes	No
include	XIII, descril e, if applica vation ease	ble, the text of the footnote	s conservation easements in its to the organization's financial	revenue and expense statements that desc	statemen cribes the	t, and balan e organizati	ce sheet, a ion's acco	and unting for
Part III C	Organizat	ions Maintaining Colle	ctions of Art, Historical	Treasures, or O	ther Si	milar Ass	sets.	
[.] C	Complete	if the organization ans	wered 'Yes' to Form 990	, Part IV, line 8.				
art, his	torical treas	ures, or other similar assets he	r SFAS 116 (ASC 958), not to eld for public exhibition, education ncial statements that describe	on, or research in furth	e stateme erance of	ent and bala f public serv	ance shee ice, provide	t works of e,
historic followi	al treasures	, or other similar assets held for s relating to these items:	r SFAS 116 (ASC 958), to rep or public exhibition, education, c	r research in furtherar	ice of put	olic service,	e sheet wo provide the	orks of art, e
••			, line 1					
.,								
amoun	its required	to be reported under SFAS	nistorical treasures, or other sim 116 (ASC 958) relating to the	se items:			lowing	
			e 1					
D Assets	included II	1 FUITT 990, Part X		<u></u>	<u></u>	F Ş		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 09/18/12

Schedule **D** (Form 990) 2012

1

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Jump the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection in the set of the collection in the organization's exempt programs e Decision of the organization scalections and explain how they further the organization's exempt purpose in intervations in the organization answered Yes' to Form 930, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. for a set others frain the as the maintained as part of the organization answered Yes' to Form 930, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. if if a sit the organization and eart, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. if a sit the organization include an amount on Form 990, Part X, line 21. call bit the organization include an amount on Form 990, Part X, line 21. for the system of the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII. for dignitiation include an amount on Form 990, Part IV, line 10. for the system tearing spains. if Yes' explain the arrangement i	Schedule D (Form 990) 2012 CALIFORNIA IND			95-304		age 2
a □ Delta establition □ Loan or exchange programs b □ Delta establition □ Delta □ c □ Preservation for future generations □ Delta □ 5 Uning the year, did the organization's collections and explain how they further the organization's collection? Image: Collection 10 and Collection 20 and explain the organization asserted Types in the arrangements. Complete if the organization answered Types in 500 per 47 X, line 9, or resported an amount on Form 990, Part X, line 21. 1 a life dragatization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990. Part X, line 21. Amount Image: Collection 10 and Collection 20 and	Part III Organizations Maintaining Collect	ions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)
b	3 Using the organization's acquisition, accession, and items (check all that apply):	other records, check a	ny of the following that ar	e a significant use of its	collection	
c Previde a scorption of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. Yes No Part VI Excove and Custodial Arrangements. Complete if the organization answered Yes' to Form 990, Part XI, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI. Yes No I a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XI. In Cancella Arrangements in Part XIII. Amount In Cancella Arrangement in Part XIII. In Cancella Arrangement in Cancella Arrangement in Part XIII. In Cancel	a Public exhibition	d Loan	or exchange programs			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. Souring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets I be boal for braise funds rather than to be maintained as part of the organization's collection's		e 🗌 Other				
Part XIII. So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ives No Part IVI Escow and Custodial Arangements. Complete if the organization answered Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 212. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 212. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 212. Image: Complete intermediary for contributions of the assets not include an amount on Form 990, Part X, line 212. Image: Complete intermediary for contributions of the assets not include and the assets not include an amount on Form 990, Part X, line 212. Image: Complete intermediary for contributions of the asset intermediary for contributions and and advinant the year. Image: Complete intermediary for contributions of the asset intermediary for contributions of the asset intermediary for contributions and asset. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part X, line 10. Image: Complete intermediary for contributions in asset intermediary for contributions. Image: Contributions. Image: Contributions.						
Part IV reported an amount on Form 990, Part X, line 21. Image: the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. 1 a is the organization and agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X2. Image: the organization and agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X2. c Beginning balance. 1c Amount c Beginning balance. 1d c Ending balance. 1d c Ending balance. 1d c Ending balance. 1d c Beginning of year balance. 1d part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. c Net investment earnings, gains, and losses 1d 1d a Grants or scholarships 1d 1d e Other expenditures for facilities and programs. 1d 1d g End of year balance. 1d 1d 1d b Permanent endowment * % % 1d 1d	Part XIII.		-			
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X. b If Yes, 'explain the arrangement in Part XIII and complete the following table: c Beginning balance. d Additions during the year. 1e 2 Distributions during the year. 1e 1e 2 Distributions during the year. 1e 1e 2 Distributions during the year. 1e 2 Distributions during the year. 1e 2 Distributions during the year. 1e 2 Distributions during the year. 1e 2 Distributions during the year. 1e 2 Distributions during the year. 1e 2 Distributions. 1a Beginning of year balance. 1b Contributions. 1a Beginning of year balance. 1b Contributions. 1a Horgenation facilities and losses 1a display the expenses. 1b dif programs. 1a different estimated percentage of the current year end balance (line 1q, column (a)) held as:		ceive donations of ar ained as part of the o	t, historical treasures, o rganization's collection	r other similar assets		lo
1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X2. Ives No b If Yes, 'explain the arrangement in Part XIII and complete the following table: Image: Complete table of ta			ation answered 'Yes' to	Form 990, Part IV, lin	e 9, or	
on Form 990, Part X2.						
b If Yes,' explain the arrangement in Part XIII and complete the following table:	1 a Is the organization an agent, trustee, custodian, on Form 990, Part X?	or other intermediary	for contributions or oth	er assets not included	Yes N	١o
c Beginning balance						
d Additions during the year. 1d e Distributions during the year. 1e 2 Ending balance. 11 2a Did the organization include an amount on Form 990, Part X, line 21?. Yes b If Yes,' explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII. Yes Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1 a Beginning of year balance. (a) Current (b) Prior year (c) Two years (d) Three years (e) Four years b Contributions. (a) Current (b) Prior year (c) Two years (d) Three years (e) Four years c Net investment earnings, gains, and programs. (a) and programs. (b) and programs. (c) and programs. g End of year balance. (b) Prior year (c) Two years (d) Three years (e) Four years g End of year balance. (c) Two years (d) Three years (e) Four years (e) Four years g End of year balance. (c) Two years (d) Three years (e) Four years (e) Four years g End of year balance. (c) Two years (d) Three years (e) Four years (f) Administrative expenses (f) Administrative expenses (f) Th					Amount	
e Distributions during the year						
Image: Section 1 Image: Section 1 Image: Section 1						
2a Did the organization include an amount on Form 990, Part X, line 21?						
b If Yes,' explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII. □ Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1 a Beginning of year balance. (a) Current (b) Prior year (c) Two years (d) Three years (e) Four years 1 b Contributions. 0 0 0 0 0 0 a dorses 0 0 0 0 0 0 0 0 4 Grants or scholarships. 0	-				Yes N	
Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1 a Beginning of year balance	-					
1 a Beginning of year balance			· · · · · · · · · · · · · · · · · · ·			
1a Beginning of year balance	Part V Endowment Funds. Complete if the	e organization an	swered 'Yes' to For	rm 990, Part IV, lin	e 10.	
b Contributions	(a) Current	(b) Prior yea	ar (c) Two years	(d) Three years	(e) Four years	
c Net investment earnings, gains, and losses	1 a Beginning of year balance					
and losses	b Contributions					
d Grants or scholarships						
e Other expenditures for facilities and programs						
and programs					+	
g End of year balance						
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f Administrative expenses					
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: % (i) unrelated organizations % (ii) related organizations. % 4 Describe in Part XIII the intended uses of the organization's endowment funds. % Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	3					
b Permanent endowment ▶		year end balance (lin	ne 1g, column (a)) held	as:		
c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes (i) unrelated organizations. 3a(i) (ii) related organizations. 3a(ii) b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation depreciation 1a Land. 154, 665. 154, 665. b Buildings. 1, 714, 896. 53, 590. 1, 661, 306. c Leasehold improvements. 19, 708. 3, 631. 16, 077. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1, 832, 048.		0				
c Temporarily restricted endowment ►		0				
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations. 3a(i) 3a(i) 3a(i) (ii) related organizations. 3a(ii) 3a(ii) 3a(ii) 3b 3c <	· · · · · · · · · · · · · · · · · · ·	6				
Yes No (i) unrelated organizations. 3a(i) (ii) related organizations. 3a(ii) b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 a Land. 154, 665. 154, 665. 154, 665. b Buildings. 1, 714, 896. 53, 590. 1, 661, 306. c Leasehold improvements. 19, 708. 3, 631. 16, 077. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1, 832, 048.	The percentages in lines 2a, 2b, and 2c should e	equal 100%.				
(ii) related organizations. Ja(ii) b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?. Ja(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1 a Land. 154,665. 154,665. b Buildings. 1,714,896. 53,590. c Leasehold improvements. d Equipment. 19,708. 3,631. e Other 19,708. 3,631. 16,077. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,832,048.		the organization that a	are held and administered	for the	Yes N	No
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	(i) unrelated organizations				. 3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 a Land. 154, 665. 154, 665. b Buildings. 1,714,896. 53,590. 1,661,306. c Leasehold improvements. 1 19,708. 3,631. 16,077. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,832,048.					. 3a(ii)	
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 a Land 154, 665. 154, 665. 154, 665. b Buildings 1,714, 896. 53, 590. 1, 661, 306. c Leasehold improvements 1 19,708. 3, 631. 16,077. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,832,048. 1,832,048.					. 3b	
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1 a Land154,665.154,665.154,665.b Buildings1,714,896.53,590.1,661,306.c Leasehold improvements419,708.3,631.16,077.Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)1,832,048.						
Image: Second state of the						
b Buildings	Description of property (a) Cost or other basis (investment)	basis (other)		(d) Book value	;
c Leasehold improvements.						
d Equipment 19,708 3,631 16,077 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,832,048 1,832,048			1,714,896.	53,590.	1,661,30	<u>06.</u>
e Other 19,708. 3,631. 16,077. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,832,048.						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,832,048.			10 700	0.001	1.0.01	
		A Form 990 Part V				
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Schedule D (Form 990) 2012	CALIFORNIA	INDEPENDENT	PETROLEUM
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Part VII	Investments – Other Securities. See	Form 990, Part X,	line I2. N/A	
ſ	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation end-of-year market	n: Cost or value
(1) Financ	cial derivatives			Value
	y-held equity interests			
(3) Other		_		
(A)				
(A) (B)				
(C)				
(D) (E)				
(F)				
(G)				
<u>(H)</u>				
()				
	mn (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VII	Investments – Program Related. See			a
	(a) Description of investment type	(b) Book value	(c) Method of valuation end-of-year market	n: Cost or value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.) ►			
Part IX	Other Assets. See Form 990, Part X,	ine 15. N/A scription		(b) Book value
(1)		Scription		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (i		····· •	
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
(1) Ead	(a) Description of liability eral income taxes	(b) Book value		
(2)				
(3)				
(5)				
(6)			-	
(7)				
(8)				
(9)				
(10)				
		1		
(11)				

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012 CALIFORNIA INDEPENDENT PETROLEUM 9	5-3048726	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return N/A	
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:		
a Net unrealized gains on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return N/A	
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:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	\vee , lines 1b and 2b;	Part V,
r_{1} r_{1} r_{2} r_{3} r_{3		

 PART X - FIN 48 FOOTNOTE

 MANAGEMENT OF CIPA AND CNGPA HAS EVALUATED THEIR TAX POSITIONS AND RELATED INCOME

 TAX CONTINGENCIES.
 MANAGEMENT DOES NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX

___POSITIONS_EXIST._____

Schedule **D** (Form 990) 2012

SCHEDULE G		Supple	montol	Inform	nation Bogordin			OMB No. 1545-0047
(Form 990 or 990-EZ)	Supplemental Information Regarding Fundraising or Gaming Activities							2012
Department of the Treasury Internal Revenue Service	or 19. or	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.						
Name of the organization CA	LIFORNIA IN SOCIATION	IDEPENDENT	PETRO	LEUM			Employer identification 5-304872	
Fundraising		lete if the orga	nization a	nswered '	Yes' to Form 990, Part	IV, line		0
		1			owing activities. Check	all that	apply.	
a Mail solicitati				e		•	0	
	email solicitations	5		f	Solicitation of gove		-	
c Phone solicit				g	Special fundraising	g events		
d In-person sol		r oral agroomon	t with any i	ndividual (i	including officers, directo	vre tructo	ac ar kay	
employees listed	in Form 990, Par	t VII) or entity	in connect	tion with p	including officers, directo rofessional fundraising	services	s?	Yes X No
compensated at l	east \$5,000 by th	le organization.		ers) pursua	nt to agreements under v	which the		be
(i) Name and addres or entity (fund		(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or i fundra	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		-		
1								
2								
3								
4								
5								
6								
7								
8								
9								
-								
10								
Total								0.
3 List all states in who or licensing.	hich the organization	on is registered of	or licensed	to solicit c	ontributions or has been	notified	it is exempt from	registration
								

Schedule G (Form 990 or 990-EZ) 2012 CALIFORNIA INDEPENDENT PETROLEUM

95-3048726 Page **2**

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

R			(a) Event #1 <u>FALL GOLF TOUR</u> (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))			
REVENUE	1	Gross receipts	38,022.			38,022.			
Ē	2	Less: Charitable contributions							
	3	Gross income (line 1 minus line 2)	38,022.			38,022.			
	4	Cash prizes.							
D	5	Noncash prizes							
R E C T	6	Rent/facility costs	14,481.			14,481.			
	7	Food and beverages				_			
E X P	8	Entertainment							
EXPENSES	9	Other direct expenses	1,891.			1,891.			
S	10	16,372.							
		Net income summary. Combine line 3, co				21,650.			
Par	τιι	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered Tes	5 to Form 990, Par	t IV, line 19, or rep	orted more than			
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
Ü	1	Gross revenue							
-	2	Cash prizes							
EXPENSE PENSE	3	Non-cash prizes							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes [%] No				
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)						
	8 Net gaming income summary. Combine lines 1, column (d) and line 7								
ł									
	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 CALIFORNIA INDEPENDENT PETROLEUM	95-30487	26	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity operated in:	1 1		
a The organization's facility.	13 a		olo
b An outside facility.			0/0
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec			-
Name ►			
Address ►			
 15 a Does the organization have a contact with a third party from whom the organization receives gaming revelue b If 'Yes,' enter the amount of gaming revenue received by the organization < \$a of gaming revenue retained by the third party < \$c If 'Yes,' enter name and address of the third party: 			No
Name ►			
Address ►			
16 Gaming manager information:			
Name ►			
Gaming manager compensation ► \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain	the	—	—
state gaming license?	at in the	Yes	No
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spenorganization's own exempt activities during the tax year ► \$ 	it in the		
Part IV Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as an	ired by Part	I, line 2 so comp	2b, plete
this part to provide any additional information (see instructions).			
	dula C (Earm 00)		7) 0010

TEEA3703L 01/07/13

SCHEDULE J	
(Form 990)	

Compensation Information

OMB No. 1545-0047

20)12

Schedule J (Form 990) 2012

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CAL	IFORNIA INDEPENDENT PETROLEUM		95-3048726		
Part	I Questions Regarding Compensation				
	•			Yes	No
1a	Check the appropriate box(es) if the organization provided any c /II, Section A, line 1a. Complete Part III to provide any rele —	evant information regarding these items.	PART III		
	First-class or charter travel	Housing allowance or residence for	personal use		
	Travel for companions	X Payments for business use of perso	onal residence		
	Tax indemnification and gross-up payments	Health or social club dues or initiati	on fees		
	Discretionary spending account	Personal services (e.g., maid, chau	ffeur, chef)		
	f any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described		ain 1	o X	
2	Did the organization require substantiation prior to reimbursing or trustees, and the CEO/Executive Director, regarding the iter	or allowing expenses incurred by all officers, ms checked in line 1a?	directors, 2	Х	
	ndicate which, if any, of the following the filing organization use CEO/Executive Director. Check all that apply. Do not check establish compensation of the CEO/Executive Director, but	any boxes for methods used by a related	ization's organization to		
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation	ation committee		
a b c	During the year, did any person listed in Form 990, Part VII or a related organization: Receive a severance payment or change-of-control payment Participate in, or receive payment from, a supplemental non Participate in, or receive payment from, an equity-based co f 'Yes' to any of lines 4a-c, list the persons and provide the	it? nqualified retirement plan? mpensation arrangement?	4 	c	X X X
5	Only section 501(c)(3) and 501(c)(4) organizations must co For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of:	•	ompensation		
	The organization?			a	
	Any related organization? f 'Yes' to line 5a or 5b, describe in Part III.			0	
	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of:				
b	The organization? Any related organization? f 'Yes' to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If 'Yes,' describe	, did the organization provide any non-fixe in Part III	ed 7		
	Were any amounts reported in Form 990, Part VII, paid or a to the initial contract exception described in Regulations set f 'Yes,' describe in Part III	ction 53,4958-4(a)(3)?			
9	f 'Yes' to line 8, did the organization also follow the rebuttable psection 53.4958-6(c)?	presumption procedure described in Regulation	ons		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation	
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(I)-(D)	(F) Compensation reported as deferred in prior Form 990	
ROCK ZIERMAN	(i)	<u>124,167.</u>	40,000.	0.	<u>5,958</u> .	<u> </u>	<u>200,460</u> .	0.	
1 CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)				+		+		
2	(ii)								
2	(i)				+		+		
3	(ii)								
4	(i) (ii)		+		+		+		
	(i)								
5	(i) (ii)		+		+		+		
	(i)								
6	(ii)				+		+		
	(i)								
7	(ii)				†			1	
	(i)								
8	(ii)								
	(i)				+				
9	(ii)								
	(i)				+		+		
10	(ii)								
11	(i) (ii)		+		+		+		
	(i)								
12	(i) (ii)		+		+		+		
	(i)								
13	(ii)		+		+		+		
	(i)								
14	(ii)		+		+		+		
	(i)								
15	(ii)								
	(i)				L		L		
16	(ii)								
BAA			TEEA4102L 12/1	1/12			Schedule	(Form 990) 2012	

Schedule J (Form 990) 2012 CALIFORNIA INDEPENDENT PETROLEUM	95-3048726	Page 3
Part III Supplemental Information		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b Part II. Also complete this part for any additional information.	3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	d 8, for
PART 1, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS		
THE_CEO_RECEIVED PAYMENTS_OF \$1,200_FOR_EXPENSES_RELATED_TO_MAINTAINING_A_HOME		
OFFICE		

SCHEDULE O Supplemental Information to Form 990 or 990-EZ			OMB No. 1545-0047					
(Form 990 or 990-EZ)	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.							
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ.		Open to Public Inspection					
Name of the organization CA AS	LIFORNIA INDEPENDENT PETROLEUM SOCIATION	Employer identifica						
	FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER							
PRODUCING_M	EMBERS SELECT MEMBERS OF THE BOARD OF DIRECTORS. TH	IE BOARD OF	_ DIRECTORS					
MAKES_ALL_C	MAKES_ALL_CRITICAL_DECISIONS							
FORM 990, PA	RT_VI, LINE_7B - DECISIONS OF GOVERNING BODY APPROVAL BY	MEMBERS O	R SHAREHOLDERS					
BY-LAW_CHAN	GES AND BOARD OF DIRECTORS MEMBERSHIP ARE SUBJECT TO	FULL MEME	BERSHIP					
VOTE								
FORM 990, PA	RT VI, LINE 11B - FORM 990 REVIEW PROCESS							
CIPA'S_FINA	NCE COMMITTEE REVIEWS THE FORM 990. IT IS ALSO AVAI	LABLE TO A	ANY MEMBER					
THATREQUES	<u>IS IT.</u>							
FORM 990, PA	RT_VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	<u> - CEO, TOP</u>	MANAGEMENT					
THE EXECUTI	VE COMMITTEE MEETS ONCE A YEAR FOR PERSONNEL EVALUAT	TIONS AND I	DETERMINES					
COMPENSATIO	<u>N</u>							
FORM 990, PA	RT_VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	/AILABLE						
CIPA'S DOCU	MENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AV	AILABLE TO) THE					
PUBLIC, IF	REQUESTED, AFTER THE REQUEST IS REVIEWED AND APPROVE	D BY CIPA	' <u>S</u>					
MANAGEMENT.								

TEEA4901L 12/8/12

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

Employer identification number 95-3048726

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<u>(1)</u> 					
(2)					
(3)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Sec 512) controlled) (b)(13) d entity?
						Yes	No
(1) CALIFORNIA NATURAL GAS PRODUCERS A 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	PROMOTE THE NATURL GAS INDUSTRY IN						
68-0480256	CALIF	CA	501(C)(6)		N/A		Х
(2)							
<u>(3)</u> 							
<u>(4)</u> 							

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

Schedule R (Form 990) 2012 CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

95-3048726 Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controllin entity	ng	(e) Predominant i (related, unre excluded fror under secti	lated, n tax	(f) Share o incor	f total	Sha end-c	g) ire of of-year sets	Disp tioi	h) ropor- nate ations?	(i) Code V-UBI amount in bo 20 of Schedu K-1 (Form	Gene x man	j) tral or aging ner?	(k) Percentage ownership
		country)			512-514))					Yes	No	1065)	Yes	No	
<u>(1)</u>																
Part IV Identification of	of Related Organ	nizations	Taxable a	as a (Corporatio	on or	Trust (Co	omplete	e if the o	organiza	tion a	answe	ered 'Yes' to	Form 99	90, Pa	art IV,
Name, address, and EIN	e it had one or r of related organizat		ted organi (b) ary activity	Leo (sta	(c) gal domicile ite or foreign	Cor	(d) Direct ntrolling	Type c (C corp	trust du e) of entity , S corp, rust)	ring the (f) Share total in) e of	Sh	(g) hare of end-of- year assets	(h) Percentaç ownershi	e Sec cont	(i) 512(b)(13) rolled entity?
<u>(1)</u>					country)		entity	orti	rust)						Y	es No
<u>(2)</u>		 														
<u>(3)</u>		 														
 BAA					TEEA	5002L	12/28/12							Schedule I	(Form	990) 2012

Schedule R (Form 990) 2012 CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to F	Form 990, Part IV,	line 34, 35b, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations list	ted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1 a		Х
b Gift, grant, or capital contribution to related organization(s)			1 b		Х
c Gift, grant, or capital contribution from related organization(s)			1 c		Х
d Loans or loan guarantees to or for related organization(s)			1 d		Х
e Loans or loan guarantees by related organization(s)			1 e		Х
f Dividends from related organization(s)			1 f		Х
g Sale of assets to related organization(s)			1 g		Х
h Purchase of assets from related organization(s)			1 h		Х
i Exchange of assets with related organization(s)			1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)			1 k		Х
Performance of services or membership or fundraising solicitations for related organization(s).			11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 n	Х	
o Sharing of paid employees with related organization(s)			10	Х	
p Reimbursement paid to related organization(s) for expenses			1p	Х	
q Reimbursement paid by related organization(s) for expenses			1 q		Х
r Other transfer of cash or property to related organization(s).			1 r		Х
s Other transfer of cash or property from related organization(s)			1s		Х
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covere					
(a) Name of other organization	(b) Transaction	(c) Amount involved Met) hod of	1) determ	nining

Name of other organization		Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) CALIFORNIA NATURAL GAS PRODUCERS ASSOCIA		Р	1,536.	CASH PAID
(2)				
(3)				
(4)				
(5)				
(6)				
BAA	TEEA5003L 12/28/12		Schedi	ule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	sec 501(tion	(f) Share of total income	(g) Share of end-of-year assets	tior	n) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	Gene mana parti) ral or aging her?	(k) Percentage ownership
			from tax under section 512-514)	Yes	No			Yes	No		Yes	No	1
(1)	-												
(2)													
(4)													
(5)													
	-												
<u></u>													

BAA

	(Form 990) 2012
Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).



(Rev January 2013)

•

Application for Extension of Time To File an Exempt Organization Return

Х

Department of the Treasury Internal Revenue Service

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.....

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only..... 🕨

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) of
Type or print	CALIFORNIA INDEPENDENT PETROLEUM	
print	ASSOCIATION	95-3048726
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
due date for filing your	1001 K STREET, 6TH FLOOR	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	SACRAMENTO, CA 95814	

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

٠	The books are in the care of	ACCOUNTANT
-		neccountint

Telephone No. ► 916-447-1177 FAX No. ► If the organization does not have an office or place of business in the United States, check this box			. ► 🗌
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
check this box ► If it is for part of the group, check this box ► and attach a list with the name			
the extension is for.			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until 3/15 , 20 14 , to file the exempt organization return for the organization named above.			
The extension is for the organization's return for:			
► calendar year 20 or			
► \overline{X} tax year beginning $8/01$, 20 12 , and ending $7/31$, 20 13 .			
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fina Change in accounting period	l retu	Irn	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 8868	(Rev 1-2013)				Page 2	
 If you a 	re filing for an Additional (Not Automatic) 3-Month	1 Extension	, complete only Part II and check t	his box	►X	
Note. Only	complete Part II if you have already been granted	an automa	tic 3-month extension on a previous	sly filed Form 8868.		
 If you a 	re filing for an Automatic 3-Month Extension, com	plete only	Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Ex	xtension of	of Time. Only file the origina	I (no copies needed).	
	, <i>,</i> ,		, ,	dentifying number, see ins	,	
Name of exempt organization or other filer, see instructions. Employer identification number (E						
_	CALLEODNEA INDEDENDENT DETDOLET	TM				
Type or print	CALIFORNIA INDEPENDENT PETROLEU	JM		95-3048726		
	Number, street, and room or suite number. If a P.O. box, see instr	ructions.		Social security number (SSN)		
File by the extended	EDITZCUE ACCOCIATES INC					
due date for filing your	FRITZSCHE ASSOCIATES, INC. 1511 CORPORATE WAY STE 220					
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address	ss, see instruction	ons.			
	SACRAMENTO, CA 95831-3890					
	· · · ·					
Enter the F	Return code for the return that this application is fo	or (file a sep	parate application for each return).		01	
Applicatio	n	Return	Application		Return	
ls For		Code	ls For		Code	
	r Form 990-EZ	01				
Form 990-E	3L	02	Form 1041-A		08	
Form 4720		03	Form 4720		09	
Form 990-F		04	Form 5227		10	
	Г (section 401(а) or 408(а) trust)	05	Form 6069		11	
Form 990-	Γ (trust other than above)	06	Form 8870		12	
 The boom Telephon If the on If this is whole group 	not complete Part II if you were not already grantee oks are in care of ► <u>ACCOUNTANT</u> one No. ► <u>916-447-1177</u> rganization does not have an office or place of bus s for a Group Return, enter the organization's four p, check this box ►	FAX No. ► siness in the digit Group	e United States, check this box Exemption Number (GEN)	. If this	s is for the	
4 I requ	uest an additional 3-month extension of time until	6/15	, 20 <u>1</u> 4.			
5 Forc	alendar year, or other tax year beginnin tax year entered in line 5 is for less than 12 mont	g <u>8/01</u>	, 20_ <u>12</u> , and ending	7/31, 20	<u>13</u> .	
6 If the	tax year entered in line 5 is for less than 12 mont	hs, check re	eason: Initial return	Final return		
	Change in accounting period					
7 State	in detail why you need the extension <u>TAXP</u>	<u>AYER RE</u>	<u>SPECTFULLY_REQUESTS_AD</u>	DITIONAL TIME TO	0	
<u>GA</u> T	<u>HER INFORMATION NECESSARY TO FI</u>	<u>LE A CO</u>	<u>MPLETE AND ACCURATE TA</u>	X <u>RETURN.</u>		
	application is for Form 990-BL, 990-PF, 990-T, 47			8a\$		
pavm	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment al Form 8868.	lowed as a	credit and any amount paid previou	JSIV		
c Balar EFTP	nce due. Subtract line 8b from line 8a. Include you S (Electronic Federal Tax Payment System). See	r payment winstructions	with this form, if required, by using	8c \$		
	Signature and Verific:	ation mus	at be completed for Part II or	nlv.		
Indor papaliti-	s of periury. I declare that I have examined this form including acco		-	-		

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨	Title 🕨 CEO	Date
BAA	FIFZ0502L 01/21/13	F

Date ► Form **8868** (Rev 1-2013)

	orm 990-T	E	xempt Organization Bus	ines	s Income Tax	x Retu	Irn (and		OMB	No. 1545-0687
Fo	orm 330-1	F	proxy tax und		•		2012		2	012
		For Ca	alendar year 2012 or other tax y and ending 7/2		eginning <u>8/0</u> , 201		, 2012,			
Depar	ment of the Treasury al Revenue Service				nstructions.	15			Open to Pu 501(c)(3) C	ublic Inspection for Organizations Only
A	Check box if				hanged and see instru	uctions.)		D	Employer id	entification number
ΒE	address changed exempt under section	Print	CALIFORNIA INDEPEND	ENT	PETROLEUM				(Employees' t	rust, see instructions.)
	X 501(C)(6)	or	ASSOCIATION						95-304	
	408(e) 220(1001 K STREET, 6TH SACRAMENTO, CA 9581		JR			Е		usiness activity instructions.)
	408A530(529(a)	(a)							00000	2
С		F Grour	exemption number (See instructi	ions)	•				900099	,
	end of year 2,242,262	C Chao	k organization type <			5010	(c) trust 4	01(2	a) trust	Other trust
ΗC		•	y unrelated business activity.	501(0) corporation					
▶]	DEBT-FINANCED	RENTAL	PROPERTY							
		•	pration a subsidiary in an affilia	-		subsidia	ary controlled gro	up?	?►	Yes X No
-			fying number of the parent corp	ooratio	on Þ	.			016 445	
	he books are in care		UNTANT Business Income		(A) Incom		elephone number (B) Expense			/ – ⊥ ⊥ / / (C) Net
	Gross receipts or sa	aloc			(A) IIICOIII	e	(B) Expense	5		
	Less returns and allowar		c Balance►	1 c						
			line 7)	2						
3	Gross profit. Subtra	act line 2 fron	n line 1c	3						
	1 0		Schedule D)	4 a						
			7) (attach Form 4797)	4 b						
			and S corporations	4 c						
5	(attach statement).			5						
6	•	-		6						
7 8			(Schedule E)	7	43,	998.	46,6	558	3.	-2,660.
0	organizations (Sche	edule F)		8						
9	Investment income of a s	section 501(c)(7)	, (9), or (17) organization (Sch G)	9						
10		-	e (Schedule I)	10						
11	•)	11		750. 1,4		169).	-719.
12	Other Income (See	instructions;	attach statement)	12						
13	Total. Combine line	s 3 through 1	12	13	44	748.	48,1	27	1	-3,379.
Par	t II Deduction	s Not Take	en Elsewhere (see instruc	tions	for limitation	ns on d	deductions.)			
	(except for	r contributi	ons, deductions must be	direc	tly connected	l with t	the unrelatéd	bus	siness ir	icome)
14	•		ors, and trustees (Schedule K).					14		
15	-							15	-	
16	•							16	-	
17 18								18		
19		-						19	-	
20			structions for limitation rules)					20)	
21	Depreciation (attack	n Form 4562)					25,973.			
22			chedule A and elsewhere on ret					22		
23	•							23	-	
24			nsation plans					24		
25 26		-	dule I)					25 26		
20			ule J)					27	-	
28	Other deductions (a	attach statem	ent)			SEE S	STATEMENT 1	28	3	500.
29	Total deductions. A	Add lines 14 t	hrough 28					29		500.
30 31			me before net operating loss denited to the amount on line 30)					30 31		-3,879.
31 32			me before specific deduction. S					32		-3,879.
33	Specific deduction	(generally \$1	,000, but see line 33 instruction	is for	exceptions.)			33		5,015.
34			ome. Subtract line 33 from line					~		0.050
	une smaller of zero	or line 32						34	+	-3,879.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2012)

Form	1 990-T	(2012) CALIFORNIA INDEPE	INDENT PE	TROLEUM				95	-304	18726	Р	age 2
Par	t III	Tax Computation										
35		izations Taxable as Corporations. (see										
	Contr	olled group members (sections 1561	and 1563) ch	eck here 🕨	See in	structio	ns and:					
а	Enter	your share of the \$50,000, \$25,000,	and \$9,925,0	00 taxable inco	me bra	ackets (ir	that order)	:				
	(1) \$			(3) \$								
b	Enter	organization's share of: (1) Additiona	il 5% tax (not	t more than \$11	,750)	¢	5					
	(2) Ac	Iditional 3% tax (not more than \$100,	000)			Ş	5					
С	: Incom	ne tax on the amount on line 34						•••••	35 c			0.
36	Trust	s taxable at trust rates. (see instruction										
	on lin	e 34 from: Tax rate schedule of	or Sch	nedule D (Form	1041).			►	36			
37	Proxy	/ tax. (see instructions)						▶	37			
38		native minimum tax							38			
39	Total.	Add lines 37 and 38 to line 35c or 3	6, whichever	applies					39			0.
Par	t IV	Tax and Payments										
40 a	Forei	gn tax credit (corporations attach For	m 1118; trust	s attach Form	1116)	. 40 a						
b	Other	credits (see instructions)				. 40 b						
с	Gene	ral business credit. Attach Form 3800	(see instruct	tions)		. 40 c						
d	Credit	t for prior year minimum tax (attach F	orm 8801 or	8827)		. 40 d						
е	Total	credits. Add lines 40a through 40d							40 e			0.
41	Subtr	act line 40e from line <u>39</u>	<u></u>	<u></u>	<u></u>				41			0.
42	Other	taxes. Check if from: Form 4255	Form 861	1 Form 869	7 Fo	orm 8866						
	0	ther (attach statement)							42			
43	Total	tax. Add lines 41 and 42							43			0.
		ents: A 2011 overpayment credited to										
b	2012	estimated tax payments				. 44 b						
		eposited with Form 8868										
		gn organizations: Tax paid or withheld	•		•							
		up withholding (see instructions)										
		t for small employer health insurance		Attach Form 894	41)	. 44 f						
g		credits and payments:			_							
				Т								
45		payments. Add lines 44a through 44g							45			0.
46	Estim	ated tax penalty (see instructions). C	heck if Form	2220 is attache	ed			▶	46			
47	Tax d	ue. If line 45 is less than the total of	lines 43 and	46, enter amou	int owe	d		▶	47			
48	Overp	payment. If line 45 is larger than the t	otal of lines	43 and 46, ente	er amou	unt overp	aid		48			
49	Enter	the amount of line 48 you want: Cree	dited to 2013	estimated tax			F	Refunded 🕨	49			
Par	t V	Statements Regarding Certa	in Activitie	s and Other	[.] Infor	mation	(see instru	ctions)		-		
1	At any	/ time during the 2012 calendar year, did	the organiza	tion have an inte	erest in	or a sign	ature or othe	r authority ov	er a		Yes	No
	financ	cial account (bank, securities, or other) in a	foreign cour	ntry? If 'Yes', th	ie orgai	nization	may have to	o file Form T	D F 90	0-22.1,		
	Repor	t of Foreign Bank and Financial Account	s. If 'Yes', ent	er the name of t	he forei	ign counti	ry here	▶				Х
2	Durin	g the tax year, did the organization re	eceive a distr	ibution from, or	was it	the gran	tor of, or tra	ansferor to, a	a fore	ian trust?		X
-		s', see instructions for other forms the or			mao n	the gran				ign trustr.		Λ
2		the amount of tax-exempt interest re	0	5	o tax v	oor⊾ ¢		0				
						εαι γ		0.				
-		e A – Cost of Goods Sold. Enter tory at beginning of year		iveniory valuation		Inventa:	at and at	(oor	~			
-		tory at beginning of year	1		-	-	at end of y		6			
2		nases	2		7	Cost of g	joods sold. m line 5. Er	Subtract				
3		of labor	3				art I, line 2.		7			
4 a	Additio	nal section 263A costs (attach statement)					,	I			Yes	No
			4a		8	Do the ri	lles of sectio	on 263A (wit	h resr	pect to		
D	Other c (att. str	osts nt.)	4 b			property	produced or	r acquired fo	r resa	le) apply		
5	Total.	Add lines 1 through 4b	5				-					Х
		Under penalties of perjury, I declare that I have e belief, it is true, correct, and complete. Declarati	examined this retu	irn, including accom	panying s	schedules a	nd statements, a	and to the best o	of my kn	owledge and		
Sigr		Sener, it is true, correct, and complete. Declarati	on or preparer (01						May the	e IRS discuss th	is returr	n with
Here	е	Signature of officer		Date		Title			the pre instruct	parer shown be tions)?		
		-	-							ΧY	es	No
Paic	1	Print/Type preparer's name	Preparer's sig	nature		Date		Check if	P	TIN		
Pre-		JAMES H. FRITZSCHE, CPA						self-employed	Р	0042335	1	
pare		Firm's name FRITZSCHE ASS		INC.				Firm's EIN 🕨		0343346		
Üse		Firm's address Firm's address							<u> </u>			
Only	у		A 95831-					Phone no.	91	6-422-2	111	
BAA							Form 99		2012)			

Form 990-T (2012) CALIF(Schedule C – Rent Inco	ORNIA INDEPE			nal Property	1 0250	d With Pos	95-30		
1 Description of property		in topenty and		nai i roperty	Lease		arriope		
(1) (2)									
(3)									
(4)									
	2 Rent receive	ed or accrued				2(a) Dadu	ationa diva		
(a) From personal p (if the percentage of rent property is more than 1 more than 509	for personal 0% but not	(if the perce property ex	entage of ceeds 50%	ersonal property rent for persona % or if the rent or income)	al	the incor		ectly connected with mns 2(a) and 2(b) tatement)	
(1)									
(2)									
(3)									
(4) Tatal		T - + - 1							
Total (c) Total income. Add totals of here and on page 1, Part I, lin	columns 2(a) and				((b) Total deducti here and on page , line 6, column (ons. Enter 1, Part B) ►		
Schedule E – Unrelated			instructio	ns)					
1 Description of d	lebt-financed prop	erty		income from able to debt-		debt-	financed	ted with or allocable to ^{property} SEE ST 3	
			depr			(a) Straight line depreciation (attach stmt)		(b) Other deductions (attach statement)	
	TH FLOOR			72,786.		25,9	973.	51,214	
(2)									
(3) (4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	or allocable t	djusted basis of o debt-financed ach statement)	div	Column 4 vided by olumn 5		Gross income table (column column 6)	2 x	Allocable deductions (column 6 x total of olumns 3(a) and 3(b))	
(1) 1,110,68	34.	1,837,407.		60.4484 % %		43,9	998.	46,658	
(2) (3)				00					
(4)				00					
Totals							age 1, En n (A). Pa 998.	ter here and on page 1 Irt I, line 7, column (B) 46,658	
Total dividends-received dedu	uctions included in	n column 8	<u></u>	<u></u>	<u></u>		►	· · ·	
Schedule F - Interest, A	Annuities, Roya	alties, and Re	nts Fror	m Controlled	d Orga	nizations (see instru	ctions)	
		Exempt Con	trolled Org	ganizations					
1 Name of controlled organization	2 Employer identification number	3 Net unr income (los instructi	ss) (see	4 Total of spe payments m		that is inc the contr organization	t of column 4 s included in controlling ization's gross income		
(1)						1			
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	zations						-		
7 Taxable Income	8 Net unrelate income (loss) (s instructions)	see paymer	f specified its made	included	I in the	nn 9 that is controlling oss income		Deductions directly lected with income in column 10	
(1)									
(2)									
(3)									
(4)									

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Form 990-T (2012) CALIFORNIA	INDEPENDENT F	PETROI	LEUM), or (17) Orga	nization (see in		048726	Page 4
1 Description of income			3 Deductions		4 Set-aside (attach statem	es	5 Total set-as	deductions and ides (column 3 is column 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and on Part I, line 9, colur							re and on page 1, ne 9, column (B).
Totals.					-			
Schedule I – Exploited Exemp	,	ie, Oth	er Tha	n Advertising	Income (see ins	structior	ıs)	1
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conne prod of ur	ses directly cted with luction nrelated ss income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	attribu colu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, column (A)	on p Part I	nere and age 1, , line 10, nn (B).					Enter here and on page 1, Part II, line 26.
Totals	•							
Schedule J – Advertising Inco	me (See instructio	ons.)						
Part I Income From Periodic	als Reported or	ı a Coi	nsolida	ted Basis				
1 Name of periodical	2 Gross advertising income	3 D adve	irect rtising osts	4 Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1) MONDAY MORNING REPORT	750.		1,469.	unough 7.				
(2)	,		<u>., 105.</u>	-				
(3)								
(4)								
Totals (carry to Part II, line (5))			1,469.	-719.				
Part II Income From Periodic	als Reported or	ı a Sep	oarate E	Basis (For each p	periodical listed in	Part II	, fill in col	umns 2 through
7 on a line-by-line basis.)	2 Gross	3	irect	A Advertising goin or		6 D		7.5 1 1
1 Name of periodical	advertising income	adve	rtising osts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I	750.	-	1,469.					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A) 750.	Enter I on p Part I colur	nere and age 1, , line 11, nn (B).					Enter here and on page 1, Part II, line 27.
Schedule K – Compensation of				ISTERS (see instr	ructions)			1
1 Name				2 Title	3 Percent of time devote to busines	ed s		ation attributable ted business
						00		
						o\o 0		
						010 010		
						6		

Total. Enter here and on page 1, Part II, line 14.....



(Rev January 2013)

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Application for Extension of Time To File an Exempt Organization Return

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Department of the Treasury Internal Revenue Service

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.....

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only..... 🕨 🕅

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
Type or print	CALIFORNIA INDEPENDENT PETROLEUM	
F	ASSOCIATION	95-3048726
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
due date for filing your	1001 K STREET, 6TH FLOOR	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	SACRAMENTO, CA 95814	

Application Is For		Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

•	The books are in the care of ►	ACCOUNTANT
-		ACCOUNTANT

	Telephone No. \blacktriangleright <u>916-447-1177</u> FAX No. \blacktriangleright If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this box . If it is for part of the group, check this box . If the extension is for.	this is	for the	whole group,
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	until $6/15$, 20 14 , to file the exempt organization return for the organization named above.			
	The extension is for the organization's return for:			
	► calendar year 20 or			
	► X tax year beginning $8/01$, 20 12 , and ending $7/31$, 20 13 .			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period	al retu	rn	
9	a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FEDERAL STATEMENTS

PAGE 1

CALIFORNIA INDEPENDENT PETROLEUM
ASSOCIATION

95-3048726

STATEMENT 1 FORM 990-T, PART II, LI OTHER DEDUCTIONS	INE 28					
TAX PREP FEES				TOTA		<u>500.</u> 500.
STATEMENT 2 FORM 990-T, PART II, LI NET OPERATING LOSS	INE 31 DEDUCTION					
LOSS YEAR ENDING	ORIGI		LOSS PREVIOUSLY USED		LOSS AVAILABLE	
7/31/12 NET OPERATING LOSS TAXABLE INCOME NET OPERATING LOSS			BLE INCOME)		\$ 20, \$ -3,	888. 888. 879. 0.
STATEMENT 3 FORM 990-T, SCHEDUL OTHER DEDUCTIONS A	E E, LINE 3B LLLOCABLE TO D	EBT-FINANCED	PROPERTY			
1001 K STREET, 6TH ASSOCIATION DUE INTEREST REPAIRS TAXES	S				22, 3, <u>11</u> ,	795. 510. 676. 233. 214.

GENERAL ELECTIONS

PAGE 1

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

95-3048726

ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK

PURSUANT TO IRC SECTION 172(B)(3), THE ORGANIZATION HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED 7/31/13.

California Exempt Organization Annual Information Return TAXABLE YEAR 2012

FORM

201	2 Ă	Innual Information Ret								199
Calendar Y			y 01	year 20)12 , ar	nd endi	ing month () 7 da	ay 31 ye	ear 2013
Corporation/Or	rganization Name	CALIFORNIA INDEPENDENT	PETROI	EUM					California corpora	tion number
Address (suite	, room, or PMB n	ASSOCIATION							0777682 FEIN	
	, ,									o.c.
LUUL K City	STREET,	6TH FLOOR				State	ZIP Code		<u>95-304872</u>	26
SACRAM	ENTO					CA	95814			
A First Ret	urn	Yes	X No				ection 23701d, ha			
B Amended	Return	• Yes	X No	politica	al campaig	in. or (2)	ear: (1) particip attempted to in	fluence		
C IRC Secti	ion 4947(a)(1) tr	ust	X No	legisla under	tion or any R&TC Sec	/ ballot n tion 237(neasure, or (3) r 04.5 (relating to	nade an ele Iobbying by	ection	
D Final Ret		ssolved • Surrendered (Withdrawn)	[]	public	charities)	?				/es No
		erged/Reorganized Enter date: •		If 'Yes	,' complete	e and att	ach form FTB 35	509.		N/A
		ngeu/ Reorganizeu Enter date. 👻		K Is the	organizatio	on exemp	ot under R&TC S	ection 2370)1g? • Y	res 🗙 No
	counting method			If 'Vec	' ontor ar	nee racai				
	5	ζ Accrual 3 Other		nonme		Ces		• • • • •	۲ <u> </u>	
F Federal r				L If orga	nization is	exempt	under R&TC Secure us, educational, o	ction 23701	d	
1 •	x 990T 2	• 990 (PF) 3 • Sch H (990)		and is	supported	l primari	ly (50% or more) by public		
		the subordinates/affiliates? • Yes	X No	contrik	outions, ch	eck box.	No filing fee is i	required	•••••	
lf 'Yes,' a	attach a roster. S	See instructions	_	M Is the	organizatio	on a Lim	ited Liability Cor	npany?	• 🗌 Y	res 🗙 No
		group exemption? Yes	X No	N Did the	e organizat	tion file l	Form 100 or Form	n 109 to re	port	
lf 'Yes,' \	What's the paren	t's name?		taxable	e income?				• Χ Υ	/es No
I Did the o	rganization have	any changes in its activities,		O Is the	organizatio	on under	audit by the IRS	or has the	elRS ■□Y	res 🗙 No
		icles of incorporation, or bylaws	—	auuitei	u iii a piiu	i year:			• 🗌 '	
		ed to the Franchise Tax Board? • Yes	X No							
Part I		ch copies of revised documents.		n aval lu at		- D and			CACA1	1112L 10/11/12
raiti	-	art I unless not required to file this form sales or receipts from other sources. Fr						• 1		343,457.
		dues and assessments from members a)29,314.
Receipts							· •	-/、	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
and Revenues								<u>.</u>		
	This li	ne must be completed. If the result is le	ess than \$	50,000, s	ee Gene	eral Ins	truction B	• 4	1,8	372 , 771.
	5 Cost o	f goods sold		• • • • •	5			_		
		r other basis, and sales expenses of as						_		
		costs. Add line 5 and line 6						7	-	
		gross income. Subtract line 7 from line 4 expenses and disbursements. From Side								<u>372,771.</u> 347,216.
Expenses		s of receipts over expenses and disburs							1,0	25,555.
		fee \$10 or \$25. See General Instruction								10.
Filing	-	payments								
Fee	13 Penalt	ies and Interest. See General Instructio	n J					13		
		x. See General Instruction K						• 14		
	15 Balan Then s	ce due. Add line 11, line 13, and line 14 subtract line 12 from the result	•					15		10.
		of perjury, I declare that I have examined this return, nplete. Declaration of preparer (other than taxpayer)							y knowledge and b	elief, it is true,
Sign Here			Title			propurer	Date	ge.	 Telephone 	
nere	Signature CEO				916-447-3	1177				
	Preparer's ►				Date		Check if self-		PTIN	
Paid	signature						employed		P00423353	1
Preparer's Use Only	Firm's name (or yours, if	FRITZSCHE ASSOCIATES,							-	
-	self-employed) and address	1511 CORPORATE WAY ST							32-034334 ● Telephone	70
		SACRAMENTO, CA 95831-	-2090						916-422-2	2111
	May the FT	B discuss this return with the preparer	shown ab	ove? See	instruct	ions			X Yes	No
		· · F · F · · · · · · ·								

3	65	11	24
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95-3048726

CALIFORNIA INDEPENDENT PETROLEUM

 Part II
 Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

	2	Interest	• 2	28.
	3	Dividends	• 3	
Receipts	4	Gross rents.	• 4	72,786.
from Other	5	Gross royalties	• 5	
Sources	6	Gross amount received from sale of assets (See instructions)	• 6	
	7	Other income. Attach schedule	• 7	770,643.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	843,457.
Expenses	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	• 9	
and Disburse-	10	Disbursements to or for members	• 10	
ments	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT . 2	• 11	200,460.
	12	Other salaries and wages.	• 12	252,097.
	13	Interest	• 13	17,235.
	14	Taxes	• 14	29,325.
	15	Rents	• 15	
	16	Depreciation and depletion (See instructions)	• 16	45,848.
	17	Other Expenses and Disbursements. Attach schedule	• 17	1,302,251.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	. 18	1,847,216.
Schedule	Ì	Balance Sheets Beginning of taxable year F	nd of tay	able vear

Schedule L Balance Sheets		Beginning of	taxable year		End of taxable year		
Asse	ets	(a)	(b)	(c)	(d)		
1	Cash		236,142.		• 328,007.		
2	Net accounts receivable		114,264.		• 75,207.		
3	Net notes receivable				•		
4	Inventories				•		
5	Federal and state government obligations				•		
6	Investments in other bonds				•		
7	Investments in stock				•		
8	Mortgage loans				•		
9	Other investments Attach schedule				•		
10 a	Depreciable assets.	1,733,228.		1,734,604.			
k	Less accumulated depreciation.	11,373.	1,721,855.	57,221.	1,677,383.		
11	Land		154,665.		• 154,665.		
12	Other assets. Attach schedule				• 7,000.		
13	Total assets		2,226,926.		2,242,262.		
Liab	ilities and net worth						
14	Accounts payable.		101,587.		• 105,614.		
15	Contributions, gifts, or grants payable.				•		
16	Bonds and notes payable.				•		
17	Mortgages payable.		1,130,926.		1,090,485.		
18	Other liabilities. Attach schedule		228,298.		256,448.		
19	Capital stock or principle fund		·		•		
20	Paid-in or capital surplus. Attach reconciliation				•		
21	Retained earnings or income fund.		766,115.		• 789,715.		
22	Total liabilities and net worth		2,226,926.		2,242,262.		

Schedule M-1

Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

059

1	Net income per books	• 25,555.	7	Income recorded on books this year not included		
2	Federal income tax	•		in this return. Attach sch	•	
3	Excess of capital losses over capital gains	•	8	Deductions in this return not charged		
4	Income not recorded on books this year.			against book income this year.		
	Attach schedule	•		Attach schedule	•	
5	Expenses recorded on books this year not deducted		9	Total. Add line 7 and line 8		
	in this return. Attach schedule	•	10	Net income per return.		
6	Total. Add line 1 through line 5	25 , 555.		Subtract line 9 from line 6	25,555	

3652124

IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE:	Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2012 FTB 3539' on the check or money order. Detach form below. Enclose, but do not staple, payment with form and mail to:				
FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531					
Make all checks or mo	oney orders payable in U.S. dollars and drawn against a U.S. financial institution.				

WHEN TO FILE:Calendar year corporations - File and Pay by March 15, 2013
Fiscal year filers - See instructions
Employees' trust and IRA - File and Pay by April 15, 2013
Calendar year exempt organizations - File and Pay by May 15, 2013

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

_____ DETACH HERE _____ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM _____ DETACH HERE ______ CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR	 Payment for Automatic Extension 	CALIFORNIA FORM
2012	for Corps and Exempt Orgs	3539 (CORP)
ACCOUNTAN	A INDEPENDENT PETROLEUM ASSOCIATION T REET 6TH FLOOR	PORM 3
916-447-1	177 TOTAL PAYMENT AMT	10.

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CALIFORNIA STATEMENTS

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STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME ADVERTISING INCOME FROM SPECIAL EVENTS OTHER MISC REVENUE PROGRAM SERVICE REVENUE				750. 38,022. 5,544. 726,327. 770,643.
STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECT	ORS, TRUSTEES AND KE	Y EMPLOYEES		
CURRENT OFFICERS: NAME AND ADDRESS	TITLE AND AVERAGE HOURS <u>PER WEEK DEVOTED</u>	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVEN RUSCH 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	CHAIRMAN 5.00			\$0.
HORMOZ AMERI 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	PAST CHAIRMAN 3.00	0.	0.	0.
KENNETH HUNTERS 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	TREASURER 3.00	0.	0.	0.
STEPHEN LAYTON 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	SECRETARY 3.00	0.	0.	0.
CHRIS HALL 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	LOS ANGELES VP 3.00	0.	0.	0.
ROD ESON 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	NC VP 3.00	0.	0.	0.
TIM CRAWFORD 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	SAN JOSE VP 3.00	0.	0.	0.
LARRY HUSKINS 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	CO VP 3.00	0.	0.	0.
DONALD MACPHERSON 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	AT LARGE 3.00	0.	0.	0.

CALIFORNIA STATEMENTS

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

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STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CRAIG BARTO 1001 K STREET, 6TH FLOOR SACAMENTO, CA 95814	AT LARGE 3.00	\$0.		
GREGORY BROWN 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	AT LARGE 3.00	0.	0.	0.
JEFF DITTMAN 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	AT LARGE 3.00	0.	0.	0.
FRANK KOMIN 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	AT LARGE 3.00	0.	0.	0.
DAVID KILPATRICK 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	AT LARGE 3.00	0.	0.	0.
MAC MCFARLAND 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	AT LARGE 3.00	0.	0.	0.
JIM STANDLEY 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	AT LARGE 3.00	0.	0.	0.
ROCK ZIERMAN 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	CEO 40.00	200,460.	0.	0.
ALAN ADLER 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
DAVID ARIAS 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
KRISTEN BOYER 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
BILL BUSS 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.

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STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME_AND_ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRAD CALIFF 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	\$0.		
RON CLEVELAND 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
CHARLES COMFORT 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
STEVEN COOMBS 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
JEFF COOPER 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
BRAD DEWITT 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
BRAD ELLIOT 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
STANFORD ESCHNER 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
CHRIS GARNER 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
JOSEPH GRIGG 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
CHAD HATHAWAY 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
FRED HOLMES 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.

CALIFORNIA STATEMENTS

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

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STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHRISTOPHER HOYT 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00		\$ 0. \$	
DAVE JONES 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
DEREK JONES 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
JOHNNY JORDAN 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
STEVE LILES 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
MIKE MCPHETRIDGE 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
BOB POOLE 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
JERRY REEDY 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
WOLF REGENER 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
DEAN ROBINSON 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
TRACY ROGERS 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
CLIFTON SIMONSON 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.

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CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

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STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS <u>PER WEEK DEVOTED</u>	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHRIS SMITH 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	\$ 0.	\$ 0.	\$0.
JEFF SMITH 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
NANCY STRABALA 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
KERRY ZEMP 1001 K STREET, 6TH FLOOR SACRAMENTO, CA 95814	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 200,460.	\$ 0.	<u>\$0.</u>
STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES				
ACCOUNTING FEES ADMIN SERVICES BOARD OF DIRECTORS EXPENSE CONFERENCES, CONVENTIONS, AND MEE EQUIPMENT LEASE AND SERVICE INSURANCE LEGAL FEES LOBBYING FEES MEMBERSHIP COMMUNICATION NON-DUES RELATED CAMPAIGN EXPS OFFICE EXPENSES OTHER EMPLOYEE BENEFIT PENSION PLAN CONTRIBUTIONS PROPERTY TAX RENTAL EXPENSES SPECIAL EVENT EXPENSES. SPECIAL SERVICES. TELEPHONE TRAVEL	TINGS			31, 453. 36, 659. 17, 805. 327, 054. 11, 032. 4, 502. 14, 359. 359, 651. 51, 781. 11, 554. 25, 332. 46, 584. 9, 148. 8, 475. 51, 214. 16, 372. 209, 410. 10, 170. 59, 696. 1, 302, 251.

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	ASSOCIATION	1

95-3048726

F(O	TATEMENT 4 DRM 199, SCHEDULE L, LINE 12 THER ASSETS REPAID EXPENSES AND DEFERRED CHARGES	\$	7,000. 7,000.
FC O	TATEMENT 5 DRM 199, SCHEDULE L, LINE 18 THER LIABILITIES EFERRED REVENUE	<u>Ş</u>	256,448. 256,448.

2012 California Exempt Organization Business Income Tax Return

FORM **109**

Calondar Var	- 	2 or fiscal year beginning month 09 day 01	Voor	2012	and anding month 07	dovi	21	
Calendar Year 2012 or fiscal year beginning month 08 day 01 year 2012, and ending month 07 Corporation/Organization Name							<u>31</u> ye a corporation nu	ear <u>2013</u> umber
CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION					0777682			
ASSOCIATION Address (suite, room, or PMB no.)						FEIN	002	
1001 K STREET, 6TH FLOOR							3048726	
City			Sta	te	ZIP Code			
SACRAMEN	ITO		CZ	1	95814			
A First Retu	ırn Fi	ed?Yes XNo H			non-exempt charitable tr		- D v	Π.
B Is this an	educ	ation IRA within the	described	in IRC Sec	etion 4947(a)(1)?		• Yes	X No
		TC Section 23712? Yes X No			claiming any Enterprise les Revitalization Zone (L	∆ ₽ 7)		
or has the	e IRS	audited in a prior year? ● Yes X No	Local Ager	ncv Militar	v Base Recoverv Area (ĽA	MBŔA).		
D Final Ret			Enhancem	ax Area (ent Area (TTA), or Manufacturing MEA) tax benefits		• Yes	X No
	solve	\Box $$ $$ $$	I le this ora	anization a	a qualified pension, profit	sharing	or	
	-	Reorganized (attach explanation) J	stock bonu	is plan as	described in IRC Section	401(a)?.	• Yes	X No
			C Unrelated	Business <i>i</i>	Activity (UBA) Code		• 90009	99
			Is this a H	ospital?			• Yes	X No
					Schedule H (Form 990)			<u></u>
	1 aut	or business <u>DEBT-FINANCED RENTAL</u> Unrelated business taxable income from Side 2, Part II, lir	no 20			1		2 070
Taxable Corporation	2	Multiply line 1 by the average apportionment percentage				-		-3,879.
-	-	Schedule R, Apportionment Formula Worksheet, Part A, line 6 or Part B, li				2		
	3	Enter the lesser amount from line 1 or line 2. If the unrelated b						
		California and Schedule R was not completed, enter the a	amount fro	m line 1	• • • •	3	-	-3,879.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, lir	ne 30		•	4		
Tax	5	Unrelated business taxable income from line 3 or line 4				5		
Compu-	6	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease	e losses		•	6		
tation	7	Net Operating Loss deduction. See General Information N						
	8	Add line 6 and line 7				8		
	9	Net unrelated business taxable income. Subtract line 8 fro				9		
	10	Tax % x line 9. See General Information				10		
	11 a	New jobs credit, amount generated • a) Tax credits from Schedule B. See instructions	1	1 1b) Amo	unt claimed	11b 11c		
		Total Credits. Add line 11b and 11c				11d		
Total	-	Balance. Subtract line 11d from line 10. If line 11d is grea				12		0.
Tax		Alternative minimum tax. See General Information O				13		
	14	Total tax. Add line 12 and line 13			•	14		
Payments	15	Overpayment from a prior year allowed as a credit	• 1	5				
	16	2012 estimated tax payments. See instructions		6				
	17	2012 withholding (Form 592-B and/or 593.) See instruction				_		
	18	Amount paid with extension (form FTB 3539)		8	•	10		
	19 20	Total payments and credits. Add line 15 through line 18 Tax due. Subtract line 19 from line 14. Pay entire amount with return. See				19 20		
Refund	20	Overpayment. Subtract line 14 from line 19. See instruction				20		
(Direct Deposit of	22	Enter amount of line 21 to be applied to 2013 estimated to				22		
Refund) or Amount	23	Use tax. See instructions.				23		
Due	24	Refund. If the sum of line 22 and line 23 is less than line 21, then subtract	t the total fro	m line 21.	•	24		
	a	Fill in the account information to have the refund directly of	deposited.	Routing	g number● 24 a			
	Ł	Type: Checking ● Savings ● c Account N						
	25	Penalties and interest. See General Information M			•••••••••••••••••••••••••••••••••••••••	25		
	26	Check if estimate penalty computed using Exception B or C and a						
	27	Total amount due. Add line 20, line 22, line 23, and line 25, then subtract	line 21 from	the result		27		

CAVA9812L 12/19/12

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Unrelated Business Taxable Income

Par	Unrelated Trade or Business Income		
1 a	Gross receipts or gross sales b Less returns and allowances c Balance. •	1 c	
2	Cost of goods sold and/or operations (Schedule A, line 7)	2	
3	Gross profit. Subtract line 2 from line 1c	3	
4 a	Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	4a	
Ł	Net gain (loss) from Part II, Schedule D-1	4 b	
c	Capital loss deduction for trusts	4 c	
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	5	
6	Rental income (Schedule C). •	6	
7	Unrelated debt-financed income (Schedule D)	7	-2,660.
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	
10	Exploited exempt activity income (Schedule G)	10	
11	Advertising income (Schedule H, Part III, Column A)	11	
12	Other income. Attach schedule	12	
13	Total unrelated trade or business income. Add line 3 through line 12	13	-2,660.
Par	II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business	income.)	
14	Compensation of officers, directors, and trustees from Schedule I	14	
15	Salaries and wages	15	
16	Repairs •	16	
17	Bad debts	17	
18	Interest. Attach schedule	18	
19	Taxes. Attach schedule	19	
20	Contributions. See instructions and attach schedule	20	
21 a	Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F) • 21 a		
Ł	Less: depreciation claimed on Schedule A. See instructions 21 b	21	
22	Depletion. Attach schedule	22	
23 a	Contributions to deferred compensation plans	23 a	
Ł	Employee benefit programs. See instructions.	23 b	
24	Other deductions. Attach schedule	24	500.
25	Total deductions. Add line 14 through line 24	25	500.
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from		
-0	line 13	26	-3,160.
27	Excess advertising costs (Schedule H, Part III, Column B)	27	719.
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	-3,879.
29	Specific deduction. See instructions.	29	
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	-3,879.
Sign		ny knowledge a	nd belief, it is true,

	Signat	ture of	Title		Date	 Telephone
	officer		CEO			916-447-1177
Paid	Prepa signat				Check if self- employed	• PTIN P00423351
Pre-		Firm's name (or yours, if self-employed) and address				• FEIN
parer's Use		FRITZSCHE ASSOCIATES, INC.				32-0343346
Only		1511 CORPORATE WAY STE 220				Telephone
-	SACRAMENTO, CA 95831-3890					916-422-2111
	May th	he FTB discuss this return with the preparer shown above? See instruction	IS			• X Yes No

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CALIFORNIA INDEPENDENT PETROLEUM

95-3	30	48'	726
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Meth	d of inventory valuation (specify)			
1	Inventory at beginning of year			1
2	Purchases			2
3	Cost of labor.		• • • •	3
4 a	Additional IRC Section 263A costs. Attach schedule			4a
Ł	Other costs. Attach schedule		•	4 b
5	Total. Add line 1 through line 4b			5
6	Inventory at end of year			6
7	Cost of goods sold and/or operations. Subtract line 6 fro			7
	Do the rules of IRC Section 263A (with respect to property p		Let a let	Yes X No
Sch	edule B Tax Credits. Do not claim the New Jobs Cre			
			1	
1		•	2	
2		•	3	
3	Enter credit name code no. Total. Add line 1 through line 3. If claiming more than 3 credits, enter th	ha total of all alaimod aradita ava	-	
4	New Jobs Credit, on line 4. Enter here and on Side 1, line 11c		εμι	4
Sch	edule K Add-On Taxes or Recapture of Tax. See ins			
1	Interest computation under the look-back method for completed long-ter		3/	1
2	Interest on tax attributable to installment: a Sales of cer			2a
2		non-dealer installment obl		2 b
2				3
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain or		bles	-
4	Credit recapture. Credit name Total. Combine the amounts on line 1 through line 4. Se		•	4
5				5
	edule R Apportionment Formula Worksheet. Use or	-	usiness amounts.	
	s organization electing the Alternate Method – Single-Sa s,' complete Part B. If 'No,' complete Part A			. • Yes 🗙 No
Part	A. Standard Method – Three Factor Formula.	(a)	(b)	(c)
Comp	lete if the corporation uses the three-factor formula. (The three-factor	Total within and	Total within	Percent within
TOLLU	la includes the double-weighted sales factor.)	outside California	California	California (b) ÷ (a)
<u>1017111</u>	Ia includes the double-weighted sales factor.) Property factor: See instructions		California	California (b) ÷ (a)
	Property factor: See instructions Payroll factor: Wages and other compensation of employees	•		
1	Property factor: See instructions Payroll factor: Wages and other compensation of employees Sales factor: Gross sales and/or receipts less returns	•		
1 2 3	Property factor: See instructions Payroll factor: Wages and other compensation of employees Sales factor: Gross sales and/or receipts less returns and allowances	•		California (b) ÷ (a)
1 2	Property factor: See instructions Payroll factor: Wages and other compensation of employees Sales factor: Gross sales and/or receipts less returns	•		California (b) ÷ (a)
1 2 3 4	Property factor: See instructions Payroll factor: Wages and other compensation of employees Sales factor: Gross sales and/or receipts less returns and allowances Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2.	•		California (b) ÷ (a)
1 2 3 4 5 6	Property factor: See instructions Payroll factor: Wages and other compensation of employees Sales factor: Gross sales and/or receipts less returns and allowances Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.	•	•	• • • • • • • • • • • • • • • • • • • •
1 2 3 4 5 6 Part	Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4. Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. B. Alternate Method – Single-Sales Factor Formula.	• • •	• • •	• • • •
1 2 3 4 5 6 Part Com	Property factor: See instructions Payroll factor: Wages and other compensation of employees Sales factor: Gross sales and/or receipts less returns and allowances Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.	•	•	• • • • • • • • • • • • • • • • • • • •
1 2 3 4 5 6 Part Com form	Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4. Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. Be instructions for exceptions. B. Alternate Method – Single-Sales Factor Formula. plete if the corporation elects the single-sales factor ula. This is an irrevocable annual election	• • • Total within and	• • • • • • • • • • • • • • • • • • •	
1 2 3 4 5 6 Part Com	Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. B. Alternate Method – Single-Sales Factor Formula. plete if the corporation elects the single-sales factor ula. This is an irrevocable annual election Total Sales.		• • • • • • • • • • • • • • • • • • •	
1 2 3 4 5 6 Part Com form 1 2	Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4. Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. B. Alternate Method – Single-Sales Factor Formula. plete if the corporation elects the single-sales factor ula. This is an irrevocable annual election Total Sales. Apportionment percentage. Divide total sales column (b) by total sale column (a) and enter the result here and on Form 109, Side 1, line 2.		• • • • • • • • • • • • • • • • • • •	
1 2 3 4 5 6 Part 5 Com form 1 2 Sch	Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4. Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. B. Alternate Method – Single-Sales Factor Formula. plete if the corporation elects the single-sales factor Ja. This is an irrevocable annual election Total Sales. Apportionment percentage. Divide total sales column (b) by total sale column (a) and enter the result here and on Form 109, Side 1, line 2.			
1 2 3 4 5 6 Part 5 Com form 1 2 Sch	Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4. Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. B. Alternate Method – Single-Sales Factor Formula. plete if the corporation elects the single-sales factor ula. This is an irrevocable annual election Total Sales. Apportionment percentage. Divide total sales column (b) by total sale column (a) and enter the result here and on Form 109, Side 1, line 2.			
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1 2 3 4 5 6 Partt Comm 1 2 Sch For ree 1 4 (a)	Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4. Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. B. Alternate Method — Single-Sales Factor Formula. plete if the corporation elects the single-sales factor Ja. This is an irrevocable annual election Total Sales. Apportionment percentage. Divide total sales column (b) by total sale column (a) and enter the result here and on Form 109, Side 1, line 2. edule C Rental Income from Real Property and Pers ntal income from debt-financed property, use Schedule D, R&TC Section Description of property Complete if any item in column 3 is more than 50%, or for any	(a) Total within and outside California • <p< td=""><td></td><td></td></p<>		
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1 2 3 4 5 6 Partt Comm 1 2 Sch For ree 1 4 (a)	Property factor: See instructions Payroll factor: Wages and other compensation of employees Sales factor: Gross sales and/or receipts less returns and allowances Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions B. Alternate Method — Single-Sales Factor Formula. plete if the corporation elects the single-sales factor ula. This is an irrevocable annual election Total Sales Apportionment percentage. Divide total sales column (b) by total sale column (a) and enter the result here and on Form 109, Side 1, line 2. edule C Rental Income from Real Property and Pers ntal income from debt-financed property, use Schedule D, R&TC Section Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	 (a) Total within and outside California onal Property Leased with 23701g, Section 23701i, and Sect 5 Complete if any item in column (a) Gross income reportable, 		
1 2 3 4 5 6 Part form 1 2 Sch For re 1 4 (a) (Property factor: See instructions Payroll factor: Wages and other compensation of employees Sales factor: Gross sales and/or receipts less returns and allowances Multiply the factor on line 3, column (c) by 2 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions B. Alternate Method — Single-Sales Factor Formula. plete if the corporation elects the single-sales factor ula. This is an irrevocable annual election Total Sales Apportionment percentage. Divide total sales column (b) by total sale column (a) and enter the result here and on Form 109, Side 1, line 2. edule C Rental Income from Real Property and Pers ntal income from debt-financed property, use Schedule D, R&TC Section Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	(a) Total within and outside California •		

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Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		-	2 Gross income from or allocable to debt-	3 Deductions directly connected with or allocable to debt-financed property		
			financed property		(b) Other deductions (attach schedule) ST 2	
1001 K STREET, 6TH	H FLOOR		72,786	25,973.	51,214.	
					•	
 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule) 	5 Average adjusted bas of or allocable to deb financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8	
1,110,684.	1,837,40	7. 60.448 [%]	43,998	46,658.	-2,660.	
		<u> </u>				
		OF O			0.000	
Total. Enter here and on Sid					-2,660.	
Schedule E Investment	2 Amount	3 Deductions directly	A Net investment income.	5 Set-asides (attach	6 Balance of investment	
Description		connected (attach schedule)	column 2 less column 3	Schedule)	o Balance of investment income, column 4 less column 5	
Total. Enter here and on Sid	o 2. Dort I. Jipo 9					
Enter gross income from me						
		and Rents from Controlled	•			
	indities, Royanies e	Exempt Controlled Ord				
1 Name of controlled organizations	2 Employer	3 Net unrelated	4 Total of specified	5 Part of column (4) that	6 Deductions directly	
I value of controlled organizations Z Employer Identification Number		ber income (loss)	payments made	is included in the controlling organization's gross income	connected with income in column (5)	
1						
2						
3						
Nonexempt Controlled Orga	nizations					
7 Taxable Income		8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1						
2						
3						
		on Side 2, Part 1, line 9.				
Schedule G Exploited E	xempt Activity Inco	ome, other than Advertisin	g Income			
1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	unrelated conne business produ income from unrel	A Net income from unrelated trade or business, column 2 less column 3	from activity that	Expenses attributable to column 5	column umn 5 ore than includible, column 4 less column 7 but not less than	
Total. Enter here and on Sid	e 2, Part I, line 10.		· · · · · · · · · · · · · · · · · · ·			

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Schedule H Advertising Income and Excess Advertising Costs

Par	tl Income	e from Perio	dicals Re	ported on a C	consolic	lated Basis							
1 N p	lame of leriodical	2 Gross advertising income		3 Direct adver costs	tising	4 Advertising incomplete excess advertise costs. If column greater than concomplete column 6, and 7. If column 5, and 7. If column 2, enter the except and the except an	ing 2 is lumn 3, ins 5, imn 3 column ess in B(b). e	5 Circulation in	ncome	6 Readersh	ip costs	t t cooct socare	f column 5 is greater han column 6, enter he income shown in column 4, in Part III, column 6 is greater han column 5, subtract the sum of column 6 and column f from the sum of column 5 and column 2. Enter amount in Part III, column 4(b). f the amount is less han zero, enter -0
MON	NDAY MO		750.	1	,469.	-						-	
Tota	ls		750.	1	,469.		719.						
Par		e from Perio		ported on a S		•							
	•••											T	
Par	t III Columi	n A – Net A	dvertisin	a Income			Par	t III Column I	B – Exc	ess Adverti	sing Cos	sts	
	(a) Enter 'cor	nsolidated perio on-consolidated	dical' and/	or names of	Part I, c amount	r total amount from column 4 or 7, and cs listed in Part II, umns 4 and 7) Enter 'consolida	ted period			(b) from	Enter total amount Part I, column 4, and unts listed in Part II, column 4
							CON	SOLIDATE	D PER	IODICAL			719
Enter	total here and o	on Side 2, Part I	, line 11				Enter	total here and on	Side 2, Pa	art II, line 27			719.
Sch				ficers, Directo	ors, and	Trustees							
1	Name of Office	er	2 SSN	or ITIN	3 T	itle		Percent of time devoted to busine	ss 5	Compensati attributable unrelated b	to		Expense account allowances
									8				
									olo				
									8				
									olo				
									olo				
Tota	I. Enter here	and on Sid	e 2, Part	II, line 14									
Sch	edule J	Depreciatio	n (Corpo	rations and A	ssociat	ions only. Trus	ts use	e form FTB 38	85F.)				
1	Group and gui description of	deline class or		2 Date acquir		Cost or other basis	4	Depreciation allowed or allowable in prior years	5 N co	lethod of omputing epreciation	6 Lif rat	e or e	7 Depreciation for this year
1	Total additi	onal first-ye	ar deprec	iation (do not	include	e in items below	·)						
2	Other depre	eciation:											
	Buildings		[
	Furniture a	nd fixtures.	[
	Transportat	tion equipme	ent										
	Machinery other equip	and ment	[
	Other (spec	cify)											
3	Other depre	eciation											
4													
5		•											
6	Balance. S	ubtract line	5 from lin	ie 4. Enter he	re and c	on Side 2, Part	II, line	e 21a					

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CALIFORNIA FORM

TAXABLE YEAR

2012 Net Operating Loss (NOL) Computation

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name CALIFORNIA INDEPENDENT PETROLEUM	California corporation number
ASSOCIATION	0777682
During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation	tion FEIN
S Corporation X Exempt Organization Limited Liability Company (electin	g to be taxed as a corporation) 95-3048726

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.		
1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number.	1	3,879.
2 2012 disaster loss included in line 1. Enter as a positive number	2	
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	3,879.
4a Enter the amount of the loss incurred by a new business included in line 3		
b Enter the amount of the loss incurred by an eligible small business included in line 3.4b	8,879.	
c Add line 4a and line 4b.	4c	3,879.
5 General NOL. Subtract line 4c from line 3	5	
6 2012 NOL carryover. Add line 2, line 4c, and line 5. See instructions	6	3,879.

Part II NOL carryover and disaster loss carryover limitations. See Instructions.

		(g) Available balance	
1 Net income (loss) – Enter the Form 100S, line 16 less line 1	amount from Form 100, line 19; Form 100W, line 19; 7 (but not less than -0-); or Form 109, line 2		
Prior Year NOLs			

	-						
(a) Year of loss	(b) Code — See instructions	Type of NOL — See below*	(d) Initial Loss	(e) Carryover from 2011	(f) Amount used in 2012		(h) Carryover to 2013 col (e) – col (f)
2 2011		ESB	20,888.	20,888.	0.	0.	20,888.
Current Year	NOLs	•	•		•		

	-			
3 2012	DIS	5		col (d) - col (f)
4 2012	ES	в 3,879		3,879.
2012				
2012				
2012				

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

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Part III 2012 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1	
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0	2	0
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 7.	3	0.

2012

CALIFORNIA STATEMENTS

PAGE 1

CALIFORNIA INDEPENDENT PETROLEUM ASSOCIATION

95-3048726

STATEMENT 1 FORM 109, PART II, LINE 24 OTHER EXPENSES TAX PREP FEES	<u>500.</u> 500.
STATEMENT 2 FORM 109, SCHEDULE D, LINE 3B OTHER DEDUCTIONS	
1001 K STREET, 6TH FLOOR ASSOCIATION DUES INTEREST REPAIRS TAXES TOTAL	\$ 13,795. 22,510. 3,676. <u>11,233.</u> 51,214.

¥	Form	99	D	Return of Organization Exempt From Inco Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		G	20	45-0047) 9
		nent of the " Revenue Se		benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state rep	ortina requirements		en to F specti	
				dar year, or tax year beginning , 2009, and ending		, 20		
	B Chec	k if applicable		C Name of organization INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA	D Employer identification	n num	ber	
		Addresa change	use IRS label or	Doing Business As	73-0296927		_	
		Name change	print or	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number	-		
		initial return	type See	1201 15TH STREET, NW	(202) 857-472	2		
		Terminated	Specific Instruc-	City or town, state or country, and ZIP + 4				
		Amended return	tions.	WASHINGTON, DC 20005	G Gross receipts \$	-	072	,680.
		Application pending		me and address of principal officer BARRY RUSSELL	H(a) is this a group return for affiliates?	·	Yes	X No
			T	15TH STREET, NW WASHINGTON, DC 20005	H(b) Are all affiliates included	·	Yes	No
		x-exempt		X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list (se		tions)	
				IPAA.ORG	H(c) Group exemption number tion 1929 M State of le			ОК
	K Fo Part	orm of org	ummary	X Corporation Trust Association Other L Year of forma	tion 1929 M State of le	gal do	micile	
	ss RWGueO 2 J3DAEDVikjejkkjõõgmance	I PI THE ENI 2 Che 3 Num 4 Num 5 Tota 6 Tota 6 Tota 6 Tota 7 a Tota 7 a Tota 9 Prog 0 Inve 1 Othe 2 Tota 3 Grar 4 Bend 5 Sala	A EDU C ROLE ERGY F Ck this bo ober of vo ober of no inter of no inter of no inter of no inter of no inter of vo ober of no inter of vo ober of	be the organization's mission or most significant activities CATES THE CONGRESS, PUBLIC, AND NATIONAL NEWS MED OF INDEPENDENT PRODUCERS IN PROVIDING A SECURE SC OR AMERICA. ★	6 of its net assets	3,4,	319 167 41 063	62 62 33 0 578. ,578. ,892. ,401. ,528. 0. 0. ,887. 0.
	ben -			ing expenses, Part IX, column (D), line 25)				
	¹ 🗋			es (Part IX, column (A), lines 11a-11d, 11f-24f)	4,671,724.			,023.
				s Add lines 13-17 (must equal Part IX, column (A), line 25)	7,816,166.	7,		,910.
		9 Rev	enue less	expenses Subtract line 18 from line 12	1,061,429.		397	,618.
	Net Assets or Fund Balances				Beginning of Year		of Ye	
	Ssei 3alai			Part X, line 16)	6,079,941.			,383.
		1 Tota	i habilitie:	s (Part X, line 26)	1,498,217. 4,581,724.		_	,534. ,849.
				fund balances Subtract line 21 from line 20	4,301,724.	<u> </u>	905	, 049.
	Part Sig Her Paid	Und and re Pre sign	ler penaltur beller, ti orginatur	Block sol perjury, I declare that I have skammed this return, including accompanying schedules an s true, correct, and complete beclaration of preparer (other than officer) is based on all info the of officer SSCI Pros.d print name and title	d statements, and to the b ormation of which prepare	has :	my kn	owledge
		nly if se add he IRS d rivacy A	elf-employe ress, and Z iscuss thi ct and Pa					

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	A of Decrem Comise Accor	7		
	t of Program Service Acco	mpusnments		
_ Briefly describe th ATTACHMEN	e organization's mission. T $_2$			
Did the organizati	on undertake any significa	nt program services during the year	which were not listed or	 1
the prior Form 990) or 990-EZ?	· · · · · · · · · · · · · · · · · · ·		Yes X
services?		ake significant changes in how it con		. Yes X
Describe the exern Section 501(c)(3)	and 501(c)(4) organizations	O or each of the organization's three larg and section 4947(a)(1) trusts are requ revenue, if any, for each program serve	uired to report the amount	
a (Code) (Expenses \$	Including grants of \$) (Revenue \$)
		Y WORKED TOWARD INFLUENC		
VARIOUS LEGI THROUGH LOBE		G TO THE OIL AND GAS INDU	STRY,	
			·	
<u> </u>		<u> </u>		
			····	
			·····	
b (Code) (Expenses \$	Including grants of \$) (Revenue \$)
MEETINGS - P	LANNED AND CONDUCT	Including grants of \$ TED COMMITTEE MEETINGS, IMS, AND NATIONAL CONFERE)
MEETINGS - P REGIONAL SEM	LANNED AND CONDUCT INARS, ISSUES FORU	ED COMMITTEE MEETINGS,	NCES)
MEETINGS - P REGIONAL SEM	LANNED AND CONDUCT INARS, ISSUES FORU	YED COMMITTEE MEETINGS, MMS, AND NATIONAL CONFERE	NCES)
MEETINGS - P REGIONAL SEM	LANNED AND CONDUCT INARS, ISSUES FORU	YED COMMITTEE MEETINGS, MMS, AND NATIONAL CONFERE	NCES)
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MEETINGS - P REGIONAL SEM	LANNED AND CONDUCT INARS, ISSUES FORU	YED COMMITTEE MEETINGS, MMS, AND NATIONAL CONFERE	NCES)
MEETINGS - P REGIONAL SEM	LANNED AND CONDUCT INARS, ISSUES FORU	YED COMMITTEE MEETINGS, MMS, AND NATIONAL CONFERE	NCES)
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MEETINGS - P REGIONAL SEM	LANNED AND CONDUCT INARS, ISSUES FORU	YED COMMITTEE MEETINGS, MMS, AND NATIONAL CONFERE	NCES)
MEETINGS - P REGIONAL SEM WHICH DISSEM	LANNED AND CONDUCT INARS, ISSUES FORU INATED INFORMATION 	TED COMMITTEE MEETINGS, JMS, AND NATIONAL CONFERENT REGARDING INDUSTRY ISSUE INFORMATION PERTAINING TO	NCES ES.)
MEETINGS - P REGIONAL SEM WHICH DISSEM	LANNED AND CONDUCT INARS, ISSUES FORU INATED INFORMATION)(Expenses \$ NS - DISSEMINATED OLE AND TO ITS INE	INFORMATION PERTAINING TO INFORMATION PERTAININ	NCES ES.)(Revenue \$ O CTED)
MEETINGS - P REGIONAL SEM WHICH DISSEM	LANNED AND CONDUCT INARS, ISSUES FORU INATED INFORMATION)(Expenses \$ NS - DISSEMINATED OLE AND TO ITS INE	TED COMMITTEE MEETINGS, JMS, AND NATIONAL CONFERENT REGARDING INDUSTRY ISSUE INFORMATION PERTAINING TO	NCES ES.)(Revenue \$ O CTED)
MEETINGS - P REGIONAL SEM WHICH DISSEM	LANNED AND CONDUCT INARS, ISSUES FORU INATED INFORMATION)(Expenses \$ NS - DISSEMINATED OLE AND TO ITS INE	INFORMATION PERTAINING TO INFORMATION PERTAININ	NCES ES.)(Revenue \$ O CTED)
MEETINGS - P REGIONAL SEM WHICH DISSEM	LANNED AND CONDUCT INARS, ISSUES FORU INATED INFORMATION)(Expenses \$ NS - DISSEMINATED OLE AND TO ITS INE	INFORMATION PERTAINING TO INFORMATION PERTAININ	NCES ES.)(Revenue \$ O CTED)
MEETINGS - P REGIONAL SEM WHICH DISSEM	LANNED AND CONDUCT INARS, ISSUES FORU INATED INFORMATION)(Expenses \$ NS - DISSEMINATED OLE AND TO ITS INE	INFORMATION PERTAINING TO INFORMATION PERTAININ	NCES ES.)(Revenue \$ O CTED)
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MEETINGS - P REGIONAL SEM WHICH DISSEM	LANNED AND CONDUCT INARS, ISSUES FORU INATED INFORMATION)(Expenses \$	INCLUDING GRAMS. CONDUCTION OF THE STATES OF S	NCES ES.)(Revenue \$ O CTED)
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Form 9	90 (2009) 73-0296927		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
ì	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			ĺ
	Schedule C, Part II	4		
5	Sections 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	Х	
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? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		X
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		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
٠	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	14 A	1 H H I 	
٠	Did the organization report an amount for investments-other-securities in Part X, line 12 that is 5% or more	いい	**-*** ****	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		• •	*
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1	5.2 ¹⁵	inen.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			25 -
٠	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		· ·	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			44 14
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		, t	3
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			-
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 statement for the tax year? Yes No			
				X
13	Is the organization a school described in section 170(b)(1)(A)(II)? <i>If "Yes," complete Schedule E.</i>	13		X
14a		14a		
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		x	
		14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5		x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40	1	x
4	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		\vdash^{\wedge}
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		x
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	x	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	⊥

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Part				
			Yes	No
21Ì	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? If "Yes," complete Schedule I, Parts I and II.	21		Х
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the]		l
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u>x</u>	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	0-		
-	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1.0 FL		
••	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	26		x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L Part IV	28b		X
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? If "Yes," complete Schedule L,			
	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31		X
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	24	x	
	III, IV, and V, line 1	34	Λ	
35	Schedule R, Part V, line 2	35		x
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		<u> </u>	<u> </u>
36	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			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		<u> </u>	<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	ļ
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Statements Regarding Other IRS Filings and Tax Compliance Image: Complex Comple	Form 9	990 (2009) 73-0296927		F	Page 5
A Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmital of U.S. Information Returns Enter -0. Into applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamma (gambling) winnings to prize winners? Se Enter the number of entry by the backup withholding rules for reportable payments to vendors and reportable gamma (gambling) winnings to prize winners? Se first the number of entry by the seture of the organization file all required decreal employment tax returns? Zb X Statements, field for the calendar year ending with or within the year overed by this return Za 3 Za in streaments, field for the calendar year ending with or within the year overed by this return Za A any time on since 3 and 2 as greater than 250, you may be required to e-file this return (see instructions) A tany time during the calendar year, of the organization have an interest in, or a signature or other authority over, a financel account in a foreign country (such as a bank account, securities account, or other financel account? A tany time during the calendar year, of the organization have an interest in, or a signature or other authority over, a financel account in a foreign country bus any taxable party notify the organization that was or is a party to a prohibited tax sheller transaction? Sa Was the organization a party to a prohibited tax sheller transaction and yrack with the organization the during the calendary end Sa a tary time during the calendary end Sa a tary time during the calendary end Sa a tary to a prohibited tax sheller transaction? Sa Was the organization aperty to a prohibited tax sheller transaction? Sa a tary taxable party notify the organization file form 8828-T. Disclosure by Tax Exempt Entity Regardin	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns Enter-0- frot applicable 1a 33 1 b Enter the number of Forms V-SG included mine 1a Enter-0- frot applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamma (gambling) winnings to prize within of the organization file all required fedoral employment tax returns? 2b 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 33 3 Did the organization on line 2a, did the organization file all required fedoral employment tax returns? 2b X 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 X 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 4 A tary time during the calendary year, dift he organization have an introst n, or a signature or other authority over, a financial account in a foreign country is usen as a bark account, securities account, or other financial accounts for exceptions and fining requirements for Form DF 90-221, Report of Foreign Bark and Financial Accounts 3a X 5u Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization halt was or is a party to a prohibited tax shelter transaction? 5a X 6u Organization shet may receive deductible? 7a 7a 7				Yes	No
U.S. Information Returns Enter-0- frot applicable 1a 33 1 b Enter the number of Forms V-SG included mine 1a Enter-0- frot applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamma (gambling) winnings to prize within of the organization file all required fedoral employment tax returns? 2b 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 33 3 Did the organization on line 2a, did the organization file all required fedoral employment tax returns? 2b X 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 X 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 4 A tary time during the calendary year, dift he organization have an introst n, or a signature or other authority over, a financial account in a foreign country is usen as a bark account, securities account, or other financial accounts for exceptions and fining requirements for Form DF 90-221, Report of Foreign Bark and Financial Accounts 3a X 5u Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization halt was or is a party to a prohibited tax shelter transaction? 5a X 6u Organization shet may receive deductible? 7a 7a 7	ľа	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
b Enter the number of Forms W-26 included in line 18 Enter 0-1 intot applicable,					$\frac{1}{2}$
C bid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (dambing) winnings to prize winners? The number of employees reported on Form W-3. Transmital of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return Ta Last one is reported on line 2a, did the organization file all requires federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Ta Last and a form 390-T for this year? If 'No,'' provide an explanation in Schedulo 0. Ta A tary time during the calendar year, did the organization have an interest in, or a signature or other authority account)? Thes,'' enter the name of the foreign country (such as a bank account, securities account, or other financeal accounts for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization a party to a prohibited tax shelter transaction a tary time duining the tax year? So bid any taxbelic party notify the organization that it was or is a party to a prohibited tax shelter transaction? Did any taxbelic party notify the organization that twas or is a party to a prohibited tax shelter transaction? Did any taxbelic party notify the organization that it was or is a party to a prohibited tax shelter transaction? Did any taxbelic party notify the organization and the set of a party bid a prohibited tax shelter transaction? Tays,'' to tax Shelter Transaction? Coses the organization necker a discusterial for Boom Statement that such contributions or gifts were not tax deductible? Organization shell, exchange, or othewise disposition and express statement that such control. Tay Tays'''' du the organization necker a party ment in excess of \$75 made party as a contribution and partly for goods and reganization set. Laws, any presentes diveres o			·-•	1	
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b If "Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule 0		•	3a		X
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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 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nalve enot tax deductible? 5a 7a Tryes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organization stat may receive deductible contributions under section 170(c). and services provided to the payor? 7a 7b If 'Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7b 7c Id the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal property for which it was required to file Form 8282? filed during the year. 7d 7d 7c Id the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7f 7g 7f Did the organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Builts and the weed values during the year? 7g 7f 8 Sponsoring organizations			4a		х
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Yes

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

Sect	tion A. Governing Body and Management	_
		2
1a	Enter the number of voting members of the governing body	_
b		-
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?	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	
6	Does the organization have members or stockholders?	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	
7 d	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
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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

11000			Yes	No
40-	Description have least charters branches, or offlictor?	10a		X
	Does the organization have local chapters, branches, or affiliates?			
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ъ		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
		11		Х
11A				—
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a b				<u> </u>
D		12b	х	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	Х	1
15	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	1
b		15b	Х	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a				
IVa	with a taxable entity during the year?	16a		X
h	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			
		16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	
	available for public inspection Indicate how you make these available Check all that apply	•		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	erest		
• •	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 t	he		
	State the name, physical address, and telephone number of the person who possesses the books and records of t organization ► BARRY RUSSELL 1201 15TH STREET, NW WASHINGTON, DC 20005			
	202-857-4722			
JSA		Form	990	(2009)

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title		Posi	100 (C) skall	that app	(vlc	(D) Reportable	(E) Reportable	(F) Estimated
	Average hours per week	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
THOMAS M. BARTOS		1								
DIRECTOR		X						0.	0.	0
ROBERT L. BAYLESS, JR.	1									
DIRECTOR		X						0.	0	0
ELI D. BEBOUT	4	}			ł	1				
DIRECTOR		_X						0.	0	0
F.W. PETE BROWN	4									
DIRECTOR		<u>X</u>						0.	0.	0
BRIAN R. CEBULL										:
DIRECTOR		X						0.	0	C
WILLIAM S. DAUGHERTY										
DIRECTOR	<u> </u>	X			Ĺ			0.	0	0
PHIL DELOZIER										
DIRECTOR		_ X			<u> </u>			0.	0	0
MIKE ELYEA	4	}			ł					
DIRECTOR		X_						0.	0	C
ROD ESON										
DIRECTOR	<u> </u>	X			ļ			0.	0	C
LEVERT GILLMAN	4							_		
DIRECTOR		X			<u> </u>			0.	0	0
RALPH J. GOEHRING	-									
DIRECTOR	ļ	X						0.	0.	0
PHIL STUART KENDRICK, JR.										
DIRECTOR		X						0.	0.	C
ROBERT E. LANDRETH		1				,				
DIRECTOR	<u> </u>	X				ļ'		0.	0	0
JAMES J. MAZZU										
DIRECTOR		X				ļ		0.	0.	C
CATHERINE N. MEDLOCK	4	[[1	['		-		
DIRECTOR		X				ļ		0.	0	C
MARK MILLER	1							-		
DIRECTOR	1	X						0	0	0

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Form 990 (2009)								73-0296927		Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Ke	ey En	nplo	bye	es,	and I	lig	hest Compensat	ed Employees	(continued)
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week						ly) Former	Reportable compensation from	Reportable compensation from related	other
		Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Ÿ	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	compensation from the organization and related organizations
MELVIN L. OWEN										
DIRECTOR		X		<u> </u>	 			0.		0. 0.
DOUGLAS REYNOLDS, JR. DIRECTOR			ļ		ļ		ļ	0.]	0 0
JOHN S. RICHARDSON		X			<u> </u>			0.		0.0
DIRECTOR		x						0.		ο. ο
DANIEL A. RIOUX				\vdash						<u> </u>
DIRECTOR	ł	x						0.		0. 0
JAMES R. SMAIL					<u> </u>					
DIRECTOR		x						0.		ο. ο
JAMES H. WILKES						[
DIRECTOR		Х				L		0.	<u> </u>	0. 0
BETTY READ YOUNG	4							_		
DIRECTOR		X						0.		0. 0
DAVID L. BOLE	-				ļ			0		
DIRECTOR NICHOLAS DELULIIS		X						0.		0. 0
DIRECTOR	4	x						0.		ο. ο
JOHN RICHELS	<u> </u>	<u>^</u>								
DIRECTOR		x						0.		ο. ο.
BRENT SMOLIK					-					
DIRECTOR		х			1			0.		ο. ο
MICHAEL D. WATFORD						_				
DIRECTOR		Х						0.		0. 0
JEFF WOJAHN		1						_		
DIRECTOR		X		1	<u> </u>			0.		0.00
1b Total . CONTINUED AT SCHEDULE J-				<u>.</u> .				1,504,761.	l	0. 237,975.
2 Total number of individuals (including but not reportable compensation from the organization		_		d al	bov	e) wh	o re		\$100,000 in	Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	repor nan \$	tabl 150	le c),00	:om 10?	pensa If "Y	atior <i>'es,"</i>	n and other com <i>complete Sched</i>	pensation from ule J for such	4 X
 Did any person listed on line 1a receive services rendered to the organization? If "Yes," 	e or accr									
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization	compensa	ted in	ldep	enc	dent	con	trac	tors that received	d more than \$;100,000 of
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
			_				-	·		
							╉╌			
							+			
······································										
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nıte	d to	thos 0	se l	sted above) who	received	من - 20 ليستري المسيري (مريد - 20 من المسيري) المريد المريد المريد المريد المريد - 20 من المريد - 20 من المريد المريد (مريد المريد - 20 من المريد -
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Form					72-0206027		Page 9
Par 、	t VIII	Statement of Revenue		(A) Total revenue	73-0296927 (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
20	1a	Federated campaigns					
Int	b	Membership dues	3,214,003				
s, g	c		109,840				
gift lar a	d	Related organizations					
ns, imi	е	Government grants (contributions)					
ers	f	All other contributions, gifts, grants,					
đ		and similar amounts not included above . 1f	210,735.				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f					
	<u>h</u>	Total. Add lines 1a-1f		3,534,578			<u> </u>
nu			Business Code				
Seve	2 a	ANNUAL & MID YEAR MEETINGS	611430	2,108,727	2,108,727		
e	b	CONFERENCES & SEMINARS	611430 VEN 511120	2,179,540	2,179,540		
Š	C	SUBSCRIPTIONS & OTHER PUBLICATIONS RE	VEN 511120	51,025	51,025.		
S L	d						
grai	e		-			<u> </u>	
Program Service Revenue	r g	All other program service revenue Total . Add lines <u>2a-2f</u>		4,319,892			
	3	Investment income (including dividends in	terest and				
	•	other similar amounts).	T.3►	167,401.			167,401
	4	Income from investment of tax-exempt bor	d proceeds 🕨	0			
	5	Rovalties • • • • • • • • • • • • • • • • • • •	<u> </u>	0			· · · · · · · · · · · · · · · · · · ·
		(i) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of					
	_	assets other than inventory					
	b	Less cost or other basis					
		and sales expenses					
	c d	Gain or (loss)		0			
e	8a	Gross income from fundraising					
nu		events (not including \$109,840	ATCH 4				
eve		of contributions reported on line 1c)			1		
ž		See Part IV, line 18	a 42,470				
Other Revenue	b	Less. direct expenses	b 9,152				
ŏ	c	Net income or (loss) from fundraising even	s. <u>ATCH.5.</u> ►	33,318.			
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	b			0			
	C C	Net income or (loss) from gaming activities		<u>├</u> -			
	10a	Gross sales of inventory, less returns and allowances					
	L .			1			
	b c			0.			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	8,339	8,339.		
	Ь		_			-	
	c		_				
	d	All other revenue					
	е	Total. Add lines 11a-11d • • • • • • • •					
	12	Total Revenue. See instructions	<u></u>	8,063,528.	4,328,231.		167,401

Form 990 (2009)

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o not include amounts reported on lines 6b,	(A)	(B)	nplete columns (B), (C) (C)	(D)
b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to governments and				
organizations in the U.S. See Part IV, line 21	0.	· · · · · · · · · · · · · · · · · · ·		
Grants and other assistance to individuals in	ο.			
the US See Part IV, line 22				
Grants and other assistance to governments,				
organizations, and individuals outside the US See Part IV, lines 15 and 16	o.			
Benefits paid to or for members	0.			
Compensation of current officers, directors,				
trustees, and key employees	1,742,736.			
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	ο.			
Other salaries and wages	1,199,094.			
Pension plan contributions (include section 401(k)				
and section 403(b) employer contributions)	30,928.			
Other employee benefits	205,939.			
Payroll taxes	197,190.			
Fees for services (non-employees)				
a Management	0.			
b Legal	181,117.			
c Accounting	58,176.			
di Lobbying • • • • • • • • • • • • • • • • • • •	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees				<u></u>
g Other	1,067,310.			
Advertising and promotion	58,311.			
Office expenses	291,829.			
Information technology	231,829.			
	446,826.			
	382,040.			
Payments of travel or entertainment expenses for any federal, state, or local public officials	ο.			
Conferences, conventions, and meetings	912,381.			-
	8,290.		<u> </u>	
Payments to affiliates	0.			
Depreciation, depletion, and amortization	139,098.			
Insurance ATCH 8	24,009.			
Other expenses Itemize expenses not	~			
covered above. (Expenses grouped together				
and labeled miscellaneous may not exceed				
5% of total expenses shown on line 25 below)				
a DUES & SUBSCRIPTIONS	58,957.			
b EQUIPMENT RENTAL & MAINTENAN	166,019.			··· –
c BANK FEES	92,850.			
d PRINTING & PRODUCTION	208,278.	<u> </u>		
e MISCELLANEOUS EXPENSES	133,752.			
f All other expenses				<u>.</u>
Total functional expenses. Add lines 1 through 24f	7,665,910.			
Joint Costs. Check here ► If following				
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation				

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Part X	Balance Sheet			
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	850.	1	850.
2	Savings and temporary cash investments		2	953,236
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	11,645
5	Receivables from current and former officers, directors, trustees,			
	employees, and highest compensated employees. Complete Part II	of		
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under sect	tion		
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Compl	ete		
	Part II of Schedule L		6	
Assets 8 2	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
∢ 9	Prepaid expenses and deferred charges	95,809.	9	107,147
-	Prepaid expenses and deferred charges a Land, buildings, and equipment cost or 10a 969,2	57.		
	other basis Complete Part VI of Schedule D			
	b Less accumulated depreciation	60. 332,025.	10c	240,597
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	1 0 C C C C C C C C C C C C C C C C C C	12	5,943,703
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	30,205
16	Total assets. Add lines 1 through 15 (must equal line 34)	6 070 041	16	7,287,383
17	Accounts payable and accrued expenses	41.6 202	17	558,683
18	Grants payable		18	
19	Deferred revenue	7 421,634.	19	359,221
20	Tax-exempt bond liabilities	•••	20	
	Escrow or custodial account liability Complete Part IV of Schedule		21	
21 22 23 25	Payables to current and former officers, directors, trustees,			
	employees, highest compensated employees, and disquali			
Lia	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	463,630
26	Total liabilities. Add lines 17 through 25		26	1,381,534
	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	4,581,724.	27	5,905,849
	Temporarily restricted net assets		28	
TU 29			29	
Net Assets or Fund Balances 0<	Organizations that do not follow SFAS 117, check here ►			
ප සු 30			30	
10 SU 20 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
× 32	Retained earnings, endowment, accumulated income, or other funds		32	
Te 33	-		33	5,905,849
2100	Total liabilities and net assets/fund balances	•••	34	7,287,383

Form 990 (2009)

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Forn	n 990 (2009)		Pa	ge 12
Ра	rt XI Financial Statements and Reporting			
			Yes	No
1 `	Accounting method used to prepare the Form 990 Cash X Accrual Other		- 1	
	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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2 c	Х	
	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 X 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?	<u>3a</u>	_	X
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		

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SCH	HEDULE C	1	Political Campaign	and L	obbvin	a Activi	ties	OMB No 1545-0047
	m 990 or 990-EZ)	For Or	ganizations Exempt From Inco		•	-		27
	-		 Complete if the orga 					ZUUJ
	artment of the Treasury		Attach to Form 990 or Form 99				tions	Open to Public
	nal Revenue Service		to Form 990, Part IV, line 3, or For					lnspection
	-		Complete Parts I-A and B Do not com			40 (7 011001 0		
٠	Section 501(c) (other	r than sectio	n 501(c)(3)) organizations Complete	e Parts I-A	and C below	Do not compl	ete Part I-B.	
	Section 527 organiza	•	•					
			to Form 990, Part IV, line 4, or For					
		-	hat have filed Form 5768 (election i					
		-	hat have NOT filed Form 5768 (elector) to Form 990, Part IV, line 5 (Proxy Ta		Section 50 I((i)) Complete		or complete Part II-A
	•		nizations Complete Part III	ux), uicii				
	ame of organization						Employer identi	fication number
IND			ASSOCIATION OF AMERIC				73-02	
Pa	rt I-A Complet	e if the or	ganization is exempt under	r section	501(c) or	is a sectio	n 527 orgar	ization.
1	•		organization's direct and indirect	•	• -		_	
2							▶ \$	
3	Volunteer hours	•••••		• • • • •	• • • • • •	••••	•••	
Par	t I-B Complete	e if the or	ganization is exempt under	section	501(c)(3).			
1		·····	se tax incurred by the organizati				▶ \$	<u> </u>
2			se tax incurred by organization r					
3			section 4955 tax, did it file Form					
4a	Was a correction n							🗌 Yes 🛄 No
b	If "Yes," describe in		ganization is exempt under		- F01(a) a	veent coot	on 504/0)/2	
Pal			pended by the filing organization)
1						-	•	
2			organization's funds contributed				•	
		-	s		-			
3			ditures Add lines 1 and 2 En					
								—
4			Form 1120-POL for this year?					
5			nd employer identification numb zation listed, enter the amount					
			ed that were promptly and direct					
	segregated fund o	r a political	action committee (PAC) If addit	tional spa	ce is neede	d, provide ir	formation in	Part IV
	(a) Name		(b) Address	(c)	EIN		it paid from	(e) Amount of political
							anization's ne, enter -0-	contributions received and promptly and directly
							ne, enter -0-	delivered to a separate
								political organization If none, enter -0
	· · · · · · · · · · · · · · · · · · ·							[
		F-						
			·······					
<u> </u>								<u> </u>
						<u></u>		
				l				L
JSA	Privacy Act and Paperwo	ork Reductior	Act Notice, see the Instructions for For	m 990 or 99	90-EZ.		Schedul	e C (Form 990 or 990-EZ) 2009

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Schedule C	(Form	990	or 990	-EZ	2009

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Page 2

300	edule C (Form 330 01 330-EZ) 2003			Page Z
Pa	art II-A Complete if the organizati under section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion
		belongs to an affiliated group. checked box A and "limited control" provisi	ons apply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b		a legislative body (direct lobbying)		
с		a and 1b)		
d				
е	Total exempt purpose expenditures (add	d lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the			
	columns			
	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	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25	% of line 1f)		
h		ess, enter -0-		
i		ss, enter -0-		
j		either line 1h or line 1i, did the organization file		
	section 4911 tax for this year?	<u></u>	<u> </u>	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 Expe	enditures During 4-Y	ear Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Totai
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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Part I	■ C (Form 990 or 990-EZ) 2009 73-029692 ■ Complete if the organization is exempt under section 501(c)(3) and has NO	T file	d For	m 576	58	_	Page 3
	(election under section 501(h)).						
-		(i	a)		(b)	
		Yes	No		Amo	unt	
le re	uring the year, did the filing organization attempt to influence foreign, national, state or local gislation, including any attempt to influence public opinion on a legislative matter or influence public opinion, through the use of olignmeters?						
b P	aid staff or management (include compensation in expenses reported on lines 1c through 1i)? ledia advertisements?						
e P	lailings to members, legislators, or the public?						
g D	rants to other organizations for lobbying purposes?						
i C	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? If "Yes," describe in Part IV						
2a D	otal Add lines 1c through 1i id the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
c lf	"Yes," enter the amount of any tax incurred under section 4912 "Yes," enter the amount of any tax incurred by organization managers under section 4912 the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					· · ·	
	II-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectio	n		
a 10	(on substantially all (000), as more) dues received and dustible by members?					Yes	No X
	/ere substantially all (90% or more) dues received nondeductible by members? Id the organization make only in-house lobbying expenditures of \$2,000 or less?	• • • •	• • • •	• • •	1 2		X
	id the organization agree to carryover lobbying and political expenditures from the prior year?	• • • •	· · · ·				X
Part I		(c)(5)	, or s	ectio	n red		
2 S	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of spenses for which the section 527(f) tax was paid).			1	3,	214,	,003
bС	urrent year arryover from last year			2a 2b		146,	(
3 A	otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dur active amount and the section 6033(e)(1)(A) notices of nondeductible section 162(e) dur	es .		2c 3		146 124	
e	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion kcess does the organization agree to carryover to the reasonable estimate of nondeductible line and political expenditure next year?	obbyır	ng	4		21	,296
a							

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

Schedule C (Form 990 or 990-EZ) 2009

cneaule C (F	orm 990 or 990-EZ) 2009	73-0296927	Page 4
P <u>art IV</u>	Supplemental Information (continued)		
•			
			
		__	
	·		
			
			
		_	
	······		
SA			(Form 990 or 990-EZ) 200
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SCH	EDULE D	Suppleme	ntal Financial Statements	OMB No 1545-0047
(For	m 🤋 90)			2009
			organization answered "Yes," to Form 99	
Depar	tment of the Treasury		t IV, line 6, 7, 8, 9, 10, 11, or 12.	Open to Public
_	al Revenue Service	Attach to	Form 990. ► See separate instructions.	Inspection
	of the organization	DOLDING RECOGLIMITON OF		Employer identification number
_		ROLEUM ASSOCIATION OF		73-0296927
Par		tions Maintaining Donor Adv ization answered "Yes" to For	· · · · · · · · · · · · · · · · · · ·	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	nd of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate contrib	utions to (during year)		
3	Aggregate grants	from (during year)		
4	•• •	at end of year		41. Par. 4
5	-		dvisors in writing that the assets held in do	
_	-		e organization's exclusive legal control?	
6			nd donor advisors in writing that grant fund	
			penefit of the donor or donor advisor, or for	
Dee	purpose conferring	g impermissible private benefit?	the organization answered "Yes" to Fo	Yes No
Par			organization (check all that apply)	5 mi 990, Part IV, line 7.
1				f on historically important land area
	1 1	n of land for public use (e g , recre f natural habitat		f an historically important land area f a certified historic structure
		of open space		a certified historic structure
2			eld a qualified conservation contribution in	the form of a conservation
-		last day of the tax year		
]	Held at the End of the Year
а	Total number of c	onservation easements		2a
b			s	
c	-		historic structure included in (a)	1
d	Number of conse	rvation easements included in (c) acquired after 8/17/06	2d
3			sferred, released, extinguished, or termina	
	the tax year			
4			ervation easement is located	
5			ling the periodic monitoring, inspection, hai	
			asements it holds?	
6	Staff and voluntee	er hours devoted to monitoring, i	nspecting, and enforcing conservation ease	ements during the year
	▶			
7	•	• · · ·	cting, and enforcing conservation easemen	nts during the year
_	▶\$			
8			e 2(d) above satisfy the requirements of sec	
•	170(n)(4)(B)(I) and			· · · · · · · · · · · · · · · ·
9			conservation easements in its revenue and of the footnote to the organization's financia	
		accounting for conservation eas		al statements that describes
Par	t III Organiza	tions Maintaining Collections	of Art, Historical Treasures, or Other	[·] Similar Assets.
	Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 8.	
12	If the organization	n elected as permitted under S	SEAS 116 not to report in its revenue st	atement and balance sheet works of
14	art, historical trea	sures, or other similar assets he	SFAS 116, not to report in its revenue stand for public exhibition, education, or reseminancial statements that describes these ite	earch in furtherance of public service,
-				
b	If the organization	n elected, as permitted under t	SFAS 116, to report in its revenue statem for public exhibition, education, or resea	nent and balance sneet works of an, arch in furtherance of public service
	provide the follow	ing amounts relating to these ite	ms	
	(i) Revenues incl	uded in Form 990, Part VIII, line	1	
	(ii) Assets include	ed in Form 990, Part X		
2	If the organizatio	on received or held works of a	rt, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts	s required to be reported under S	SFAS 116 relating to these items	
а	Revenues include	d in Form 990, Part VIII, line 1 .		
b	Assets included in	n Form 990, Part X		
		erwork Reduction Act Notice, see th		Schedule D (Form 990) 2009
POPP	Tivaty Act and Pape	erwork reduction Act Notice, see th	iu manuquuna ivi r viili aav.	

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Sched	lule D (Form 990) 2009			73-	0296927	Page 2
Par	t III Organizations Maintaini	ng Collections	of Art, Historic	al Treasures, c	or Other Similar A	ssets (continued)
						• • •
3	Using the organization's acquisition	, accession, and	other records, c	heck any of the	following that are a	significant use of its
	collection items (check all that appl	y)				
а	Public exhibition		d 🗌	Loan or excha	ange programs	
b	Scholarly research		e	Other		
c	Preservation for future ge	nerations	ب			
4	Provide a description of the organiz		s and explain ho	w they further th	e organization's exe	empt purpose in
	Part XIV			•	-	
5	During the year, did the organization	on solicit or receiv	ve donations of a	art, historical trea	sures, or other simil	ar
•	assets to be sold to raise funds rath					
Par	t IV Escrow and Custodial A			-		
ı aı	IV, line 9, or reported an					
						· · · · · · · · · · · · · · · · · · ·
12	Is the organization an agent, trustee	e custodian or of	ther intermedian	for contribution	s or other assets no	t
ia	included on Form 990, Part X?					
h	If "Yes," explain the arrangement in					
U	In rea, explain the arrangement in				A	mount
•	Beginning balance					
	Additions during the year					
	Distributions during the year					
	Ending balance					
	Did the organization include an am					Yes No
			O, Fall A, ille Zi	· · · · · · · · ·	• • • • • • • • • • •	
	If "Yes," explain the arrangement in				000 Det IV line	10
Par	t V Endowment Funds. Com					
4 -		(a) Current Year	(b) Prior year	(c) Two years	back (u) Three yea	ars back (e) Four years back
	Beginning of year balance					
C	Net investment earnings, gains,			-	-	
	and losses					
	Grants or scholarships		_	···		
e	Other expenditures for facilities .					
	and programs					
	Administrative expenses					
-	End of year balance					
2	Provide the estimated percentage					
а	Board designated or quasi-endown	nent ►	%			
b	Permanent endowment	%				
	Term endowment	%				
3a	Are there endowment funds not in	the possession of	of the organization	on that are held a	and administered for	
	organization by [.]					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related org					3b
4	Describe in Part XIV the intended u	ises of the organ	ization's endown	nent funds		
Par	tt VI Investments - Land, Buil	dings, and Equ	uipment. See F	orm 990, Part	X, line 10.	
	Description of investment	(a) Co	st or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
			nvestment)	basis (other)	depreciation	
1a	Land					
b	Buildings					
с	Leasehold improvements		0.	49,033	30,308	
d	Equipment		0.	586,302	522,986	. 63,316.
e	Other		0.	333,922	175,366	
-	I. Add lines 1a through 1e (Column		Form 990, Part X.	column (B), line	10(c))▶	240,597.
				· · · · ·		

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Schedule D (Form 990) 2009 7.5 Part VIII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value Financial derivatives	(c) Method of valuation Cost or end-of-year marke	on. t value
(including name of security) Financial derivatives Closely-held equity interests OtherMARKETABLE SECURITIES 5,943,703	(c) Method of valuation Cost or end-of-year marke	n. t value
Closely-held equity interests OtherMARKETABLE SECURITIES 5,943,703.		
Other 5,943,703.		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ► 5, 943, 703. Part VIII Investments - Program Related. See Form 990, Part X, line 13.	FMV	
Part VIII Investments - Program Related. See Form 990, Part X, line 13.	F MV	
Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
Part VIII Investments - Program Related. See Form 990, Part X, line 13.	····	
	(a) Mathad of volucio	
	(c) Method of valuation Cost or end-of-year marke	
	···	······
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, line 15		
(a) Description		(b) Book value
		·····
Table (Onlying (b) much any [Farm 000, Dark V, and (D) han 45.1		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25.		

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO IPAA EDUCATIONAL FOUNDA	504.
DEFERRED RENT	218,447.
LIABILITY UNDER CAPITAL LEASE	 143,162.
POST RETIREMENT LIABILITY	 101,517.
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	463,630.

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.

Schedul	e D (Form 990) 2009 73-0296927	Page 4
Part 2		nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 1)
_	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n
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	
	Net unrealized gains on investments	
	Donated services and use of facilities	
	Recoveries of prior year grants	
	Other (Describe in Part XIV)	1
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
-	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIV)	
	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	
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	Prior year adjustments	
c	Other losses 2c	
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
ь	Other (Describe in Part XIV.)	
С	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part	XIV Supplemental Information	
and 2b	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also int to provide any additional information	complete
		Schedule D (Form 990) 2009
JSA		

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Part XIV Supplemental Information (continued)

Page 5

Schedule D (Form 990) 2009

Schedule F (Form 990)	Statement of Activities Outside the United S ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16. ► Attach to Form 990. ► See separate instructions.	Part IV, line 14b line 15, or line 16.	
Name of the organization	INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA	dentification number 6927	
	Information on Activities Outside the United States. Complete if the Form 990, Part IV, line 14b	organizatio	n answered
assistance, the gi	. Does the organization maintain records to substantiate the amount of trantees' eligibility for the grants or assistance, and the selection criteria us stance?	sed to award	

- 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

				<u> </u>	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	0	0	PROGRAM SERVICES	EDUCATIONAL CONFERENCE	11,739.
<u> </u>					
		<u> </u>			
<u> </u>					
<u> </u>			ļ		
				[
<u>Totals</u>	• 0	0			11,739.

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

Schedule F (Form 990) 2009

JSA 9E1274 2 000

	Use Schedule F-1 (Form (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuation (book, FMV appraisal, other)
<u> </u>									
	<u></u>								
	. <u></u>					-			
						-		·	
			<u> </u>						
	total number of recipient org e IRS, or for which the grante								
	total number of other organi								

JOA		
9E1275	1	000

Schedule F (Form 990) 2009

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Page 2

		needed. (c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of non-cash	(g) Description	(h) Methor
(a) Type of grant or assistance	(b) Region	recipients	cash grant	cash disbursement	non-cash assistance	(g) Description of non-cash assistance	(h) Metho valuatio (book, FM appraisa other)
					··· .	-	
				-			
				-			
							<u> </u>
					· · · · · · ·		

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	Form 990) 2009	73-0296927
Part IV	Supplemental Information Complete this part to provide the informa	ation required in Part I, line 2, and any additional information.
SCHEDU	LE F, PART I, LINE 2	
THE OR	GANIZATION HOLDS AN ANNUAL EDUC	CATIONAL CONFERENCE OUTSIDE THE US
EACH Y	EAR, BUT DOES NOT MAKE ANY GRAN	ITS TO ANY INDIVIDUALS OR
ORGANI	ZATIONS OUTSIDE THE US.	
		
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		Schedule F (Form

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		nnlomanta	l infor	matia-	Donarding		OMB No 1545-004
SCHEDULE G (Form 990 or 990-EZ) Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or 11 the						3	2009
Department of the Treasury			wered "Yes" to	Form 990, Parl	IV, lines 17, 18, or 19, or	if the	Open To Public
nternal Revenue Service	▶₽	Attach to Form 990 or			parate Instructions		Inspection
Name of the organization INDEPENDENT PET	ROLEUM ASSOCIA	TION OF AME	RICA			Employer identificatu 73-029692	
Part I Fundrais	ing Activities. Com	olete if the organ	nization a		"Yes" to Form §		
Form 990	D-EZ filers are not re the organization raise				activities Check	all that apply	
a Mail solicitat	-	e iunus inicugii			non-government g		
	email solicitations	f			government grant		
c Phone solici	tations	g	Spec	cial fundra	ising events		
d In-person so							
	tion have a written or s listed in Form 990,						Yes N
• • •		· ·				_	
	en highest paid individ ted at least \$5,000 by		fundraiser	s) pursuar	it to agreements	under which the fur	idraiser is
(i) Name of	Individual	(ii) Activity	(iii) Did fun	draiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid t
or entity (fu	ndraiser)		custody o	r control of utions?	from activity	(or retained by) fundraiser listed in	(or retained by) organization
			+			col (i)	
			Yes	No			
			+				
· · · · ·							
			+				
	<u></u>			l			+
Total	<u></u> . <u></u>	<u></u>	<u></u>	>			
3 List all states in w					it funds or has	been notified it is	s exempt from
registration or licen							
			· -				

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٠T	· · · · · · · · · · · · · · · · · · ·	n 990-EZ, line 6a. Lis (a) Event #1	(b) Event #2	(c) Other Events		1
		GOLF TOURNAMENT		0	(add col (
		(event type)	(event type)	(total number)	CO!	(c))
	1 Gross receipts	152,310.				152,3
	2 Less Charitable					
	contributions	109,840.				109,84
	minus line 2)	42,470.				42,4
Τ						
	4 Cash prizes		· · · · · · · · · · · · · · · · · · ·			
	5 Noncash prizes					
	E Pont/facility costs					
	6 Rent/facility costs					
	7 Food and beverages		-			
	8 Entertainment					
						0.11
	9 Other direct expenses	9,152.				9,1
1	0 Direct expense summary Add lines	4 through 9 in column (d)			(9,152
1	1 Net income summary Combine line	3, column (d), and line 10) <u>.</u> .	<u> </u>		33,3:
ar	Gaming. Complete if the ore than \$15,000 on Form 990-		Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more)
	man \$15,000 on 1 onn 550					
,		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total g	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total g col (a) thro	
	1 Gross revenue			(c) Other gaming		
	1 Gross revenue			(c) Other gaming		
+	1 Gross revenue			(c) Other gaming		
				(c) Other gaming		
	2 Cash prizes 3 Noncash prizes			(c) Other gaming		
+	2 Cash prizes			(c) Other gaming		
	2 Cash prizes 3 Noncash prizes		bingo/progressive bingo			
	 2 Cash prizes	Yes%	bingo/progressive bingo	%		
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs		bingo/progressive bingo			
	 2 Cash prizes	Yes%	bingo/progressive bingo	Yes% Yo	col (a) thro	
	 2 Cash prizes	Yes% No	bingo/progressive bingo	Yes% No	col (a) thro	
	 2 Cash prizes	Yes% No	bingo/progressive bingo	Yes% No	col (a) thro	
	 2 Cash prizes	Yes% No 2 through 5 in column (d) one line 1, column d, and tion operates gaming act	bingo/progressive bingo Yes% No Inne 7	Yes% No	col (a) thro	
a	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 8 Net gaming income summary Comb Enter the state(s) in which the organization licensed to operate in 	Yes% No 2 through 5 in column (d) one line 1, column d, and tion operates gaming act	bingo/progressive bingo Yes% No Inne 7	Yes% No	col (a) thro	
a	 2 Cash prizes	Yes% No 2 through 5 in column (d) one line 1, column d, and tion operates gaming act	bingo/progressive bingo Yes% No Inne 7	Yes% No	col (a) thro	
ab	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 8 Net gaming income summary Comb Enter the state(s) in which the organization licensed to operate a lif "No," explain 	2 through 5 in column (d) one line 1, column d, and tion operates gaming act gaming activities in each	bingo/progressive bingo Yes% No Inne 7	Yes% No	col (a) thro ((9a	Yes N
a b b	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 8 Net gaming income summary Comb Enter the state(s) in which the organization licensed to operate and its the organization licensed to operate and its management of the organization's gaming 	2 through 5 in column (d) one line 1, column d, and tion operates gaming act gaming activities in each	bingo/progressive bingo Yes% No Inne 7	Yes% No	col (a) thro	Yes N
a b b	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 8 Net gaming income summary Comb Enter the state(s) in which the organization licensed to operate and is the organization licensed to operate and its the operate	2 through 5 in column (d) one line 1, column d, and tion operates gaming act gaming activities in each	brigo/progressive bingo Yes% Yes% No Inne 7	Yes% No	col (a) thro ((9a 10a	Yes N
a b b b	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 8 Net gaming income summary Comb Enter the state(s) in which the organization licensed to operate a lis the organization licensed to operate a lif "No," explain Were any of the organization's gaming if "Yes," explain 	2 through 5 in column (d) one line 1, column d, and tion operates gaming act gaming activities in each	bingo/progressive bingo Yes% Yes% No Inne 7	Yes% No	col (a) thro	Yes N
a b b	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 8 Net gaming income summary Comb Enter the state(s) in which the organization licensed to operate and is the organization licensed to operate and its the operate	2 through 5 in column (d) one line 1, column d, and tion operates gaming act gaming activities in each licenses revoked, suspe	bingo/progressive bingo Yes% Yes% No Inne 7 tivities of these states? inded or terminated durin ended or terminated durin	Yes% No	col (a) thro	Yes N

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Sched	ule G (Form 990 or 990-EZ) 2009 73-0296927		:	Page 3
14	Indicate the percentage of gaming activity operated in The organization's facility		Yes	No
b	Does the organization have a contract with a third party from whom the organization receives gas revenue?	<u>15a</u> the		
16	Gaming manager information Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor			
	Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming process retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organization or spent in the organization's own exempt activities during the tax year ► \$ Schedule	17a	r 990-E	Z) 2009

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(Forr	EDULE J m '990) nent of the Treasury Revenue Service	For certain Officers, Dire Co ► Complete if the org	Asation Information ectors, Trustees, Key Employees, and Highest mpensated Employees anization answered "Yes" to Form 990, Part IV, line 23. 990. ► See separate instructions.	_	омв № 20 Open te	09	olic
	of the organization	· · · · · · · · · · · · · · · · · · ·		Employer identific			
	•	" PETROLEUM ASSOCIATION OF A	MERICA	73-0296			
Part		ons Regarding Compensation					
ur t	L Quoono					Yes	No
1a	990, Part VII, First-cla		ovided any of the following to or for a pers p provide any relevant information regarding Housing allowance or residence for Payments for business use of perso	g these items personal use			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (e g , maid, chauff				
b 2	If any of the to reimburse	boxes on line 1a is checked, did the org ment or provision of all of the expenses	ganization follow a written policy regarding s described above? If "No," complete Part II eimbursing or allowing expenses incurred	payment to	. <u>1b</u>		
-	-		Director, regarding the items checked in lin		2		
					•		
3	organization's	h, if any, of the following the organizati s CEO/Executive Director Check all tha nsation committee ndent compensation consultant 90 of other organizations	on uses to establish the compensation of t at apply Written employment contract Compensation survey or study Approval by the board or compensation				
4	organization	or a related organization	Part VII, Section A, line 1a, with respect to				x
а			ayment?			x	<u> </u>
b	•	· · ·	ental nonqualified retirement plan?			<u>⊢ ^</u>	x
C	If "Yes" to ar	ny of lines 4a-c, list the persons and p	ased compensation arrangement?		. 4c		<u>^</u>
		501(c)(3) and 501(c)(4) organizations					
5	•		line 1a, did the organization pay or accrue a	any			
	•	n contingent on the revenues of					
а	The organiza	tion?			. <u>5a</u>		
b	Any related of If "Yes" to lin	brganization?	••••••		. <u>5b</u>		<u> </u>
6	compensatio	n contingent on the net earnings of	line 1a, did the organization pay or accrue a				
а							
b		brganization?			. <u>6b</u>		-
7			line 1a, did the organization provide any no	on-fixed		1	
			escribe in Part III		. 7		
8	Were any an	nounts reported in Form 990, Part VII,	paid or accrued pursuant to a contract that Regs section 53 4958-4(a)(3)? If "Yes," do	was			
					. 8		
9	If "Yes" to lin	e 8, did the organization also follow the	e rebuttable presumption procedure descri	bed in			
For P		Paperwork Reduction Act Notice, see the			edule J (F	orm 99	0) 2009

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73-0296927

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	394,246.			12,000.	34,971.	441,217.	
BARRETT B. RUSSELL	(ii)							
	(i)				7,000.	19,002.	208,141.	
ANIEL T. NAATZ	(ii)							
	(i)	212,297.			10,000.	31,657.	253,954.	
EE O. FULLER	(ii)					15.010	1.5.5.0.5.0	
	(i)				6,000.	17,812.	177,070.	
. JEFFREY ESHELMAN II	(ii)				7 000	0.5 0.00		
	(1)				7,000.	25,928.	165,857.	
INA L. HAMLIN	(ii)				· ·			
	(1)							
	(ii)						i	
	()							
	<u>(ii)</u>				· - · ·			
	(i) (ii)							
	(i)						-	· · · · ·
	(ii)	F	• +		+·			
	(i)							
	(ii)	F						
	(1)			<u> </u>				
	(11)	F						
	(1)							
	(ii)							
	(i)							
	(ii)							
	(i)	L						
	(ii)							
	(i)		 		.			
	(ii)							
	(i)		 		ł-			
	(ii)							

Schedule J (Form 990) 2009

Page 2

	-0296927	Page 3
Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions require for any additional information	ired for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8	Also complete this part
SUPPLEMENTAL POST-RETIREMENT BENEFITS		
SCHEDULE J, PART I, LINE 4B		
THE ORGANIZATION HAS AN AGREEMENT WITH ITS CURRENT PRESID	ENT TO PAY THE	
HEALTH INSURANCE PREMIUMS FOR THE PRESIDENT AND HIS SPOUS	E DURING	
RETIREMENT AND THROUGHOUT THE LIFE OF EACH OF THEM. UNDE	R THE AGREEMENT,	
THE ORGANIZATION WILL PROVIDE THEM WITH THE SAME HEALTH C	OVERAGE PROVIDED	
TO THE ORGANIZATION'S EMPLOYEES AT THAT TIME. THE MAXIMU	M BENEFIT TO BE	
PAID UNDER THIS AGREEMENT CANNOT EXCEED \$15,000 ANNUALLY.	NO	
CONTRIBUTIONS HAVE BEEN MADE TO DATE TO FUND THIS AGREEME	NT.	
		Schedule J (Form 990) 2009
ISA		

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SCHE	DULE	J-2
(Form	990)	

Continuation Sheet for Form 990

<u>омв № 1545-0047</u> 20**09**

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

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

Employer identification number 73-0296927

INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA 73-0296927 Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours	(C) rs Position (check all that apply)					ply)	(D) Reportable	(E) Reportable	(F) Estimated
	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-MSC)	amount of other compensation from the organization and related organizations
H.G. KLEEMEIER	1 00	v							0	
IMM. PAST CHAIR	1.00	X						0.	0.	0
W. JONATHAN AIREY	1.00							0.	0.	0
DIRECTOR CHARLES D. DAVIDSON	1.00	X			<u> </u>			· · ·	υ.	
DIRECTOR	1.00	x						0.	0.	0
ALLAN D. FRIZZELL	1.00	^						·	· · ·	
DIRECTOR	1.00	x						0.	0.	0
NINA HUTTON								~ · ·		
DIRECTOR	1.00	x					·	ο.	0.	o
TERRENCE S. JACOBS										
DIRECTOR	1.00	х				1		0.	0.	O
VIRGINIA B. LAZENBY										
VICE CHAIR	1.00	x						0.	0.	0
KELLY E. MILLER									<u> </u>	••••
DIRECTOR	1.00	Х						0.	0.	0
TIM MURRAY						l				
DIRECTOR	1.00	x						0.	0.	0
ROBERT L. NANCE										
DIRECTOR	1.00	X				ļ		0.	0.	C
DIEMER TRUE						1				
TREASURER	1.00	X						0.	0.	0
BRUCE H. VINCENT										
CHAIRMAN	1.00	X						0.	0.	0
MICHAEL C. LINN		T			I	Ţ				
DIRECTOR	1.00	X						0.	0.	C
JOHN PILKINGTON										
DIRECTOR	1.00	X						0.	0.	C
J.C. "CHRIS" HALL										
DIRECTOR	1.00	<u>X</u>						0.	0.	C
J. ROY DEE	1 00	.,								
DIRECTOR	1.00	X					<u> </u>	0.	0.	(
MURPHY MARKHAM DIRECTOR	1.00	x						0.	0.	C
RAUL BRITO	1.00	<u>^</u>			-				0.	
DIRECTOR	1.00	x						0.	0.	(
KEN WHITEHURST			-		+					
DIRECTOR	1.00	x						0.	0.	(
J. D. HUGHES					\vdash	+	+	,		
DIRECTOR	1.00	x						0.	0.	0
FRANK BARBER		<u> </u>					<u> </u>			
DIRECTOR	1.00	x						0.	0.	0
For Privacy Act and Paperwork Reduction			I	(1			(Form 990) 2009

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

Schedule J-2 (Form 990) 2009

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SCHEDULE	J-2
(Form 990)	

Continuation Sheet for Form 990

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

омв №. 1545-0047 2009

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

See the Instructions for Form 990.

Name of the Organization

Employer identification number 73-0296927

INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA 73-0296927 Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and tite	(B) Average hours	(C) Position (check all that apply)					ply)	(D) Reportable	(E) Reportable	(F) Estimated
	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-MSC)	amount of other compensation from the organization and related organizations
WILLIAM MYLER, JR. DIRECTOR	1.00	x						0.	0.	0
TOM RILEY										
DIRECTOR	1.00	x						0.	0.	0
STEVEN MUELLER					<u> </u>	-				
DIRECTOR	1.00	X						0.	0.	0
LEE BOOTHBY										
DIRECTOR	1.00	X						0.	0.	0
JIM BOWZER										
DIRECTOR	1.00	X		 				0.	0.	0
SCOTT SHEFFIELD										
DIRECTOR	1.00	X			<u> </u>	1		0.	0.	0
DONALD HRAP	1 00								0	0
DIRECTOR	1.00	X		<u> </u>				0.	0.	0
CHUCK MELOY DIRECTOR	1.00	x			1			0.	0.	0
TERI WILLIAMS	1.00	~			_		-			
DIRECTOR	1.00	x						о.	0.	0
RICHARD SMITH	1.00							<u>.</u>		
DIRECTOR	1.00	x						ο.	0.	0
BOB FRYKLUND	1.00									
DIRECTOR	1.00	X						0.	0.	0
TARA LEWIS					l ·					
DIRECTOR	1.00	X						0.	0.	0
BARRETT B. RUSSELL					1	1			-	
PRESIDENT	40.00			X	X	X		394,246.		46,971
DANIEL T. NAATZ		ľ			[
VP-FED. RESOURCES/POL. AFFAIR	\$ 40.00					Х		182,139.		26,002
LEE O. FULLER					ĺ					
VP-GOVERNMENT RELATIONS	40.00					X	<u> </u>	212,297.		41,657
C. JEFFREY ESHELMAN II								150.050		
VP-PUBLIC AFFAIRS/COMM.	40.00				 	X		153,258.		23,812
TINA L. HAMLIN	40.00							122 020		22 020
VP-MEETINGS	40.00			-	_	X	-	132,929.		32,928
FREDERICK J. LAWRENCE VP-ECONOMICS/INTL AFFAIRS	40.00					x		126,376.		21,895
THERESE E. MCCAFFERTY VP-ADMINISTRATION	40.00					x		97,748.		21,619
SUSAN W. GINSBERG		<u> </u>		1	Ť	1	1			
VP-OIL&GAS REGULATORY AFFAIRS	40.00					X		110,574.		9,066
JOEL NOYES										
DIR. GOVT RELATIONS & INT AFF	40.00	1	1	1	1	X	1	95,194.		14,025

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

Schedule J-2 (Form 990) 2009

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

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



INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA

_____ 73-0296927 ATTACHMENT 1

PROCESS FOR REVIEWING FORM 990

PART VI, SECTION A, LINE 11A

THE ORGANIZATION EMPLOYS AN OUTSIDE CPA FIRM TO PREPARE THEIR FORM 990. UPON COMPLETION, A DRAFT IS EMAILED TO THE ORGANIZATION'S PRESIDENT AND DIRECTOR OF FINANCE, WHO THEN FORWARD THE DRAFT TO THE ORGANIZATION'S FINANCE COMMITTEE. AFTER THE DRAFT IS REVIEWED BY ALL PARTIES, ANY NECESSARY CHANGES ARE MADE BY THE CPA FIRM. THE FINAL FORM IS SENT TO THE PRESIDENT, WHO THEN SIGNS AND FILES THE FORM WITH THE IRS.

PROCESS FOR MONITORING CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE ORGANIZATION'S PRESIDENT MONTIORS AND ENFORCES THE CONFLICT OF INTEREST POLICY. THE PRESIDENT DISALLOWS ANY RELATIONSHIPS WHICH VIOLATE THE POLICY.

PROCESS FOR SALARY APPROVAL

PART VI, SECTION B, LINE 15B

ALL SALARIES ARE REVIEWED AND APPROVED BY THE BOARD CHAIR. AS PART OF THE REVIEW PROCESS, THE BOARD CHAIR USES INDEPENDENT COMPENSATION SURVEYS. THE FINANCE COMMITTEE THEN APPROVES SALARY EXPENSE AS A LINE ITEM DURING THE BUDGET PROCESS.

POLICY FOR PUBLIC DISCLOSURE

PART VI, SECTION C, LINE 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 9E1227 2 000 33833U A10D 11/11/2010 4:43:32 PM V 09-8.5 KDB13642

Name of the organization	Employer identification number
INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA	73-0296927
1	ATTACHMENT 1 (CONT'D)

INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

IPAA JOINED FORCES WITH THE BUSINESS INDUSTRY POLITICAL ACTION COMMITTEE (BIPAC) TO HELP OUR MEMBER COMPANIES AND STATE COOPERATING ASSOCIATIONS ACHIEVE THEIR ELECTION AND PUBLIC POLICY GOALS BY LINKING THE IPAA POLITICAL WEBSITE TO THE OKLAHOMA INDEPENDENT PETROLEUM ASSOCIATION, OHIO OIL AND GAS ASSOCIATION, THE MICHIGAN OIL AND GAS ASSOCIATION AND THE INDEPENDENT OIL AND GAS ASSOCIATION OF WEST VIRGINIA, WITH MORE ASSOCIATIONS TO FOLLOW. IPAA HAS BEEN WORKING CLOSELY WITH FORMER CONGRESSMEN TO ACQUIRE MORE INTELLIGENCE ON DEMOCRATIC ENERGY AND TAX STRATEGIES; EXPAND THE PRESENTATION OF IPAA'S MESSAGES INTO A MORE EXTENSIVE NUMBER OF DEMOCRATIC MEMBERS; AND CONNECT MORE AGGRESSIVELY WITH THE DEMOCRATIC LEADERSHIP. ΤN ADDITION, WE WILL PROVIDE A YOUNG PROFESSIONAL GUEST SPEAKER CAREER SERIES, JUNIOR ACHIEVEMENT LEADERSHIP TRAINING, ACADEMIC COMPETITIONS AND FIELD TRIPS. IPAA NOW HOSTS A ROBUST, YEAR-ROUND SCHEDULE OF MORE THAN 20 PROGRAMS THAT OFFER THE INDUSTRY UNPARALLELED OPPORTUNITIES FOR BOTH NETWORKING AND INFORMATION. IPAA EVENTS ATTRACT 25,000 PARTICIPANTS THROUGHOUT THE YEAR, WHICH COULD NOT BE POSSIBLE WITHOUT THE CONTINUED SUPPORT AND DEDICATION OF OUR MEMBERS.

FORM 990, PART VIII - INVESTMENT INCOME

JSA 9E1228 2 000 ATTACHMENT 3

Schedule O (Form 990) 2009

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KDB13642

Schedule O (Form 990) 2009				Page 2
Name of the organization INDEPENDENT PETROLEUM ASSOCIATION (OF AMERICA		Employer Identification 73-0296927	number
FORM 990, PART VIII - INVESTMENT IN	NCOME		ATTACHMENT 3 (CONT'D)
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST & DIVIDEND INCOME	167,401			167,401.
TOTALS	167,401		-	167,401

	ATTACHMENT 4
FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS	
DESCRIPTION	AMOUNT
GOLF TOURNAMENT	109,840.
TOTAL	109,840.

<u>FORM 990, PART VIII - FUN</u>	DRAISING EVENTS	ATTACHMENT	5
DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	42,470.	9,152.	33,318.
TOTALS	42,470.	9,152.	33,318.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

PREPAID INSURANCE

KDB13642

ATTACHMENT 6

ENDING BOOK VALUE

38,971.

JSA

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA	73-0296927
`` <u></u>	ATTACHMENT 6 (CONT'D)
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	······
	ENDING
	_
DESCRIPTION	BOOK VALUE
OTHER PREPAID	64,782.
	۰, ۲
PREPAID POSTAGE	3,394.
TOTALS	107,147.
	ATTACHMENT 7
FORM 990, PART X - DEFERRED REVENUE	
	ENDING
DESCRIPTION	BOOK VALUE
DEFERRED REVENUE	359,221.
TOTALS	359,221.

-

Schedule O (Form 990) 2009

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.

► Attach to Form 990. ► See separate instructions.

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE R

(Form 990)

INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA



OMB No 1545-0047

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CA

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	_				
	-				
	_				

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	
IPAA EDUCATIONAL FOUNDATION	52-1849282					
1201 15TH STREET, NW	WASHINGTON, DC 20005	EDUCATION	DC	501(C)(3)	11A	N/A
IPAA WILDCATTERS FUND						
1201 15TH STREET, NW	WASHINGTON, DC 20005	POLITICAL	DC	527(F)(3)		N/A
					····	
			l			

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

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

73-0296927

Page **2**

Part III Identification of R because it had one	elated Organizat	i ons Tax organiza	able as a Partne tions treated as	ership (Complete if a partnership during	the organization an the tax year.)	swered "Yes" on Fo	orm 9	990,	Part IV, line 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets		h) portionate attorm?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	j) eral or aging ther?
		country)		sections 512-514)			Yes	No		Yes	No
										<u> </u>	<u> </u>

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
PETROLEUM INDEPENDENT PUBLISHERS, INC.							
1201 15TH STREET, NW WASHINGTON, DC 20005	INACTIVE	DC	N/A	C CORP	0.	0	100 0000

Schedule R (Form 990) 2009

JSA

Sched	ule R (Form 990) 2009 73-0296927		· •	Page 3
Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			•
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	[Yes	No
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.	1a 1b		
b c	Gift, grant, or capital contribution to other organization(s)	1c		
d e	Loans or loan guarantees to or for other organization(s)	1d 1e		<u> </u>
f	Sale of assets to other organization(s)	1f 1g		'
g h	Purchase of assets from other organization(s)	1 <u>9</u>		
i	Lease of facilities, equipment, or other assets to other organization(s)	11		
j k	Lease of facilities, equipment, or other assets from other organization(s)	1j 1k 11		
l m	Performance of services or membership or fundraising solicitations by other organization(s)	1 m		
n o p	Reimbursement paid to other organization for expenses	10 1p		
q r	Other transfer of cash or property to other organization(s)	1q 1r		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thre	shold	s	
	(a) (b) Name of other organization Transaction Amour type (a-r) type (a-r)	(c) tinvoh	ved	<u> </u>
<u>(1)</u>	IPAA EDUCATIONAL FOUNDATION M, N			
<u>(2)</u>				
(3)				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>	Schedule	R (Fon	m 990) 2009

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	Disproj alloc	(f) portionate ations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			<u> </u>							
									-	

Schedule R (Form 990) 2009

INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA

73-0296927

ATTACHMENT 8

2009

Description of Property

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DEPRECIATION	Date placed in	Unadjusted Cost	Bus.	179 exp reduction	Basis	Basis for	Beginning Accumulated	Ending Accumulated depreciation	Me-			ACRS	M A CRS	Current-year 179	Current-year
Asset description	service	or basis	%	in basis	Reduction	depreciation	depreciation	depreciation	thod	Conv	Life	class	class	expense	depreciation
FURN. & FIXTURES	VAR	333,922.	100.000			333,922	131,764	175,366	SL		7 000				43,60
LHI	VAR	49,033.	100.000			49,033	20,745	30,308.	SL		5 000				9,56
COMPUTERS	VAR	586,302	100.000			586,302	437,053	522,986	SL		5.000				85,933
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											I	I			
Less Retired Assets			-						ı					rr	
Subtotals	<u></u>	969,257				969,257	589,562.	728,660]	139,098
Listed Property			T					I		<u> </u>	r –		1		
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Less Retired Assets	<u>.</u>								•					·····	
Subtotals	<u></u>														
TOTALS		969,257.				969,257.	589,562	728,660							139,098
AMORTIZATION			_												
	Date placed in	Cost or					Accumulated	Ending Accumulated amortization							Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization
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TOTALS			1											1	
*Assets Retired		1	1				1	••••••••	• • •					í.	

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Asset description	placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Accumulated depreciation	Me-	Conv	Life	ACRS class	CRS	Current-year 179 expense	Current-year depreciation
FURN & FIXTURES	VAR		100 000		1.coddottott	333,922	131,764	175,366.			7.000	0.000	0.000		43,602
LHI	VAR		100 000			49,033	20,745	30,308.			5 000				9,563
COMPUTERS	VAR		100.000			586,302	437,053.	522,986.			5.000				85,933
COMPUTERS		300,302	100.000			500,502	137,033.	52275001							
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Less Retired Assets							1							• • • •	
		969,257	1			969,257	589,562	728,660.	1						139,098
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Less Retired Assets			-						1					T	
Subtotals			4						-						
TOTALS	<u></u>	969,257.				969,257	589,562	728,660.						I	139,098
AMORTIZATION		0	T				1		1						
	Date placed in	Cost or					Accumulated amortization	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life				Ļ	amortization
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Form 8	3868 (Rev	4-2009)				Page 2
e If y	you ar	e filing for an Additional (Not Automatic) 3-Month Extension, complete on	y Part II	and check this box	·	▶ X
Note	. Only	complete Part II if you have already been granted an automatic 3-month ex	dension	on a previously filed	d For	m 8868 -
		e filing for an Automatic 3-Month Extension, complete only Part I (on page				
Par	tll /	Additional (Not Automatic) 3-Month Extension of Time. Only	file the	original (no co	pies	needed).
Туре		Name of Exempt Organization		Employer identif		on number
print		INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA		鬱 73-029693	27	
• File by		Number, street, and room or suite no If a P O. box, see instructions.		For IRS use only		
extend		1201 15TH STREET, NW				
filing t	the	City, town or post office, state, and ZIP code For a foreign address, see instructions.				
return		WASHINGTON, DC 20005			福澤	
Chec	ck type	o of return to be filed (File a separate application for each return):			_	
X	Forn	n 990 Form 990-PF		Form 1041-A		Form 6069
	Forn	1 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 4720	- [Form 8870
	Form	990-EZ Form 990-T (trust other than above)		Form 5227		
		not complete Part II if you were not already granted an automatic 3-mo	nth ext	ension on a previo	ousty	filed Form 8868.
• Th	ie boo	s are in the care of DANIEL WATFORD			-	
Te	lepho	ne No ▶ 202 857-4722 FAX No ▶				
• If (the org	anization does not have an office or place of business in the United States,	check th	is box		
• If t	this is	for a Group Return, enter the organization's four digit Group Exemption Numb	ber (GEN	N) If :	this i	s
for t	he who	le group, check this box ► If it is for part of the group, check this	s box .	and attac	ch a	
list w	with the	names and EINs of all members the extension is for.				
4	l requ	est an additional 3-month extension of time until 11/15/2010				
5	For c	alendar year 2009, or other tax year beginning	and e	inding		
6	If this		Final re	turn Chang	e in	accounting period
7	State	In detail why you need the extension ADDITIONAL TIME IS NEED	ED IN	ORDER TO GAT	THE	R
	THE	INFORMATION NECESSARY TO PREPARE A COMPLETE AND A	CCURA	TE RETURN.		
8a	If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentat	ive tax, less any		
	nonre	fundable credits See instructions			8a	
b	If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	le credit	s and estimated	1	
	tax p	ayments made include any prior year overpayment allowed as a credit	and a	ny amount paid	- 1	
	previo	ously with Form 8868			8 b	\$
С	Balar	ce Due. Subtract line 8b from line 8a Include your payment with this form	i, or, if r	equired, deposit		
	with I	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	System).	See instructions.	8c	\$
		Signature and Verificatio				
		es of perjury, I declare that I have examined this form, including accompanying schedules a	nd statem	ents, and to the best o	ofmy	knowledge and belief,
it is tr	ue, corre	ct, and complete, and that I am authorized to prepare this form				

Title > OPA

Signature 🕨

JSA

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r'CBIZ MHM, LLC 3 BETHESDA METRO CENTER, SUITE 600

BETHESDA, MD 20814

Date 🕨 Form 8868 (Rev 4-2009)

te reporting requirements D Employer identifica 73-0296927 E Telephone number (202) 857-47 G Gross receipts \$ H(a) Is this a group return affiliates?	
9 D Employer identifica 73-0296927 E Telephone number (202) 857-47 G Gross receipts \$ H(a) Is this a group return	, 20 tion number 7
T3-0296927 E Telephone number (202) 857-47 G Gross receipts \$ H(a) Is this a group return	
E Telephone number (202) 857-47 G Gross receipts \$ H(a) Is this a group return	
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(202) 857-47 G Gross receipts \$ H(a) Is this a group return	22
G Gross receipts \$ H(a) is this a group return	22
H(a) Is this a group return	
H(a) Is this a group return	8,885,65
affiliates?	
H(b) Are all affiliates inclu	ded? Yes
If "No," attach a list	(see instructions)
formation 1929 M State o	f legal domicile C
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Prior Year	Current Year
3,534,578.	4,481,33
4,319,892.	4,166,55
	215,16
	-148,44
	8,714,60
1	3,612,73
4,290,023.	4,865,82
7,665,910.	8,478,56
397,618.	236,04
Beginning of Current Year	End of Year
	8,060,91
	1,530,89
5,905,849.	6,530,01
	Prior Year 3,534,578. 4,319,892. 167,401. 41,657. 8,063,528. 0. 0. 3,375,887. 0. 4,290,023. 7,665,910. 397,618.

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Tt III Statement of Program Service Accomplishments	73-0296927	
 Uneck if Schedule O contains a response to any quest 	ion in this Part III	[
Briefly describe the organization's mission		L
ATTACHMENT 1		
	1	
······		
Did the organization undertake any significant program servithe prior Form 990 or 990-EZ?		Yes 2
If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant ch services?		Yes 💈
If "Yes," describe these changes on Schedule O		Yes 2
Describe the exempt purpose achievements for each of the org Section $501(c)(3)$ and $501(c)(4)$ organizations and section 494 allocations to others, the total expenses, and revenue, if any, fo	7(a)(1) trusts are required to report the amount of	
(Code) (Expenses \$ including gra	ants of \$) (Revenue \$	······
GOVERNMENT RELATIONS - ACTIVELY WORKED TO		
VARIOUS LEGISLATION PERTAINING TO THE OIL		
THROUGH LOBBYING.	AND GAD INDUSINI,	
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(Code) (Expenses \$ including gr	ants of \$) (Revenue \$	
(Code) (Expenses \$including gr MEETINGS - PLANNED AND CONDUCTED COMMITTE)
REGIONAL SEMINARS, ISSUES FORUMS, AND NAT		
	INDUSTRY ISSUES	
WHICH DISSEMINATED INFORMATION REGARDING	INDODINI IDDOLD:	
	nts of \$) (Revenue \$)
(Code) (Expenses \$ including gra COMMUNICATIONS - DISSEMINATED INFORMATION	nts of \$) (Revenue \$ PERTAINING TO)
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(Code) (Expenses \$including gra COMMUNICATIONS - DISSEMINATED INFORMATION IPAA AS A WHOLE AND TO ITS INDIVIDUAL PRC PRESS RELEASES TO THE PUBLIC AND TO VARIC 	nts of \$) (Revenue \$ PERTAINING TO OGRAMS. CONDUCTED DUS NEWSLETTERS)

Form 9	90 (2010) 73-0296927		F	age 3
Part				
			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		ŀ	
_	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? If "Yes," complete Schedule C,	5	x	
•		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? If "Yes,"	6		х
-	complete Schedule D, Part I	U		<u> </u>
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	,		
8	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
10	quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
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	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	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			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			x
	complete Schedule D, Parts XI, XII, and XIII	12a		
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.26	x	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13		x
13	Is the organization a school described in section 170(b)(1)(A)(II)? <i>If "Yes," complete Schedule E</i>	14a		x
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		
a	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · ·	146		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.2		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and N	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u>-</u>		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and V	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
••	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form **990** (2010)

JSA

Form	990 (2010) 73-0296927			Page 4
Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	ſ		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		X
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?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part N	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
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		1	
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		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			x
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			x
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Form 990 (2010)

Entry Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response to any question in the Part V. Yes 4 Enter the number of Forms W-20 included in line 1s. Enter-0- finot applicable, or approximation computing with backing withbolding rules for reportable payments to vendors and reportable gaming (gambling) with backing withbolding rules for reportable payments to vendors and reportable gaming (gambling) with backing witholding rules for reportable payments to vendors and reportable gaming (gambling) with backing witholding rules for reportable payments to vendors and reportable gaming (gambling) with gate of the organization file all required feddral employment tax returne? 12 28 Enter the number of an loc 2s, dd the organization file all required feddral employment tax returne? 32 39 Dd the organization have unelated bunness grass moune of \$1,000 or more during the yaer? 32 30 Dd the organization have unelated bunness grass moune of \$1,000 or more during the yaer? 32 30 Dd the organization file of rom TO F00-22 1, Report of Foregn Bark and Financial Accounts 5a 31 Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transection? 5a 32 Dd any taxable party notify the organization there shelts? 5a 5a 34 Dd the organization neutral with every solicitation an express statement that such contributions or gifts were not tax deductable? 5a 5a<	orm 9	90 (20,10) 73-0296927		1	age
Check if Schedule O contains a response to any question in this Part V Yee Ta Enter the number options W-20 mcluded in the 1 Enter-0-find applicable 10 10 10 C Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable graming (grameling) winnings to preve winners? Ta Enter the number of employees reported on Form W-3. Transmital of Wage and Tax Statements, field of the classing with or within the year covered by this return Za Liner the number of employees reported on Form W-3. Transmital of Wage and Tax Statements, field of the classing with or within the year covered by this return Za Liner the number of employees reported on Form W-3. Transmital of Wage and Tax Statements, field of the classing and 2 is greater for W-3. Transmital of Wage and Tax Statements at field a Form 309-10 first year (1 %%) crowed are explanation of which (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? Sa Was the organization have unrelated business gross income of \$1,000 or more during the year? Sa Was the organization a party to a probleted tax sheller transaction at any time during the claendar year (d) the organization have a understation shear unterest in, or a signature or other financial account? Sa Was the organization a party to a probleted tax sheller transaction of \$5 Sa Was the organization a party to a probleted tax sheller transaction of \$5 Sa Does the organization and y to the rowly solutions and express statement that such contributions or ging were not tax deductible? Tex: to line \$6 a 55, dd the organization the were solutions under section 170(c). D organization sheat were and were were solution and express statement that such contributions or ging were not tax deductible? Tex: to line \$6 a 55, dd the organization the were solution and express statement that such contribution and partly for goods and seveces	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
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Form 9	990 (2010) 73-0296927			Page
	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or	b bel or cha	ow,	an
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			Γ
Sect	ion A. Governing Body and Management			
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 62			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 62			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8				-
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
~	the year by the following	8~	х	
d L	The governing body?	8a 8b	X	\vdash
u o	Each committee with authority to act on behalf of the governing body?	00		⊢
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		2
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		1	Ľ
CCU	on b. Toncies (This Section b requests information about policies not required by the internal Revenue		/ Yes	ſ
0 -		4.0-	162	-
	Does the organization have local chapters, branches, or affiliates?	<u>10a</u>		_
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		
1a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a		2
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	L
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u>X</u>	
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	X	
3	Does the organization have a written whistleblower policy?	13	X	
4	Does the organization have a written document retention and destruction policy?	14	Х	
5	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	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
6a	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		Σ
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		
ect	ion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			_
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):			
Ū	available for public inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request	5 Only /		
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter policy, and financial statements available to the public	est		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► BARRY RUSSELL 1201 15TH STREET, NW WASHINGTON, DC 20005	e		
54	202-857-4722		<u></u>	
SA 2 1 00		Form	990	
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Form 990 (20	10) 73-0296927
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) Name and Title	(B) Average	Posi	tion (-	C) kall	that app	nlv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee	Officer	Key employee	Highest compensated	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
	1.00	x						0.	0	0
(2) ROBERT L. BAYLESS, JR. DIRECTOR	1.00	x						0.	0.	0
(3)ELI D. BEBOUT DIRECTOR	- 1.00	x						0.	0.	0
(4) F.W. PETE BROWN DIRECTOR	1.00	x						0.	0.	0
	1.00	x						0.	0.	0
(6) WILLIAM S. DAUGHERTY DIRECTOR	1.00	x						0.	0.	0
(7) PHIL_DELOZIER DIRECTOR	1.00	x						0.	0.	0
(8)MIKE_ELYEA DIRECTOR	1.00	x						0.	0.	0
(9) ROD ESON DIRECTOR	1.00	x						0.	0.	0
_(10)LEVERT_GILLMAN DIRECTOR	1.00	x						0.	0.	0
	1.00	x						0.	0.	. 0
_(12)PHIL_STUART_KENDRICK, JR. DIRECTOR	1.00	x						0.	0.	0
_(13)ROBERT E. LANDRETH DIRECTOR	1.00	x						0.	0.	0
(14)JAMES J. MAZZU DIRECTOR	- 1.00	x						0.	0.	0
(15)CATHERINE N. MEDLOCK DIRECTOR	1.00	x						0.	0.	0
(16)MARK MILLER DIRECTOR	1.00	x						0.	0	0
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Foim 990 (2010)								-73-0296927				F	Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (co	ontinue	d)	
· (A)	(B)			(C)			(D)	(E)			(F)	
- Name and title	Average hours per week (describe hours for related organizations in Schedule O)	P or director	institutional trustee	chec Officer	a Key employee	a Highest compensated	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportat compensa from relat organizati (W-2/1099-1	tion ed ons	am comj fro orga and	timated ount of other oensatio om the anizatio I related nizatior	f on n d
(17)MELVIN L. OWEN DIRECTOR	1.00	x						0.		0.			0.
(18) DOUGLAS REYNOLDS, JR.													
DIRECTOR	1.00	X						0.		0.			0.
(19) JOHN S. RICHARDSON	1 1 00												0
DIRECTOR (20) DANIEL A. RIOUX	1.00	X			<u> </u>			0.		0.			0.
DIRECTOR	1.00	x						o.		ο.			0.
(21) JAMES R. SMAIL													
DIRECTOR	1.00	X						0.		Ο.			0.
(22) JAMES H. WILKES													
DIRECTOR	1.00	X						0.		0.			0.
(23) BETTY READ YOUNG DIRECTOR	1.00	x						0.		ο.			0.
(24) DAVID L. BOLE	1.00				\vdash								
DIRECTOR	1.00	x						0.		ο.			0.
(25) NICHOLAS DELULIIS . DIRECTOR	1.00	x						0.		0.			0.
(26) JOHN RICHELS	1.00							0.					
DIRECTOR	1.00	x						о.		0			Ο.
(27) BRENT SMOLIK													
DIRECTOR	1.00	X						0.		0.			0.
(28) MICHAEL D. WATFORD DIRECTOR	1.00	x						0.		ο.			0.
1b Sub-total	1.00	_ <u>^</u>			I	I		0.		0.			
c Total from continuation sheets to Part VII, S	ection A A	 	 СНМ	 IEN	 Т	 2	5	1,526,114		0	1	62,6	
d Total (add lines 1b and 1c)								1,526,114		0	1	62,6	08.
2 Total number of individuals (including but not reportable compensation from the organizatio			liste 6	d al	bov	e) wh	o re	ceived more than	\$100,000 in				
												Yes	No
3 Did the organization list any former offic													x
employee on line 1a? If "Yes," complete Sched											3		
4 For any individual listed on line 1a, is the the organization and related organizations													
	-										4	х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		х
Section B. Independent Contractors	00, 00, 00						<u> </u>		<u></u>	<u></u>			
1 Complete this table for your five highest compensation from the organization	compensat	ted ir	ndep	enc	dent	t con	trac	tors that receive	d more tha	n \$10	0,000	of	
(A)								(B)		_	(C)		
Name and business add				20	0 5	4		Description of se	rvices	С	ompens		
POST CPA, LLC 10300 SORREL AVENUE	S POTOMA	AC,	MD	20	85	4	+				12	5,44	. / .
		•							_				
		-	4 1			. 4L							
2 Total number of independent contractors (i more than \$100,000 in compensation from th				ı ite	u te	o thos	se l	isted above) who	received				t
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Form 990 (20

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Par	rt VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Its ts	1a	Federated campaigns					
Contributions, gifts, grants and other similar amounts	b	Membership dues	3,830,042.				
ts, g am	с	Fundraising events	265,715				
, gıf ilar	d	Related organizations 1d					
SID	e	Government grants (contributions) 1e					
buti	f	All other contributions, gifts, grants,	385,573.				
ntri d ot		and similar amounts not included above . 1f	365, 575.				
an an	9 h	Noncash contributions included in lines 1a-1f \$		4,481,330			
lue			Business Code		_		
Program Service Revenue	2a	ANNUAL & MID YEAR MEETINGS	611430	1,995,210.	1,995,210.		
e Re	b	CONFERENCES & SEMINARS	611430	2,127,772.	2,127,772.		
vice	c	SUBSCRIPTIONS & OTHER PUBLICATIONS REVEN	511120	43,575.	43,575		
Ser	d						
ram	e						
rogi	f	All other program service revenue				· · · · · ·	
<u> </u>	<u> </u>	Total. Add lines 2a-2f		4,166,557			
	3	Investment income (including dividends, inter- other similar amounts). ATTACHMENT	est, and .3 ►	215,162.			215,162.
				0.			215,102.
	4	Income from investment of tax-exempt bond p Royalties · · · · · · · · · · · · · · · · · · ·		761.		,	761.
	5	(i) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of	(II) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses					
	C d		L	0.			
a	d	Net gain or (loss)					
nu	88	Gross income from fundraising events (not including \$265,715.	ATCH 4				
vel		of contributions reported on line 1c)					
Å		See Part IV, line 18	21,600				
Other Revenu	ь	Less direct expenses b	171,049				
đ	c	Net income or (loss) from fundraising events .	ATCH. 5. ►	-149,449			
-		Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b				_	
	C	Net income or (loss) from gaming activities	<u>,</u> ▶	0.			
	10a	Gross sales of inventory, less returns and allowancesa					
		Less cost of goods sold b	L				
	<u> </u>	Net income or (loss) from sales of inventory Miscellaneous Revenue	► Business Code	0.			
		MISCELLANEOUS REVENUE	900099	245.	245.		
	11a		300033	243.			
	b						
	c d						
	e	Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · · ·		245.			
	12	Total revenue. See instructions		8,714,606	4,166,802.		215,923

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	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	- <u></u>		expenses	general expenses	expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.			·····
	Grants and other assistance to individuals in				
t	he US See Part IV, line 22	0.			
6	Grants and other assistance to governments,				
	organizations, and individuals outside the			i l	
L	S See Part IV, lines 15 and 16	0.			
\$ E	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
	rustees, and key employees	1,688,722.			
	Compensation not included above, to disgualified	···· ··· · · · · · · · · · · · · · · ·			
	ersons (as defined under section 4958(f)(1)) and				
	Persons described in section 4958(c)(3)(B)	0.			
	Other salaries and wages	1,358,773.			
	1-	1,000,000		<u> </u>	<u> </u>
	Pension plan contributions (include section 401(k)	88,799.			
_	nd section 403(b) employer contributions).	281,748.		<u> </u>	
	Other employee benefits \ldots			<u>├</u>	
) F	Payroll taxes	194,692.		┟┞	
1 F	ees for services (non-employees)				
a١	/anagement	0.		ļ	
bL	.egal	204,017.	···		
	Accounting	139,129.			
	obbying	0.			
	Professional fundraising services See Part IV, line 17	0.			
	nvestment management fees	0.			
	Dther	1,265,753.	· · · · · · · · · · · · · · · · · · ·		
	Advertising and promotion	52,121.	<u>.</u>		
		52,403.			
		287,351.			
	nformation technology	0.			
	Royalties	455,565.			
	Occupancy	361,215.			
	[ravel				
	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials	0.	•····		
9 (Conferences, conventions, and meetings	1,186,603.			
0 I	nterest	7,101.			
1 F	Payments to affiliates	0.			. <u>.</u>
2 [Depreciation, depletion, and amortization	107,385.			
3 I	nsurance	32,450.			
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f lf				
	ine 24f amount exceeds 10% of line 25, column			1	
	A) amount, list line 24f expenses on Schedule O)				
	UES & SUBSCRIPTIONS	68,423.	<u> </u>		
	QUIPMENT RENTAL & MAINTENAN	244,616.		<u>†</u> −−−−− †	
	ANK FEES	119,888.	<u>.</u>	<u>├──</u> ── <u></u>	
	RINTING & PRODUCTION	237,158.		<u>├</u>	
		44,650.		<u>↓</u>	
	ISCELLANEOUS EXPENSES	44,000.			
f /	All other expenses	0.70.500		<u>├</u>	
51	Total functional expenses Add lines 1 through 24f	8,478,562.			
	loint Costs. Check here ► If following				
	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column B) joint costs from a combined educational				
	ampaign and fundraising solicitation			1	

F	or	m	9	9	0	(2	0	1	0

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	850.		750.
	2	Savings and temporary cash investments	953,236	2	724,300.
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net	11,645	4	21,670.
	5	Receivables from current and former officers, directors, trustees,			
		employees, and highest compensated employees Complete Part Schedule L	1	5	
	6	Receivables from other disgualified persons (as defined under section 4958(f)(1)), per			
		described in section 4958(c)(3)(B), and contributing employers and sponsoning organizatio			
		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	··
4	9	Prepaid expenses and deferred charges <u>ATCH</u>	6 107,147.		130,696.
	-	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 1,002,	340.		
	h	Less accumulated depreciation	240,597	100	166,295.
	11	Investments - publicly traded securities			6,542,131.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14			14	
	15	Other assets See Part IV, line 11			475,069.
	16	_Total assets. Add lines 1 through 15 (must equal line 34)	7 007 000		8,060,911.
	17	Accounts payable and accrued expenses.	550 600		475,031.
	18	Grants payable	· · · ·	18	······
	19	Deferred revenue			334,078.
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
'n		Escrow or custodial account liability Complete Part IV of Schedu		21	
Liabilities	22	Payables to current and former officers, directors, trustees,			······································
liq		employees, highest compensated employees, and disqualified pers			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	721,790.
	26	Total liabilities. Add lines 17 through 25.		26	1,530,899.
sa		Organizations that follow SFAS 117, check here \blacktriangleright X and completines 27 through 29, and lines 33 and 34.			
anc.	27	Unrestricted net assets	5,905,849	27	6,455,012.
3ala	28	Temporarily restricted net assets		28	75,000.
Б	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Å.	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances		33	6,530,012.
	34	Total liabilities and net assets/fund balances		34	8,060,911.

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For	n 990 (2010) 73-0296927			Pa	xge 12
-	Reconciliation of Net Assets Check If Schedule O contains a response to any question in this Part XI	••••		X	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,7	14,	606.
2	Total expenses (must equal Part IX, column (A), line 25)	2		· · ·	562.
3	Revenue less expenses Subtract line 2 from line 1	3			044.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,9	05,	849.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3	88,	119.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
Ŭ		6	6,5	30,	012.
Pa	Art XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		· · · · · ·		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	v-u	-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ntof			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain	in			
_	Schedule O			1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year we	е			1
	issued on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis			ł	
32	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-1332		3a	ł	x
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	 A	••		+
5	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 Б		
				000	<u> </u>

Form **990** (2010)

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SCHEDULE C	Political Campaign a	nd Lobbying	Activities	OMB No 1545-0047					
(Form 990 or 990-EZ)	For Organizations Exempt From Incom	e Tax Under section	501(c) and section 527	୬ ଲ 1 በ					
•	► Complete if the organ		. ,						
Department of the Treasury	► Attach to Form 990 or Form 990			Open to Public					
Internal Revenue Service		· · · ·		Inspection					
•	ered "Yes," to Form 990, Part IV, line 3, or Form ganizations Complete Parts I-A and B Do not compl		(Political Campaign Activities)	, then					
 Section 501(c) (other 	r than section 501(c)(3)) organizations Complete F	Parts I-A and C below D	o not complete Part I-B						
•	ations Complete Part I-A only								
	ered "Yes," to Form 990, Part IV, line 4, or Form								
• • • •	ganizations that have filed Form 5768 (election un ganizations that have NOT filed Form 5768 (election)								
	ered "Yes," to Form 990, Part IV, line 5 (Proxy Ta 5), or (6) organizations Complete Part III	ax) or Form 990-EZ, Par	t V, line 35a (Proxy Tax), then						
Name of organization			Employer identificati	on number					
INDEPENDENT PET	ROLEUM ASSOCIATION OF AMERICA		73-02969	927					
Part I-A Comple	te if the organization is exempt under s	section 501(c) or is	a section 527 organiza	tion.					
	otion of the organization's direct and indirect p								
	iblic office in Part IV								
	ures								
	e if the organization is exempt under s								
1 Enter the amoun	t of any excise tax incurred by the organizatio	n under section 4955	▶\$						
	t of any excise tax incurred by organization m								
-	n incurred a section 4955 tax, did it file Form	4720 for this year?		Yes No					
4a Was a correction		• • • • • • • • • • •		Yes No					
b If "Yes," describe	te if the organization is exempt under	section 501(c) ex	ent section 501/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 organization							
	tion activities								
	ction expenditures Add lines 1 and 2 Enter								
line 17b			▶ \$						
	anization file Form 1120-POL for this year?								
5 Enter the names	addresses and employer identification num	ber (EIN) of all sect	on 527 political organizat	tions to which filing					
	e payments For each organization listed, en								
	litical contributions received that were prom regated fund or a political action committee (I								
as a separate seg									
(a) Name	(b) Address	(c) EIN	filing organization's cor funds if none, enter -0-	 e) Amount of political Itributions received and promptly and directly elivered to a separate olitical organization If none, enter -0- 					
(1)		-							
(2)									
(3)		-							
(4)									
(5)									
(6)		-							
For Privacy Act and Paper JSA 0E1264 0 040	work Reduction Act Notice, see the Instructions for Form	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2010					

1

Schedule C	C (Form	990	or 990-E	EZ) 2010

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Page <u>2</u>

Pa	rt II-A Complete if the o section 501(h)).	rganization is exen	npt under section	501(c)(3) and f	iled Form 5768 (ele	ction under	
		ganization belongs to ganization checked b			ns apply		
<u> </u>	Limi	its on Lobbying Expen ditures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals	
1 a b c d e f	Total lobbying expenditures to Total lobbying expenditures to Total lobbying expenditures (Other exempt purpose expend Total exempt purpose expend Lobbying nontaxable amount columns	o influence a legislative add lines 1a and 1b) iditures ditures (add lines 1c an	e body (dırect lobbyıı 	ng)			
	If the amount on line 1e, column Not over \$500,000 Over \$500,000 but not over \$1,0 Over \$1,000,000 but not over \$1 Over \$1,500,000 but not over \$1 Over \$17,000,000	20% of the a 000,000 \$100,000 pl 1,500,000 \$175,000 pl	amount on line 1e us 15% of the excess us 10% of the excess us 5% of the excess o	over \$500,000 over \$1,000,000			
g h i j	Grassroots nontaxable amou Subtract line 1g from line 1a Subtract line 1f from line 1c If there is an amount other th section 4911 tax for this year	If zero or less, enter -0 If zero or less, enter -0- an zero on either line		organization file F	form 4720 reporting	Yes I	No
_	(Some organiz	4-Year Aver zations that made a se dumns below. See the	aging Period Under ction 501(h) electio	r Section 501(h) In do not have to es 2a through 2f	complete all of the fi on page 4.)	ve	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C	(Form	990	or 990-E7	2010
	(rjonni	550	01 330-LZ	2010

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73-0296927

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

•		(a	(a)		(b)		
		Yes	No		Am	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		1				
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		[
C	Media advertisements?						
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?						
e	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?						
f	Direct contact with legislators, their staffs, government officials, or a legislative body?						
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i							
j	Other activities? If "Yes," describe in Part IV Total Add lines 1c through 1i						
, 2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ŀ				
- ŭ	If "Yes," enter the amount of any tax incurred under section 4912						
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ŀ				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		ŀ				
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or s	ectio	n		
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?					X	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A,						
	"Yes."						
1	Dues, assessments and similar amounts from members			1	3	,830	,042
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	expenses for which the section 527(f) tax was paid).						
а	Current year			2a	1	,280	
b	Carryover from last year			2b			,296
с	Total			2c		,301	-
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3	1	,340	,515
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyır	g				
_	and political expenditure next year?			4	<u> </u>		
5	Taxable amount of lobbying and political expenditures (see instructions)	• • •	•••	5		-38	,699
Ра	rt IV Supplemental Information						
Con	nplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C,	line !	5, and	J Part	II-B, 1	ine 1i	
Also	o, complete this part for any additional information						
	·			· 			

Schedule C (Form 990 or 990-EZ) 2010

JSA

Schedule C (Form 990 or 990-EZ) 2010

Part IV	Supplemental Information (continued)	

Page 4

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Schedule C (Form 990 or 990-EZ) 2010

SCHED	ULE D	Suppleme	ntal Financial	Statements		OMB No 1545-0047
Form	990)			red "Yes," to Form 99	n	2010
•	1		t IV, line 6, 7, 8, 9, 10		σ,	Open to Public
	nt of the Treasury evenue Service		Form 990. 🕨 See sej			Inspection
	ne organization				Employer identifica	
INDEP		ROLEUM ASSOCIATION OF			73-02969	
Part I	Organiza organizat	tions Maintaining Donor Adv	ised Funds or Othe 90, Part IV, line 6	r Similar Funds or /	Accounts. Com	plete if the
			(a) Donor ad	vised funds	(b) Funds and	other accounts
1 To	tal number at e	nd of year				
2 Ag	gregate contrib	utions to (during year)				
B Ag	gregate grants	from (during year)				
l Ag	gregate value a	at end of year	L			
		on inform all donors and donor a				
		anization's property, subject to th				L Yes No
		on inform all grantees, donors, a				
		table purposes and not for the l				
pu	rpose conferrin	g impermissible private benefit? ition Easements. Complete it	<u> </u>	<u> </u>	<u> </u>	Yes No
Part II	Conserva	tion Easements. Complete I	the organization ar	nswered "Yes" to For	rm 990, Part IV,	line 7
		servation easements held by the				
	Preservation	a of land for public use (e g , recr	eation or education)		-	portant land area
	Protection o	f natural habitat		Preservation of	a certified histor	ic structure
L		n of open space				
		a through 2d if the organization h	eld a qualified conser	vation contribution in t	he form of a con	servation
ea	sement on the	last day of the tax year		٢	Hold at the	End of the Tax Ye
				-		
		onservation easements			<u>2a</u>	
		tricted by conservation easement			<u>2b</u>	
-		rvation easements on a certified			2c	
d Nu	mber of conse	rvation easements included in (c) acquired after 8/17/			
		listed in the National Register			2d	
3 Nu	mber of conse	rvation easements modified, trar	sferred, released, ex	tinguished, or termina	ted by the organiz	ation during the
	•					
		where property subject to conse				
		ation have a written policy regard				
		forcement of the conservation ea				
5 Sta	aff and voluntee	er hours devoted to monitoring, i	nspecting, and enforc	ing conservation ease	ments during the	year
►						
7 An	nount of expens	ses incurred in monitoring, inspe	cting, and enforcing c	onservation easement	ts during the year	
	\$					
		rvation easement reported on lir				
(1)	and 170(h)(4)(E	3)(11)?				Yes N
		ribe how the organization reports				
		nd include, if applicable, the text		organization's financia	al statements that	describes the
	ganization's acc	counting for conservation easeme	ents		Cimilar Assets	
Part II	Complete	tions Maintaining Collection	l "Yes" to Form 990	Part IV line 8	Similar Assets	•
	•					
la lf wo	the organizatio	n elected, as permitted under S torical treasures, or other simil	FAS 116 (ASC 958), ar assets held for n	ublic exhibition, educ	evenue statemer ation, or resear	a and balance she ch in furtherance
pu	blic service, pro	ovide, in Part XIV, the text of the f	ootnote to its financia	al statements that desc	cribes these items	6
b If	the organizatio	on elected, as permitted under	SFAS 116 (ASC 958	3), to report in its re	venue statemen	and balance she
		torical treasures, or other simil		ublic exhibition, educ	ation, or resear	ch in furtherance
		ovide the following amounts rela			•	
(i)	Revenues inc	luded in Form 990, Part VIII, line	1	• • • • • • • • • • • • •	· · · · · · • • • •	
		ed in Form 990, Part X				
	-	on received or held works of a				ai gain, provide ti
		s required to be reported under S				
		ed in Form 990, Part VIII, line 1 .				
		n Form 990, Part X		· · · · · · · · · · · · · · · ·		ule D (Form 990) 20
JSA 0E1268-1 (000	n Act Notice, see the Instructions fo				·
3	33833U A101	D 11/14/2011 9:19:58 2	AM V 10-8.2	KDB1364	12	PAG

Sched	lule D (Form 990) 201					3-029				
Par	t III Organiz	ations Maintai	ning Collectio	ns of Art, Histo	rical Treasures	s, or Ot	her Similar A	ssets (c	ontinue	d)
3	Using the organ collection items			and other recor	ds, check any c	of the fo	llowing that a	re a sign	ificant u	se
-		exhibition	(213)	.		abanaa .				
a ⊾				d	Loan or ex	change p	brograms			
b		'ly research /ation for future g	aporations	e	Other					
с 4	Provide a descr			ections and expla	ain how they fui	rther the	organization's	s exempt	purpose	e ir
	XIV									
5	During the year,	-							 1	
Der	assets to be sold	······································		· · · · · · · · · · · · · · · · · · ·					Yes	Ļ
Par		and Custodial r reported an a				answe	red "Yes" to F	-orm 990	0, Part I	V,
1 a	Is the organizati	on an agent trus	tee, custodian o	r other intermedi	arv for contributi	ons or o	ther assets not	ł		
	included on Forr								Yes	Γ
b	If "Yes," explain							··· L		L
-	in roo, explain				ioning (abio	[······	Ar	mount		
с	Beginning balan	ce				10				
	Additions during							<u> </u>	<u> </u>	
	Distributions dur							· ····		
	Ending balance					<u>⊢ </u>				
	Did the organiza							T	Yes	Т
	If "Yes," explain							··· L		L
		nent Funds. Co		anization answe	red "Yes" to Fo	orm 990	Part IV line	10		
1 (4)			(a) Current yes				(d) Three yea		(e) Four y	vear
1a	Beginning of yea	r balance		(-,,-					(-) ,	,
	Contributions .									
	Net investment									
-			.							
d	Grants or schola						- [
	Other expenditu	•					-			
~	and programs .									
f	Administrative e						1			
	End of year bala						+			
•	Provide the estil		L	l d halance held oc			1	1		
∠ a	Board designate		-							
a b	Permanent endo		winent ▶ %	/0						
	Term endowmer		^%							
	Are there endow		' '	on of the organize	ation that are hel	d and ac	Impostored for	the		
Ja		ment lunus not i	n the possessio	m of the organiza	ation that are rief				7	/es
	organization by (i) unrelated org	anizatione							3a(i)	. 63
	(ii) related organ								3a(ii)	
h	If "Yes" to 3a(ii)								3b	
-	Describe in Part		•	•			•••••		50	
4 Ros										
Par		uildings, and E			1					
	Descript	on of investment	(a)	Cost or other basis (investment)	(b) Cost or other ba (other)) Accumulated depreciation	(d	l) Book valu	ue
1a	Land									
	Buildings		[· · · · · · · · · · · · · · · · · · ·						
b	•				10.0	22	40,740.			8,
	Leasehold impro	vements			49,0	221	30,130,			ο,
	Leasehold impro									<u>9,</u>
c d	Leasehold impro Equipment		[49,0 598,5 354,7	46.	569,491.			9,

Schedule D (Form 990) 2010

	Form 990) 2010			3-0296927	Page 3
Part VII	Investments - Other Securities. See F		line 12		
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market va	lue
(1) Financi	al derivatives				
	-held equity interests				
(3) Other_					
(A)					
(B)					
(C)					·
<u>(D)</u>				<u>.</u>	······································
<u>(E)</u>					
(F)					
(G)					
<u>(H)</u>					
<u>(I)</u>	n (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII	In (b) must equal Form 990, Part X, col (B) line 12) Investments - Program Related. See F	Form 990 Part X	lino 13		
Falt VIII	(a) Description of investment type	(b) Book value		(c) Method of valuation	
	(a) Description of investment type			Cost or end-of-year market va	llue
(1)	· · · · · · · · · · · · · · · · · · ·				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. See Form 990, Part X, I			· · · · · · · · · · · · · · · · · · ·	
(1) SECU	RITY DEPOSIT	Description			(b) Book value 89,175
· · ·	FROM IPAA EDUCATIONAL FDN				106,620
	PLAN ASSETS				279,274
(4)		·····			······
(5)					
(6)				······	
(7)					
(8)					
(9)					
(10)	· · · · · · · · · · · · · · · · · · ·				175 0 50
	n (b) must equal Form 990, Part X, col (B) line 15)		· · · · · · · · · ·	<u> </u>	475,069
Part X	Other Liabilities. See Form 990, Part)				
1.	(a) Description of liability	(b) Amo			
	RRED RENT	17	6,961.		
	BILITY UNDER CAPITAL LEASE		4,192.		
	RETIREMENT LIABILITY		1,363.		
	PLAN LIABILITY		9,274.		
(6) DUE	TO IPAA EDUCATIONAL FOUNDATIC		0.		
(7)					
(8)					
(9)					
(10)					
(11)			1,790.		
	mn (b) must equal Form 990, Part X, col (B) line 25				

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organization's liability for uncertain tax positions under FIN 48 (ASC 740) JSA 0E 1270 1 000 33833U A10D 11/14/2011 9:19:58 AM V 10-8.2

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 Schedul 	e D (Form 990) 2010 7	73-0296927	Page 4
Part	Reconciliation of Change in Net Assets from Form 990 to Audito	ed Financial Statemen	
1 ·	Total revenue (Form 990, Part VIII, column (A), line 12)		
- 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		· · · · · · · · · · · · · · · · · · ·
Part			1
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	2a	
b		2b	
С		2c	
d	Other (Describe in Part XIV)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) .		5
Part	XIII Reconciliation of Expenses per Audited Financial Statements Wi	ith Expenses per Retu	rn
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а		2a	
b	· · · · · · · · · · · · · · · · · · ·	2b	
C		2c	
d	· · · · · · · · · · · · · · · · · · ·	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a		<u>4a</u>	
b	Other (Describe in Part XIV)	40	4
	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (<i>This must equal Form</i> 990, Part I, line 18).		4c
5 Part	XIV Supplemental Information	•••••	5
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part		
	line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2 ditional information		
			,
			Schedule D (Form 990) 2010

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Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2010

SCHEDULE G Supplemental Information Regarding (Form 990 or 990-EZ) Fundraising or Gaming Activities Department of the Treasury Internal Revenue Service 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 Name of the organization Attach to Form 990 or Form 990-EZ. See separate Instructions Employer uden							2010 Open To Public Inspection		
Name of the organization	I		-			Employer identification	on number		
INDEPENDENT PET	ROLEUM ASSOCI			nswered '	'Yes" to Form 9	73-029692			
)-EZ filers are not					, i art i v, inic			
1 Indicate whether	the organization ra	sed funds through							
a Mail solicitat	tions email solicitations		e Solicitation of non-government grants f Solicitation of government grants						
c Phone solici		g		-	ising events	5			
d 📃 In-person so	licitations	-			-				
b If "Yes," list the t	s listed in Form 990 en highest paid indi), Part VII) or entity viduals or entities (in connec	tion with p	rofessional fundra	lising services?	Yes indraiser is to be		
compensated at (I) Name and addr or entity (fu		organization (ii) Activity	custody o	draiser have r control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid (or retained by organization		
	· · · · · · · · · · · · · · · · · · ·		Yes	No		col (I)	organization		
1			103						
2									
3									
4									
5									
6									
7									
8					<u> </u>				
9									
10			_						
		-	"I						
Total									
 List all states in registration or lic 	which the organiza ensing	ation is registered	or license	d to solicit	contributions or	has been notified	it is exempt fi		
	ct Notice, see the Instru						m 990 or 990-EZ)		

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PAGE 29

Sche	dule	G (Form 990 or 990-EZ) 2010		73-0	296927	Page 2
Pa	rt II					
	•	than \$15,000 of fundraising ever	-	s income on Form 990	-EZ, lines 1 and 6b L	ist events with
<u> </u>		gross receipts greater than \$5,0	1			I
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other Events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
	1	Gross receipts	287,315.			287,31
2	2	Less Charitable				
1		contributions	265,715.			265,71
	3	Gross income (line 1 minus	21,600.			21,60
_		line 2)	21,000.			21,00
	4	Cash prizes			<u></u>	
	5	Noncash prizes				
511262	6	Rent/facility costs				
	7	Food and beverages				
ā L	8	Entertainment				
	9	Other direct expenses	171,049.			171,04
	10	Direct expense summary Add lines 4	4 through 9 in column (d))	►	(171,049
		Net income summary Combine line				-149,44
>a	rt l		ganization answered "	Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more
		than \$15,000 on Form 990-	EZ, line 6a.			1
AURVEINE			(a) Bingo	(a) Bingo (b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add col (a) through col (c)
Yev Yev	1	Gross revenue	· · · · · · · · · · · · · · · · · · ·			
benses	2	Cash prizes				
ן ת	3	Noncash prizes				
nirect	4	Rent/facility costs		-		
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
						1
		Direct expense summary Add lines 2	-			<u> </u>
	8	Net gaming income summary Comb	oine line 1, column d, and	d line 7	<u></u>	
•	-			tuutuoo		
9		nter the state(s) in which the organiza the organization licensed to operate				Yes
		"No," explain				
	•					
	-					
0 a	ιĀ	Vere any of the organization's gaming				Yes No
t) If	"Yes," explain				
	_					
	_,					

Schedule G (Form 990 or 990-EZ) 2010

7	2	_	n	\mathbf{r}	0	2	0	27
	. 3	_	ι,	/	~	n	~	/ /

	13	-029092	/	
Sched	lule G (Form 990 or 990-EZ) 2010			Page 3
-11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	, Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other end	ιτν		
-	formed to administer charitable gaming?			No
13	Indicate the percentage of gaming activity operated in	· · · · · l		
a	The organization's facility			<u>%</u>
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo records	ks and		
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	L_	
	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			
	Is the organization required under state law to make charitable distributions from the gaming pr	oceeds to		
а		г		No
F	retain the state gaming license?			
b		anizations		
Das	or spent in the organization's own exempt activities during the tax year ► \$ t IV Supplemental Information. Complete this part to provide the explanation required by	Dont line -	25	
Far				10
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable part to provide any additional information (see instructions)	AISO COF	inplete th	15
	part to provide any additional information (see instructions)			

Schedule G (Form 990 or 990-EZ) 2010

SCHED		Compensation Information	0	IB No	1545-0	047
(Form	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	10	
	- (II) - T	Complete if the organization answered "Yes" to Form 990, Part IV, line 23.	0	pen t	n Puk	lic
•	of the Treasury enue Service	Attach to Form 990. See separate instructions.			ectio	
	ne organization		mployer identification		er	
		ETROLEUM ASSOCIATION OF AMERICA	73-029692	7		
Part I	Questio	ns Regarding Compensation		·		
1a C	heck the an	propriate box(es) if the organization provided any of the following to or for a person	listed in Form		Yes	No
		Section A, line 1a Complete Part III to provide any relevant information regarding the				
[ss or charter travel Housing allowance or residence for pe		:		
	Travel fo	Payments for business use of persona				
	Tax inde	mnification and gross-up payments Health or social club dues or initiation	fees			
	Discretio	onary spending account Personal services (e g , maid, chauffeu	r, chef)	}		
h lf	any of the	boxes on line 1a are checked, did the organization follow a written policy rega	ardına navment			
or	reimburse	ment or provision of all of the expenses described above? If "No," compl	ete Part III to			
e>	kplain			<u>1b</u>		
		nzation require substantiation prior to reimbursing or allowing expenses incurred tees, and the CEO/Executive Director, regarding the items checked in line 1a?		2		
UI	rectors, trus	lees, and the CEO/Executive Director, regarding the items checked in line 1a7		–		
3 In	dicate which	n, if any, of the following the organization uses to establish the compensation of the	•			
or	ganization's	CEO/Executive Director Check all that apply				
	X Comper	isation committee Written employment contract				
	Indepen	dent compensation consultant X Compensation survey or study				
	Form 99	0 of other organizations	on committee		ļ	
4 D	uring the ye	ar, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to th	e filing			
or	ganization o	or a related organization				X
		verance payment or change-of-control payment from the organization or a related or		4a 4b	x	
		or receive payment from, a supplemental nonqualified retirement plan?		40 4c		x
		y of lines 4a-c, list the persons and provide the applicable amounts for each iten		40		
O	nly section	501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
	-	sted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	Ý			
	•	n contingent on the revenues of				
	ne organizat			5a		
b Ar	ny related o	rganization?		5b		
		e 5a or 5b, describe in Part III isted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	,			
	-	sted in Form 990, Part VII, Section A, line Ta, did the organization pay or accrue any a contingent on the net earnings of	Ŷ	}		
				6a		
b A	ny related o	rganization?		6b		
		e 6a or 6b, describe in Part III			[
		listed in Form 990, Part VII, Section A, line 1a, did the organization provide				
		described in lines 5 and 6? If "Yes," describe in Part III		7		
	-	iounts reported in Form 990, Part VII, paid or accrued pursuant to a contract th	-			
		contract exception described in Regulations section 53 4958-4(a)(3)? If '				
				8		<u> </u>
		8, did the organization also follow the rebuttable presumption procedure described				
		ection 53 4958-6(c)?		9	L	

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Schedule J (Form 990) 2010

73-0296927

'Page **2**

1.1

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	(1)	460,641.		11,826.	22,000.	17,037.	511,504.	
1 BARRETT B. RUSSELL	(1)	0.					0.	
	(1)	212,753.		6,898.	10,082.	7,407.	237,140.	
2 DANIEL T. NAATZ	(11)	0.					0.	
	(i)	233,133.		9,855.	13,603.	20,736.		
3 LEE O. FULLER	(ii)	0.					0.	
	(1)	206,514.		5,913.	9,204.	7,407.	229,038.	
4 C. JEFFREY ESHELMAN II					0.105	00.700	0.	
	()	178,041.	·	6,898.	8,185.	20,736.		
5 TINA L. HAMLIN	(11)	0.			5,475.	20,736.	0. 219,853.	
DODEDT INDUIS	()	193,642.				20,730.	219,853.	
6 ROBERT JARVIS	(ii)							
-	(I) (II)			·				
7	(II) (I)							
8	(1)							
	()		******			^		·····
9	(1)							
	()		_					
10	(ii)							
	(1)							
11	(ii)							
	(1)							
12	(11)							
	(1)							
13	(11)							
	(i)			·			-	
14	(11)							
	(1)	┞			+			
15	<u>(ii)</u>						······	
	(1)							
16	(ii)	ļ						

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

11.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

SUPPLEMENTAL POST-RETIREMENT BENEFITS

SCHEDULE J, PART I, LINE 4B

THE ORGANIZATION HAS AN AGREEMENT WITH ITS CURRENT PRESIDENT TO PAY THE

HEALTH INSURANCE PREMIUMS FOR THE PRESIDENT AND HIS SPOUSE DURING

RETIREMENT AND THROUGHOUT THE LIFE OF EACH OF THEM. UNDER THE AGREEMENT,

THE ORGANIZATION WILL PROVIDE THEM WITH THE SAME HEALTH COVERAGE PROVIDED

TO THE ORGANIZATION'S EMPLOYEES AT THAT TIME. THE MAXIMUM BENEFIT TO BE

PAID UNDER THIS AGREEMENT CANNOT EXCEED \$15,000 ANNUALLY. NO

CONTRIBUTIONS HAVE BEEN MADE TO DATE TO FUND THIS AGREEMENT.

JŞA

SCHEDULE O

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 73-0296927

INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA

PROCESS FOR REVIEWING FORM 990

PART VI, SECTION A, LINE 11A

THE ORGANIZATION EMPLOYS AN OUTSIDE CPA FIRM TO PREPARE THEIR FORM 990. UPON COMPLETION, A DRAFT IS EMAILED TO THE ORGANIZATION'S PRESIDENT AND DIRECTOR OF FINANCE, WHO THEN FORWARD THE DRAFT TO THE ORGANIZATION'S FINANCE COMMITTEE. AFTER THE DRAFT IS REVIEWED BY ALL PARTIES, ANY NECESSARY CHANGES ARE MADE BY THE CPA FIRM. THE FINAL FORM IS SENT TO THE PRESIDENT, WHO THEN SIGNS AND FILES THE FORM WITH THE IRS.

PROCESS FOR MONITORING CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE ORGANIZATION'S PRESIDENT MONTIORS AND ENFORCES THE CONFLICT OF INTEREST POLICY. THE PRESIDENT DISALLOWS ANY RELATIONSHIPS WHICH VIOLATE THE POLICY.

PROCESS FOR SALARY APPROVAL

PART VI, SECTION B, LINE 15B

ALL SALARIES ARE REVIEWED AND APPROVED BY THE BOARD CHAIR. AS PART OF THE REVIEW PROCESS, THE BOARD CHAIR USES INDEPENDENT COMPENSATION SURVEYS. THE FINANCE COMMITTEE THEN APPROVES SALARY EXPENSE AS A LINE ITEM DURING THE BUDGET PROCESS.

POLICY FOR PUBLIC DISCLOSURE PART VI, SECTION C, LINE 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule Of JSA 0E 1227 2 000 33833U A10D 11/14/2011 9:19:58 AM V 10-8.2 KDB13642

- Schedule O (Form 990 or 990-EZ) 2010	Page 2
- Name of the organization	Employer identification number
INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA	73-0296927

\$388,119

INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 5

UNREALIZED GAIN ON INVESTMENTS

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

IPAA JOINED FORCES WITH THE BUSINESS INDUSTRY POLITICAL ACTION COMMITTEE (BIPAC) TO HELP OUR MEMBER COMPANIES AND STATE COOPERATING ASSOCIATIONS ACHIEVE THEIR ELECTION AND PUBLIC POLICY GOALS BY LINKING THE IPAA POLITICAL WEBSITE TO THE OKLAHOMA INDEPENDENT PETROLEUM ASSOCIATION, OHIO OIL AND GAS ASSOCIATION, THE MICHIGAN OIL AND GAS ASSOCIATION AND THE INDEPENDENT OIL AND GAS ASSOCIATION OF WEST VIRGINIA, WITH MORE ASSOCIATIONS TO FOLLOW. IPAA HAS BEEN WORKING CLOSELY WITH FORMER CONGRESSMEN TO ACQUIRE MORE INTELLIGENCE ON DEMOCRATIC ENERGY AND TAX STRATEGIES; EXPAND THE PRESENTATION OF IPAA'S MESSAGES INTO A MORE EXTENSIVE NUMBER OF DEMOCRATIC MEMBERS; AND CONNECT MORE AGGRESSIVELY WITH THE DEMOCRATIC LEADERSHIP. ΤN ADDITION, WE WILL PROVIDE A YOUNG PROFESSIONAL GUEST SPEAKER CAREER SERIES, JUNIOR ACHIEVEMENT LEADERSHIP TRAINING, ACADEMIC COMPETITIONS AND FIELD TRIPS. IPAA NOW HOSTS A ROBUST, YEAR-ROUND SCHEDULE OF MORE THAN 20 PROGRAMS THAT OFFER THE INDUSTRY UNPARALLELED OPPORTUNITIES FOR BOTH NETWORKING AND INFORMATION. IPAA EVENTS ATTRACT 25,000 PARTICIPANTS THROUGHOUT THE YEAR, WHICH COULD NOT BE POSSIBLE WITHOUT THE CONTINUED SUPPORT AND DEDICATION OF OUR MEMBERS.

JSA

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ame of the organization NDEPENDENT PETROLEUM ASSOCIA		Employer identification number 73-0296927				
			ATTACH	MENT 2		
PART VII - CONTINUATION OF O						
KEY EMPLOYEES AND (1)=IND.TRUSTEE/DIR. (2)=INS				COMP		
(1) = IND, IROSIEE/DIR, (2) = INS	IRUSIEE (3)-	-OFFICER (4)-REI	EMP. (5)-HIGHEST			
		(C) POSITION	COMPENSATIO	ON FROM		
(A)NAME AND TITLE	(B) HOURS		(D)ORG. (E)REL	ORG.	(F)OTHER	
9 JEFF WOJAHN						
DIRECTOR	1.00	Х	0.	0.	0.	
0 H.G. KLEEMEIER						
IMM. PAST CHAIR	1.00	Х	0.	0.	0.	
31 W. JONATHAN AIREY			_	_		
DIRECTOR	1.00	Х	0.	0.	0.	
2 CHARLES D. DAVIDSON			•	•	•	
DIRECTOR	1.00	Х	0.	0.	0.	
3 ALLAN D. FRIZZELL	1 00	Y	0	0	0.	
DIRECTOR	1.00	Х	0.	0.	0.	
4 NINA HUTTON DIRECTOR	1.00	х	0.	0.	0.	
5 TERRENCE S. JACOBS	1.00	Δ	0.	0.	0	
DIRECTOR	1.00	х	0.	0.	0	
6 VIRGINIA B. LAZENBY	1.00		••	•••	•	
VICE CHAIR	1.00	х	0.	0.	0.	
7 KELLY E. MILLER						
DIRECTOR	1.00	Х	0.	0.	0.	
8 TIM MURRAY						
DIRECTOR	1.00	Х	0.	0.	0	
9 ROBERT L. NANCE						
DIRECTOR	1.00	Х	0.	0.	0	
0 DIEMER TRUE						
TREASURER	1.00	Х	0.	0.	0	
1 BRUCE H. VINCENT					0	
CHAIRMAN	1.00	Х	0.	0.	0	
2 MICHAEL C. LINN	0.00	V	0	0	0	
DIRECTOR	2.00	Х	0.	0.	0	
3 JOHN PILKINGTON	1.00	х	0.	0.	0	
DIRECTOR 4 J.C. "CHRIS" HALL	1.00	Λ	0.	0.	0	
DIRECTOR	1.00	х	0.	0.	0	
15 J. ROY DEE	1.00	~	· ·	••	Ũ	
DIRECTOR	1.00	Х	0.	0.	0	
6 MURPHY MARKHAM	2.00					
DIRECTOR	1.00	Х	0.	0.	0	
17 RAUL BRITO						
DIRECTOR	1.00	Х	0.	Ο.	0	
8 KEN WHITEHURST						
DIRECTOR	1.00	Х	0.	0.	0	
19 J. D. HUGHES						
DIRECTOR	1.00	Х	0.	Ο.	0	

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Name of the organization INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA				Employer identification number 73-0296927					
•					ATTA	CHMENT 2 (CONT'D)		
	RANK BARBER								
	DIRECTOR	1.00	Х		0.	0.	0.		
	VILLIAM MYLER, JR.				_				
	DIRECTOR	1.00	Х		0.	0.	0.		
	COM RILEY					-			
	DIRECTOR	1.00	Х		0.	0.	0.		
	STEVEN MUELLER				•		_		
	DIRECTOR	1.00	Х		0.	0.	0.		
	SEE BOOTHBY				_		_		
	DIRECTOR	1.00	Х		0.	0.	0.		
	VIM BOWZER				_				
	DIRECTOR	1.00	Х		0.	0.	0.		
	COTT SHEFFIELD				-	_			
	DIRECTOR	1.00	Х		0.	0.	0.		
	OONALD HRAP				_	_	_		
	DIRECTOR	1.00	Х		0.	0.	0.		
	CHUCK MELOY				-	_			
	DIRECTOR	1.00	Х		0.	0.	0.		
	'ERI WILLIAMS				_		_		
	DIRECTOR	1.00	Х		0.	0.	0.		
	CICHARD SMITH				_	_	_		
	DIRECTOR	1.00	Х		0.	0.	0.		
	OB FRYKLUND				_				
	IRECTOR `	1.00	Х		0.	0.	0.		
	ARA LEWIS				-	_			
	IRECTOR	1.00	Х		0.	0.	0.		
	BARRETT B. RUSSELL					-			
	PRESIDENT	40.00		ххх	472,467.	0.	39,037.		
	DANIEL T. NAATZ				010 651				
	P-FED. RESOURCES/POL. AFFAIRS	40.00		Х	219,651.	0.	17,489.		
	SEE O. FULLER								
	P-GOVERNMENT RELATIONS	40.00		х	242,988.	0.	34,339.		
	. JEFFREY ESHELMAN II					-			
	P-PUBLIC AFFAIRS/COMM.	40.00		Х	212,427.	0.	16,611.		
	'INA L. HAMLIN				104	-			
	P-MEETINGS	40.00		Х	184,939.	0.	28,921.		
	OBERT JARVIS					-			
V	'P OF BUS DEV, MEMBERSHIP	40.00		Х	193,642.	0.	26,211.		

FORM 990, PART VIII - INVESTMENT INCOM	<u>1E</u>		ATTACHMENT 3	
	(A) TOTAL	(B) RELATED OR	(C) UNRELATED	(D) EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST & DIVIDEND INCOME	215,16	2.		215,162.

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Schedule O (Form 990 or 990-EZ) 2010

Name of the organization	TION OF AMERICA	73-0	lentification number)296927
FORM 990, PART VIII - INVESTM	IENT INCOME	ATTACHM	ENT 3 (CONT'D)
DESCRIPTION		(B) (C) ATED OR UNRELA T REVENUE BUSINESS	ATED EXCLUDE
TOTALS	215,162.		215,162
FORM 990, PART VIII - EXCLUDE	D_CONTRIBUTIONS_	ATTACHM	ENT 4
DESCRIPTION	AMOUNT		
GOLF TOURNAMENT	265,715.		
TOTAL	265,715.		
FORM 990, PART VIII - FUNDRAI	SING EVENTS	ATTACHME	ENT 5
	GROSS	DIRECT	NET
DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
	GROSS	DIRECT	NET
DESCRIPTION GOLF TOURNAMENT TOTALS	GROSS <u>INCOME</u> 21,600. <u>21,600.</u>	DIRECT EXPENSES 171,049. 171,049. <u>ATTACHMENT</u>	NET <u>INCOME</u> -149,449. -149,449.
DESCRIPTION GOLF TOURNAMENT	GROSS <u>INCOME</u> 21,600. <u>21,600.</u>	DIRECT EXPENSES 171,049. 171,049. <u>ATTACHMENT</u>	NET INCOME -149,449.
DESCRIPTION GOLF TOURNAMENT TOTALS	GROSS <u>INCOME</u> 21,600. <u>21,600.</u>	DIRECT <u>EXPENSES</u> 171,049. <u>171,049.</u> <u>ATTACHMENT</u> <u>GES</u>	NET <u>INCOME</u> -149,449.
DESCRIPTION GOLF TOURNAMENT TOTALS <u>FORM 990, PART X - PREPAID EX</u> <u>DESCRIPTION</u> PREPAID INSURANCE	GROSS <u>INCOME</u> 21,600. <u>21,600.</u>	DIRECT <u>EXPENSES</u> 171,049. <u>171,049.</u> <u>ATTACHMENT</u> <u>GES</u> ENDI	NET INCOME -149,449. -149,449. -149,449. 6 6 ING /ALUE 31,054.
DESCRIPTION GOLF TOURNAMENT TOTALS <u>FORM 990, PART X - PREPAID EX</u> DESCRIPTION	GROSS <u>INCOME</u> 21,600. <u>21,600.</u>	DIRECT <u>EXPENSES</u> 171,049. <u>171,049.</u> <u>ATTACHMENT</u> <u>GES</u> ENDI	NET <u>INCOME</u> -149,449.

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Schedule O (Form 990 or 990-EZ) 2010

INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA	73-0296927					
	ATTACHMENT 6 (CON	T'D)				
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES						
DESCRIPTION	ENDING BOOK VALUE					
TOTALS	130,696	 ≟				
	ATTACHMENT 7	- <u></u>				
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	_					
DESCRIPTION	ENDING BOOK VALUE	COST OR FMV				
MARKETABLE SECURITIES	6,542,131.	FMV				
TOTALS	6,542,131.					
	ATTACHMENT 8					
FORM 990, PART X - DEFERRED REVENUE						
DESCRIPTION	ENDING BOOK VALUE					
DEFERRED REVENUE	334,078.					
TOTALS	334,078.					

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

. Name of the organization

Schedule O (Form 990 or 990-EZ) 2010

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Page 2

Employer identification number

Re	ated Org	anizations	and Ur	nrelated	Partnership	S
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► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

Attach	to	Form	990.
Allavii		1.0110	550.

See separate instructions.

Name of the organization

INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
_(1)					
_(3)					
_(6)					

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section	i g) 512(b)(13) trolled tity?
							Yes	No
(1) IPAA EDUCATIONAL FOUNDATION	52-1849282							
1201 15TH STREET, NW	WASHINGTON, DC 20005	EDUCATION	DC	501(C)(3)	11A	N/A		
(2) IPAA WILDCATTERS FUND 1201 15TH STREET, NW	WASHINGTON, DC 20005	POLITICAL	DC	527(F)(3)		N/A		
_(3)								
_(4)								
_(5)								
_(6)		-						
_(7)								

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

OMB No 1545-0047

Open to Public *

Inspection

20

Employer identification number

73-0296927

Part III	because it had one or m	elated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 or more related organizations treated as a partnership during the tax year)																																		
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropo allocati	ritorialia	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		(k) Percentagi ownership
		coun	country)	ntry)	sections 512-514)			Yes	No	(Form 1005)	Yes	No																								
_(1)																																				
(2)																																				
(3)																																				
(4)		A.B			· · · · · · · · · · · · · · · · · · ·																															
<u>(5)</u>																																				
(6)																																				
_(7)																																				

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PETROLEUM INDEPENDENT PUBLISHERS, INC			N / A		0.	0.	0 0000
1201 15TH STREET, NW WASHINGTON, DC 20005 (2)	INACTIVE	DC	N/A	C CORP		0.	0 0000
<u>(3)</u>							
_(4)						· · · · ·	
(5)							
(6)							
<u>(7)</u>							

Schedule R (Form 990) 2010

Schedule	R (Form 990) 2010	73-0296927				'Page 3
Part	V Transactions With Related Organizations (Complete if the organization answered	"Yes" to Form 990, Pa	irt IV, line 34, 35, 35a, or 3	36)		
Note. 1 C a F b C c C d L e L f S g F h E	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule buring the tax year, did the organization engage in any of the following transactions with one or more teceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	re related organizations lis	ted in Parts II–IV?		Yes 1a 1b 1c 1d 1e 1f 1g 1h 1i	BS NO
j L k F I F m S n S o F p F q C	ease of facilities, equipment, or other assets to other organization(s)				1j 1k 11 1m 1n	x x x x
	the answer to any of the above is "Yes," see the instructions for information on who must comple (a) Name of other organization			ction thresh	olds d) determ	
<u></u>	IPAA EDUCATIONAL FOUNDATION	M, N P	217,075.	FMV		
<u>(3)</u> (4)						
(5) (6) JSA				Schedule R (I	Form 9	90) 201

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Part VI

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all sec 501	d) partners ction (c)(3) zations?	(e) Share of end-of-year assets	Disprop	(f) portionate ations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	(h) neral o naging rtner?
			Yes	No		Yes	No		Yes	s No
_(1)	_									
(2)	-									
(3)	_									
(4)	_									
(5)	_									
(6)	-									T
(7)	_					-				
	-								\uparrow	
(9)	_					-				-
(10)	_								T	1
(11)										+
(12)	-					-				+
(13)	-								1	
(14)	-								+	+
(15)	+				<u> </u>				+	+
(16)			1				-		+	+

Schedule R (Form 990) 2010

73-0296927

Schedule R (Form 990) 2010	Page 5
• Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)	

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ATTACHMENT 9

2010

Description of Property GENERAL DEPRECIATION

	Date	Unadjusted Cost	Dura	179 exp reduction	Des	Basis for	Beginning	Ending				ACRS	MA	Current-year 179	Current-year
Asset description	placed in service	Cost or basis	Bus %	reduction in basis	Basis Reduction	depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv	Lıfe	class	class	179 expense	depreciation
FURN. 6 FIXTURES	VAR	354,761	100.000			354,761.	175,366.	225,814.			7.000				50,448
THI	VAR	49,033.	100 000			49,033.	30,308.	40,740.	SL		5.000				10,432
COMPUTERS	VAR	598,546.	100 000			598,546.	522,986.	569,491.	SL		5 000				46,505
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Less Retired Assets										1	l				
Subtotals			1			1,002,340	728,660	836,045.]						107,38
Listed Property			•												-
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Less Retired Assets									1					····	
Subtotals			-	!]						
TOTALS	•••••••	1,002,340.				1,002,340.	728,660.	836,045	1						107,38
AMORTIZATION	<u></u>		L	1,	1		1	· · · · · · · · · · · · · · · · · · ·							-
	Date	Cost	[[Ending Accumulated	1						Current uner
Asset description	placed in service	or basis					Accumulated amortization	Accumulated amortization	Code	Life					Current-year amortization
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Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv	Lıfe	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURN. & FIXTURES	VAR	354,761.	100.000			354,761.	175,366	225,814.	SL		7.000				50,448
LHI	VAR	49,033	100.000			49,033.	30,308.	40,740.	SL		5.000				10,432
COMPUTERS	VAR		100.000			598,546.	522,986.	569,491.	SL		5.000				46,505
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Less Retired Assets		1 002 340	-			1,002,340.	728,660.	836,045.	ן						107,385
Listed Property		1,002,510.	1,		I	2,002,0100		1	I						
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Less Retired Assets			-						1						
Subtotals	<u></u>	1 002 340	{			1,002,340	728,660	836,045.	-						107,385
TOTALS		1,002,340.	I]	1,002,340	128,000	830,043.	1						107,585
	Date placed in	Cost or					Accumulated	Ending Accumulated amortization							Current-year
Asset description	service	basis	-				amortization	amortization	Code	Life	3			-	amortization
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<u>TOTALS</u>	<u></u>	l					L								_

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Inters Review See separate Instructions Attach to your fax return. See separate Instructions. Attach to your fax return. See separate Instructions. Attach to your fax return. See separate Instructions. Instruction	Form 4562	•	iation and A nformation on				<u>ОМВ № 1545-017</u> 20 10
INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA 73-029 Unumest as a dividing to metalize CENERAL DEPRECIATION 73-029 Setting to advance the setting to metalize CENERAL DEPRECIATION 1 2011 Center of the setting to advance to advance to		See separate instruct	tions.	Attach to you	r tax return.		Sequence No 67
							Identifying number
CENERAL DEPRECIATION Parti Election To Expense Cetain Property Under Section 179 Note: If you have any Islad property, complete Part V before you complete Part I			ION OF AME	RICA			73-0296927
Election To Expense Certain Property Under Section 179 Note: If you have any kisted property, complete Part V before you complete Part I 1 Maximum amount (see ristructions). 2 Total cost of section 179 property place din serves (see instructions). 3 Total cost of section 179 property balance is user 0 in mediation (see instructions). 4 Description of property 6 (a) Description of property 7 Using property balance is user 0 in mediation (see instructions). 7 1 8 (a) Description of property 9 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Total elected cost of section 179 property and amounts in column (c), lines 6 and 7 9 Total elected cost of section 179 property and amounts in column (c), lines 6 and 7 10 Carryover of disallowed deduction from line 13 do your 2009 Form 4562 11 Section 78 property add amounts in column (c), lines 6 and 7 12 Section 160 and 10 bed on set amount from the 28 13 Carryover of disallowed deduction from line 13 do your 2009 Form 4562 14 Section 160 and 10 bed on bed property instad							
Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see network(see instructions). 1 2 Total cost of section 179 property placed in service (see instructions). 2 3 Threshold cost of section 179 property placed in service (see instructions). 2 4 Section 6 4 5 Beadurition in minimation. Subtractive the instructions in the instructions in the instructions in the instructions in the instructions instructions in the instructions instructions in the instructions instructions in the instructions instructions in the instructions instructions in the instructions instructins instructions instr			ndor Soction 179				
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Section A 7 MACRS deductions for assets placed in service in tax years beginning before 2010		iation (Do not include lister	d property) (See in	structions)	••••••••	· · · []	
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b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property g 27-5-yrs M M S/L property 27-5-yrs Nonresidential real property 39-yrs M M S/L i Nonresidential real property g 27-5-yrs M M S/L i Nonresidential real property M M S/L i Nonresidential real property M M S/L i Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System Oa Class life S/L b 12-year c 40-yrs i Listed property Enter amount from line 28 1 Listed property Enter amount from line 28 2 To	(a) Classification of proper	ty placed in	(business/investment u	se neriod	(e) Convention	(f) Meth	od (g) Depreciation deduc
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I Nonresidential real property 39 yrs M M S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System Oa Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs M M Part IV Summary (See instructions) 21 11 Listed property Enter amount from line 28 21 12 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 13 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23	d 10-year property e 15-year property f 20-year property						
Interference M.M. S/L M.M. S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 80a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs M.M. S/L Part IV Summary (See instructions) 21 21 Listed property Enter amount from line 28 21 <t< td=""><td>d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental</td><td></td><td></td><td>27 5 yrs</td><td></td><td>S/L</td><td></td></t<>	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental			27 5 yrs		S/L	
Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 0a Class life S/L b 12-year 12 yrs c 40-year 40 yrs Part IV Summary (See instructions) 1 Listed property Enter amount from line 28 2 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions . 22 3 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . 23	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property			27 5 yrs 27 5 yrs	MM	S/L S/L	
0a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs M M S/L Part IV Summary (See instructions) 1 Listed property Enter amount from line 28 21 2 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real			27 5 yrs 27 5 yrs	M M M M	S/L S/L S/L	
b 12-year 12 yrs S/L c 40-year 40 yrs M M S/L Part IV Summary (See instructions) 21 21 21 21 22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property			27 5 yrs 27 5 yrs 39 yrs	M M M M M M	S/L S/L S/L S/L	
c 40-year 40 yrs M M S/L Part IV Summary (See instructions) 21 21 Listed property Enter amount from line 28 21 22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C -	Assets Placed in Service D	uring 2010 Tax Ye	27 5 yrs 27 5 yrs 39 yrs	M M M M M M	S/L S/L S/L S/L preciati	ion System
Part IV Summary (See instructions) 1 Listed property Enter amount from line 28 21 22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 20 a Class life	Assets Placed in Service D	uring 2010 Tax Ye	27 5 yrs 27 5 yrs 39 yrs ar Using th	M M M M M M	S/L S/L S/L S/L Preciati S/L	ion System
1 Listed property Enter amount from line 28 21 2 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 0a Class life b 12-year	Assets Placed in Service D	uring 2010 Tax Ye	27 5 yrs 27 5 yrs 39 yrs ar Using th 12 yrs	M M M M M M e Alternative De	S/L S/L S/L S/L S/L S/L	ion System
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Ca Class life b 12-year c 40-year		uring 2010 Tax Ye	27 5 yrs 27 5 yrs 39 yrs ar Using th 12 yrs	M M M M M M e Alternative De	S/L S/L S/L S/L S/L S/L	ion System
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23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 20a Class life b 12-year c 40-year Part IV Summary (See 1 Listed property Enter amo	Instructions) unt from line 28		27 5 yrs 27 5 yrs 39 yrs ar Using th 12 yrs 40 yrs	M M M M A M M Alternative De M M	S/L S/L S/L S/L S/L S/L S/L S/L	ion System
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or Paperwork Reduction Act Notice, see separate instructions. Form 4	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 0a Class life b 12-year c 40-year Part IV Summary (See 1 Listed property Enter amo 2 Total Add amounts from lin and on the appropriate line 3 For assets shown above al portion of the basis attribut	INSTRUCTIONS) unt from line 28 ne 12, lines 14 through 17, lines s of your return Partnerships an nd placed in service during the c table to section 263A costs	s 19 and 20 in colum ad S corporations - see current year, enter the	27 5 yrs 27 5 yrs 39 yrs ar Using th 12 yrs 40 yrs n (g), and line e instructions	M M M M A M M Alternative De M M 21 Enter here	S/L S/L S/L S/L S/L S/L S/L S/L	ion System

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	2 (2010)	operty (Include a	automobiles		tain of	hor vo	hicles	certs		nutors	and nr	onert	/ used	for ente	Page 2 ertein.
Part V		reation, or amus		, נפו			nicies,	Certe		Juleis,		openy	y useu		criaire
	Note: For	any vehicle for w	hich you are								lease e	expense	э, сотр	lete onl	ly 24a
-		nns (a) through (c) (/ \	
		Depreciation and													XNO
24a Do	•	e to support the bus	T	nt use	claimed	<u> </u>	es X (e)	No	24b lf "\						•
Tuno	(a) of property (list	(b) Date placed in	(C) Business/		(d)		sis for depr	eciation	(f) Recovery	((Meti	3) 3)		(h) eciation	(I Elected	
	ehicles first)	service	investment use percentage	Cost	or other ba	asis (bu	isiness/inve use only		period	Conve			uction	179	
25 Spe		allowance for qual			, placed		-		e tax	l					
•	•	han 50% in a qualifie			•			-			. 25				
· · · · · · · · · · · · · · · · · · ·	·····	han 50% in a qualifie		(1		L	
	, , , , , , , , , , , , , , , , , , , ,		%									_ · · · - - ·			
			%												
	·····		%									-		1	
27 Pro	perty used 50% o	r less in a qualified bu	isiness use												
			%							S/L -				<u> </u>	
			%							S/L -					
			%							S/L -	_				
		mn (h), lines 25 thro									28				
29 Ado	amounts in colui	mn (i), line 26 Enter	here and on lir	ne 7, p	age 1	<u></u>	<u></u>						. 29		
					Inform										
		vehicles used by a											provided	vehicles	to you
employe	es, first answer the	e questions in Sectio				r		eting tr						· · · · · ·	
30 Tot	al business/inv	estment miles o	driven		a) ide 1		b) IICle 2		(C) ehicle 3	Vehi	1) cle 4		(e) nicle 5	(f Vehi	•
	• • •	not include comm	nuting												
mile			••••												
		es driven during the											·····		
32 Tot	· · · ·	rsonal (noncomm	uting)											1	
	es driven		· · · · · ·												
		during the year	Add							2					
		available for per		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		ours?							-						
35 Wa	• •	used primarily ł					+								
		vner or related pe								l .					
		available for per													
	_	· · · · · · · · · · · · ·					[
		Section C - Que		mplov	vers WI	10 Prov	vide Vel	hicles	for Use b	y Their	Employ	/ees		•	
Answer	these question	ns to determine if			-					-			nployees	s who a	are no
more th	nan 5% owners o	or related persons	(see instruction	ons)											
37 Do	you maintain	a written policy s	statement tha	t pro	hibits a	II pers	onal us	e of	vehicles,	includin	g com	muting,	by	Yes	No
you	ir employees?													ļ	_
38 Do	you maintain a	written policy state	ment that pro	hibits	persona	l use o	f vehicle	es, exc	cept comm	nuting, t	y your				
		or vehicles used by c													
39 Do	you treat all use o	of vehicles by employe	es as personal	use?		• • • •	· · · ·	• : •				• • • •		<u> </u>	
		nore than five ve		ur en	npioyees	, obtai	n infori	nation	from y	our emp	noyees	apout	Ine		
		nd retain the informa		• • •	• • • •						••••	••••	• • • •		
		equirements concerr										• • • •	• • • •		
_	Amortizat	·	4115 785, 00	1101 00		Section			u venicies						
Part					T				_		(e	<u>, </u>			
	(a)		(b) Date amortiz	ation		(c)			(d)		Amorti			(f)	
	Description of	of costs	begins	allon	An	nortizable	e amount		Code se	ection	perio percer		Amortiz	ation for th	his year
42 Am	ortization of cost	ts that begins durin	ig your 2010	tax v	ear (see	instruc	tions)	l_							
			<u>, ,</u>				/					T			
	·		1		1										
43 Am	nortization of costs	s that began before	your 2010 tax y	ear	. I. <u></u>							43			
		in column (f) See th		•					· · · · · ·			44			
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	-														

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Formt	8868
(Rev	January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

X

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1

Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or	Name of exempt organization	Employer identification number
print	INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA	73-0296927
le by the	Number, street, and room or suite no If a P O box, see instructions	
ue date for	1201 15TH STREET, NW	
ing your turn See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
structions	WASHINGTON, DC 20005	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	ls For	Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

•	The books	are in the	care of	►	BARRY	RUSSELL

Те	elephone No 202 857-4722 FAX No	
	the organization does not have an office or place of business in the United States, check this box	
• 1f	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is
	ne whole group, check this box	and attach
a list	with the names and EINs of all members the extension is for	
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
	until 08/15, 20 11, to file the exempt organization return for the organization named at	pove The extension is
	for the organization's return for	
	► X calendar year 2010 or	
		20
 3a	If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
	nonrefundable credits See instructions	3a \$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	
	estimated tax payments made Include any prior year overpayment allowed as a credit	3Ь\$
с	Balance Due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS	
	(Electronic Federal Tax Payment System) See instructions	3C S NLONE
Cau	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO a	
	nent instructions	
	aperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 1-2011)
JSA 054 4 0		
) (C) 4 4 (C	33833U A10D 5/15/2011 8:34:29 PM V 10-6.1 KDB13642	PAGE

Form 8868 (R					Page 2
	re filing for an Additional (Not Automatic) 3-Me				. • X
•	complete Part II If you have already been gra		•	viously filed Form 8868	
	re filing for an Automatic 3-Month Extension, o				
Part II	Additional (Not Automatic) 3-Month E	tension o	of Time. Only file the original (no		
Type or	Name of exempt organization			Employer Identification	number
print	INDEPENDENT PETROLEUM ASSOCI			73-0296927	
File by the extended	Number, street, and room or suite no if a P O bo	x, see instru	cuons.		
due date for 1201 15TH SIRBET, NW					
nting your netum See	City, town or post office, state, and ZIP code For	a toreign ao	oress, see instructions.		
Instructions	WASHINGTON, DC 20005				
Enter the F	Return code for the return that this application	is for (file a	a separate application for each return)	01
Applicatio	n	Return	Application		Return
Is For		Code	ls For		Code
Form 990		01			
Form 990-	BL	02	Form 1041-A		08
Form 990-1	EZ	03	Form 4720		09
Form 990-1		04	Form 5227		10
Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
	not complete Part II if you were not already	granted ar	automatic 3-month extension on	a previously filed Form	8868.
Telepho	bks are in the care of ▶ BARRY RUSSELL one No. ▶ 202 857-4722 ganization does not have an office or place of		FAX No		. • 🗆
• If this is	for a Group Return, enter the organization's for	ur <mark>digit</mark> Gro	oup Exemption Number (GEN)	If this	5 IS
for the who	ole group, check this box 🚬 💶 🖡 📕	f it is for pa	art of the group, check this box	► 🔄 and atta	ch a
list with the	e names and EINs of all members the extension	n is for			
4 I requ	uest an additional 3-month extension of time u	ntıl	<u> </u>	20 11	
5 For c	alendar year <u>2010</u> , or other tax year beginn	ing	, 20 , and ending	. 2	200
	tax year entered in line 5 is for less than 12 m Change in accounting period			Final return	
7 State	in detail why you need the extension ADDIT	IONAL 7	TIME IS NEEDED IN ORDER	TO GATHER	
THE	INFORMATION NECESSARY TO PREPA	RE A CO	MPLETE AND ACCURATE RET	URN.	
			· · · · · · · · · · · · · · · · · · ·		
	s application is for Form 990-BL, 990-PF, 98	90-T, 4720	, or 6069, enter the tentative tax	·	
	efundable credits See instructions			82\$	
	is application is for Form 990-PF, 990-T.				
	nated tax payments made include any pri	ior year c	overpayment allowed as a credit		
amou	unt paid previously with Form 8868			865	
	nce Due. Subtract line 8b from line 8a Include		ient with this form, if required, by us	sing EFTPS	1-
(Elec	ctronic Federal Tax Payment System) See instru			8c \$ NU	Ne
			d Verification		
	tes of perjury, I declare that I have examined this form, ect, and complete, and that I am authorized to prepare this fo		companying schedules and slatements, and t	to the best of my knowledge	a and belief
				Date ► 08/15,	

Form 8868 (Rev 1-2011)

JSA

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PAGE. 1

efil	e GR/	APHIC print - DO NOT PROCESS As Filed Data -		DLN:	93493320084452
_	99	Return of Organization Exempt From I	ncome Tax		OMB No 1545-0047
Form	2011				
Internal	ent of the Revenue S	Service The organization may have to use a copy of this return to satisfy sta	te reporting requiren	nents	Open to Public Inspection
		011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 C Name of organization	D Empl	over id	lentification number
	eck if ap	INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA		•	
	lress cha	Doing Business As	E Telepi	2969 hone n	
_	ne chan		(202	1857.	-4722
Init	ıal returr	Number and screet (of P O box if mains not delivered to screet address) Room/succ			s \$ 10,361,312
Ter	minated	1201 15TH STREET NW NO 300			
_	ended re Nication	etum City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005 pending	-		
		F Name and address of principal officer	H(a) Is this a grou	o retu	rn for
		BARRY RUSSELL 1201 15TH STREET NW	affiliates?		「Yes 「No
		WASHINGTON, DC 20005	H(b) Are all affiliates	inclu	ded?
					t (see instructions)
I Ta:	x-exemp	ot status	H(c) Group exemp		
уW	ebsite:	► WWWIPAA ORG			
K Forr	n of orga	anization 🔽 Corporation 🗍 Trust 🗍 Association 🗍 Other 🍉	L Year of formation 1	929	M State of legal domicile OK
Ра	rt I	Summary			
		riefly describe the organization's mission or most significant activities			
e e	5	EE SCHEDULE O			
anc					
elli	-				
Governance		heck this box • if the organization discontinued its operations or disposed of	more than 25% of its	1	1
		umber of voting members of the governing body (Part VI, line 1a)		3	62
tties &		umber of independent voting members of the governing body (Part VI, line 1b)		4	62
Ĭ		otal number of individuals employed in calendar year 2011 (Part V, line 2a)	• •	6	37
Activi		otal number of volunteers (estimate if necessary)		7a	0
		et unrelated business taxable income from Form 990-T, line 34		7a 7b	0
			Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	4,481,	.330	4,280,067
eni	9	Program service revenue (Part VIII, line 2g)	4,166		5,668,442
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	215	,162	384,927
Ĥ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-148	,443	-20,054
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	0.714	6 Q 6	10.212.202
	4.2	12)	8,714,		10,313,382
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	14	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)			0
Expenses		5-10)	3,612,	,734 0	3,860,343
Del	16a	Professional fundraising fees (Part IX, column (A), line 11e)		- 0	0
Щ	b	Total fundraising expenses (Part IX, column (D), line 25) b 0	4.965	0.2.0	6.044.868
	17 18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,865, 8,478,		6,044,868 9,905,211
	18	Revenue less expenses Subtract line 18 from line 12	236		408,171
አዋ	19		Beginning of Curre		
Net Assets of Fund Balances			Year		End of Year
ASS Ba	20	Total assets (Part X, line 16)	8,060,		9,402,910
det	21	Total liabilities (Part X, line 26)	1,530		2,464,727
	22	Net assets or fund balances Subtract line 21 from line 20	6,530,	,012	6,938,183
Pai	't II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (othe knowledge.

Sign	Signature of officer							
Here	BARRY RUSSELL OFFICER							
	Type or print name and title							
Paid	Preparer's signature J SCOTT DENLINGER	Date						
Preparer's Use Only	Firm's name (or yours CBIZ MHM LLC fiself-employed),							
ooo oniy	address, and ZIP + 4 3 BETHESDA METRO CENTER SUITE 60	00						
	BETHESDA, MD 20814							

May the IRS discuss this return with the preparer shown above? (see instructio

Form	990 (2	2011)				Page 2					
Par	t III			e Accomplishments se to any question in this Part II	Ι	r					
1	Briefl	y describe the orga	anızatıon's mıssıon								
			RESS, PUBLIC, AND DURCE OF ENERGY F	NATIONAL NEWS MEDIA CON FOR AMERICA	ICERNING THE ROLE OF IN	DEPENDENT PRODUCERS					
2		ne organization und Tior Form 990 or 99		program services during the ye	ar which were not listed on	└ Yes √ No					
	If "Yes," describe these new services on Schedule O										
3	servi	ces?		e significant changes in how it c	onducts, any program	└ Yes \ Vo					
	If "Ye	s," describe these	changes on Schedule	0							
4	exper	ises Section 501(c)(3) and 501(c)(4) o	ccomplishments for each of its t rganizations and section 4947(a enses, and revenue, if any, for ea	a)(1) trusts are required to re	port the amount of					
4a	(Code	2) (Expenses \$	including grants of \$) (Revenue \$)					
	GOVE	RNMENT RELATIONS -	ACTIVELY WORKED TOWA	RD INFLUENCINGVARIOUS LEGISLATION	PERTAINING TO THE OIL AND GAS	INDUSTRY, THROUGH LOBBYING					
4b	(Code	2) (Expenses \$	including grants of \$) (Revenue \$)					
		INGS - PLANNED AND C RMATION REGARDING I		IEETINGS, REGIONAL SEMINARS, ISSUE	5 FORUMS, AND NATIONAL CONFER	ENCESWHICH DISSEMINATED					
4 c	(Code	2) (Expenses \$	including grants of \$) (Revenue \$)					
		UNICATIONS - DISSEM IC AND TO VARIOUS NE		RTAINING TOIPAA AS A WHOLE AND TO	ITS INDIVIDUAL PROGRAMS COND	UCTEDPRESS RELEASES TO THE					
4d	Othe	er program services	G (Describe in Schedi	ule O)							
	(Exp	enses \$	ıncludı	ng grants of \$) (Revenue \$)					
4e	Tota	l program service e	xpenses > \$								
						Form 990 (2011)					

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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)? <i>If "Yes,"</i> complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 🗐 . .	2	Yes	
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		No
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? <i>If</i> " <i>Yes</i> , <i>" complete Schedule C, Part II</i>	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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 💁	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😨	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🕏	10		No
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, line10? If "Yes," complete Schedule D, Part VI. 🕏	11a	Yes	
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	Yes	
	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		No
	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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 📆	12a		No
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	Yes	
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> " <i>Yes," complete Schedule F, Part I</i> .	14b		No
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 U S ? <i>If "Yes," complete Schedule F, Part II and IV</i>	15		No
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 US ? If "Yes," complete Schedule F, Part III and IV .	16		No
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		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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</i> " <i>Yes," complete Schedule L, Part I</i>			
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part II</i>	26		No
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		No
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			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If</i> " <i>Yes," complete Schedule L, Part IV</i> .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes," complete Schedule N, Part II</i>	32		No
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		No
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Form	990 (2011)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	L DId the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> <i>Statements</i> filed for the calendar year ending with or within the year covered by this return	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зb		
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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
Ь	organization solicit any contributions that were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \cdot .	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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 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?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
17	year Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
Ь	allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
с	Enter the aggregate amount of reserves on hand 13c	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $$.	14b		

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or char O. See instructions. Check if Schedule O contains a response to any question in this Part VI	nges i		
Se	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
NC			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	O ther officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	└ Own website └ Another's website └ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BARRY RUSSELL 1201 15TH STREET NW

1201 15TH STREET	NW
WASHINGTON, DC	20005
(202)857-4722	

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Part VIII 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
for	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensitied employiee	Former		MISC)	related organızatıons
	A verage hours per week (describe hours for related organizations in Schedule	Average Positiv hours more per unles week an (describe dire hours	Average Position (d hours more than per unless per week an offic (describe director, hours	Average Position (do no hours more than one per unless person week an officer an (describe director/trus	Average Position (do not che hours more than one box per unless person is bo week an officer and a (describe director/trustee)	A verage Position (do not check more than one box, unless person is both week an officer and a (describe hours for and a structure) hours 모르 모르 모르 모르 모르 모르 모르 모르 모르 모르 모르 모르 모르	A verage hoursPosition (do not check more than one box, unless person is both an officer and a (describedirector/trustee)	Average hoursPosition (do not check more than one box, unless person is bothReportable compensation from the organization (W- 2/1099-MISC)describedirector/trustee)2/1099-MISC)	Average hoursPosition (do not check more than one box, perReportable compensationReportable compensationper weekunless person is both an officer and a (describefrom the organization (W- 2/1099-MISC)organizations (W- 2/1099-

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	990 (2011) t VIII Section A. Officers,	Directors, Trust	ees, K	ey Ei	mpl	oye	es, ar	nd H	ighest Compensate	ed Employees	cor	ntinued	Page 8)
	(A) Name and Title	(B) Average hours per week	AveragePosition (do not checkReportableReportablehoursmore than one box,compensationcompensationperunless person is bothfrom thefrom relation									(F) Estima amount of compens from t organizati	ated of other sation the
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Office		Highest compensated	Former	2,10,55 mi3c)	MISC)		relate organiza	ed
See A	dditional Data Table										╈		
											\top		
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					\vdash			-			_		
16	Sub Tabal							<u> </u> ▶					
1b 	Sub-Total							•					
d	Total (add lines 1b and 1c) .						•	•	2,297,625		0		239,587
2	Total number of individuals (i \$100,000 of reportable comp	ncluding but not lir	nited to	thos	se lis	sted) wh	o received more than	l			
										r		Yes	No
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i>									ted employee	3		No
4	For any individual listed on lir	ne 1a, is the sum o	f report	able	com	pens	sation	and	other compensation	from the		1	

. 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than 1 \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

(A) Name and business address	(B) Description of services	(C) Compensation			
IDA POST CPA LLC 10300 SORRELL AVENUE POTOMAC, MD 20854		134,216			
JAMES COLLINS 7728 EAST 98TH PLACE TULSA, OK 74133					
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization ►2	who received more than				

Yes

Νo

Form 990 (2011) Part VIII Statement of Revenue

Part \	/III	Statement of Revenue				· · · · · · · · · · · · · · · · · · ·
			(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
				function revenue	revenue	tax under sections 512, 513, or 514
\$ \$2	1a	Federated campaigns 1a				
uni	Ь	Membership dues 1b 4,125,01	7			
₽ ⁰	c	Fundraising events 1c 147,90	0			
lts, rai	d	Related organizations 1d	-			
<u>i</u> gi Ila			-			
sins	e		_			
ēr	f	All other contributions, gifts, grants, and 1f 7,15 similar amounts not included above				
jā fe	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts	Ι.	lines 1a-1f \$	4 380 067			
ە O	h	Total. Add lines 1a-1f	► 4,280,067			
e		Business Code	2			
шe	2a	CONFERENCES & SEMINARS 6114	30 3,000,274	3,000,274		
Be	b	ANNUAL & MID YEAR MEET 6114	30 2,626,285	2,626,285		
e Ç	с	SUBSCRIPTIONS & OTHER 5111	.20 41,883	41,883		
еги	d					
36	e					
ปาลเ	f	All other program service revenue				
Program Service Revenue						ļ
<u> </u>	g	Total. Add lines 2a−2f	5,668,442			
	3	Investment income (including dividends, interest and other similar amounts)	221,091			221,091
	4	Income from investment of tax-exempt bond proceeds				221,051
	5	Royalties	127			127
		(I) Real (II) Personal				
	6a	Gross rents	_			
	Ь	Less rental				
	c c	expenses Rental Income	_			
		or (loss)	_			
	d	Net rental income or (loss)				
		(I) Securities (II) Other Gross amount 163,836	_			
	7a	from sales of assets other than inventory				
	Ь	Less cost or 0 other basis and sales expenses				
	с	Gain or (loss) 163,836				
	d	Net gain or (loss)	163,836	163,836		ļ]
ənı	8a	Gross income from fundraising events (not including \$ 147,900				
Other Revenue		of contributions reported on line 1c) See Part IV , line 18				
Ъ.	Ь	a 25,30				
E E	c	Less direct expenses b 47,92 Net income or (loss) from fundraising events b				-22,570
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	Ь	Less direct expenses b				
	с	Net income or (loss) from gaming activities				ļ]
	10a	Gross sales of inventory, less returns and allowances . a				
	ь	Less cost of goods sold b	-			
	с	Net income or (loss) from sales of inventory	7			
		Miscellaneous Revenue Business Code	2			
	11a	MISCELLANEOUS REVENUE 9000	2,389	2,389		
	Ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	2,389			
	12	Total revenue. See Instructions	► 10,313,382	5,834,667	0	,
1						Form 990 (2011)

Form 990 (2011) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns							
	ll other organizations must complete column (A) but are not required to co		s (B), (C), and (<u> </u>			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21						
2	Grants and other assistance to individuals in the United States See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	2,297,625					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	713,775					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	201,855					
9	Other employee benefits	456,449					
10	Payroll taxes	190,639					
11	Fees for services (non-employees)						
а	Management	252					
b	Legal	71,255					
с	Accounting	183,686					
d	Lobbying						
e	Professional fundraising See Part IV, line 17 .						
f	Investment management fees						
g	Other	2,313,527					
12	Advertising and promotion	109,163					
13	Office expenses	55,214					
14	Information technology						
15	Royalties						
16	Occupancy	558,298					
17	Travel	339,298					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	1,241,129					
20	Interest	4,781					
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	74,592					
23	Insurance	26,360					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)						
а	PRINTING & PRODUCTION	255,733					
Ь	COMPUTER SERVICES	231,721					
с	EQUIPMENT RENTAL & MAIN	176,580					
d	BANK FEES	137,276					
e							
f	All other expenses	266,003					
25	Total functional expenses. Add lines 1 through 24f	9,905,211					
26	Joint costs. Check here 🕨 🦵 If following						
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a						
	combined educational campaign and fundraising solicitation						
				Eo	rm 990 (2011)		

Form 990 (2011)

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			750	1	750
	2	Savings and temporary cash investments			724,300	2	1,608,552
	3	Pledges and grants receivable, net			· · · · ·	3	· · · ·
	4	Accounts receivable, net			21,670	4	10,520
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key e	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of	4958(f)(1)) and				
		Schedule L				6	
Assets	7	Notes and loans receivable, net			7		
SS	8	Inventories for sale or use				8	
٨	9	Prepaid expenses and deferred charges			130,696	9	111,854
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> <i>Part VI of Schedule D</i>	10a	1,141,150			
	Ь	Less accumulated depreciation	10b	904,681	166,295	10c	236,469
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			6,542,131	12	6,923,414
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		475,069	15	511,351	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,060,911	16	9,402,910
	17	Accounts payable and accrued expenses .			475,031	17	1,015,794
	18	Grants payable			18		
	19	Deferred revenue		334,078	19	354,019	
	20	Tax-exempt bond liabilities		20			
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
abi		persons Complete Part II of Schedule L				22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part					
		D			721,790		1,094,914
	26	Total liabilities. Add lines 17 through 25			1,530,899	26	2,464,727
ces		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	lete lii	1es 27			
lan	27	Unrestricted net assets			6,455,012		6,938,183
Ba	28	Temporarily restricted net assets			75,000	28	0
Ы	29	Permanently restricted net assets			29		
Assets or Fund Balance		Organizations that do not follow SFAS 117, check here 🕨 🦵 and lines 30 through 34.	d com	plete			
2	30	Capital stock or trust principal, or current funds				30	
Set	31	Paid-in or capital surplus, or land, building or equipment fund	•			31	
As	32	Retained earnings, endowment, accumulated income, or other fur	nds			32	
Net	33	Total net assets or fund balances			6,530,012	33	6,938,183
_	34	Total liabilities and net assets/fund balances			8,060,911	34	9,402,910
	-				-		Form 990 (2011)

Form	990	(2011)	

Pai	Reconcilliation of Net Assets Check If Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,3	313,382
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,9	05,211
3	Revenue less expenses Subtract line 2 from line 1	3			.08,171
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			30,012
5	Other changes in net assets or fund balances (explain in Schedule O)	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		6,9	38,183
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual Cother 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		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
с	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of a audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i on a separate basis, consolidated basis, or both	ssued			
	🔽 Separate basis 🛛 🔽 Consolidated basis 👘 Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	Зb		
			F	orm 990	(2011)

Software ID: Software Version: EIN: 73-0296927 Name: INDEPENDENT PETROLEUM ASSOCIATION OF AMERICA

Form 990, Special Condition Description:

Special Condition Description											
Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per		(ition that a		y)	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
MICHAEL D WATFORD VICE CHAIR	1 0 0	х						0	0	0	
DIEMER TRUE TREASURER	1 0 0	х						0	0	0	
BRUCE H VINCENT IMMEDIATE PAST CHAIRMAN	1 0 0	x						0	0	0	
JOHN RICHARDSON DIRECTOR	1 00	x						0	0	0	
CATHERINE N MEDLOCK DIRECTOR	1 00	x						0	0	0	
RALPH J GOEHRING DIRECTOR	1 00	x						0	0	0	
ROD ESON DIRECTOR	1 00	x						0	0	0	
JC CHRIS HALL DIRECTOR	1 0 0	x						0	0	0	
ROBERT BAYLESS JR DIRECTOR	1 0 0	x						0	0	0	
J ROY DEE III DIRECTOR	1 0 0	x						0	0	0	
DOUGLAS REYNOLDS JR DIRECTOR	1 0 0	x						0	0	0	
RAUL BRITO DIRECTOR	1 00	x						0	0	0	
BILL BARR DIRECTOR	1 0 0	x						0	0	0	
KEN WHITEHURST DIRECTOR	1 0 0	х						0	0	0	
FRANK BARBER DIRECTOR	1 0 0	х						0	0	0	
MARK MILLER DIRECTOR	1 0 0	х						0	0	0	
WILLIAM MYLER JR DIRECTOR	1 0 0	x						0	0	0	
BRIAN CEBULL DIRECTOR	1 0 0	х						0	0	0	
BETTY READ YOUNG DIRECTOR	1 0 0	x						0	0	0	
SEAN O'NEILL DIRECTOR	1 0 0	x						0	0	0	
THOMAS BARTOS DIRECTOR	1 00	x						0	0	0	
JERRY JAMES DIRECTOR	1 0 0	x						0	0	0	
JOHN PILKINGTON DIRECTOR	1 0 0	x						0	0	0	
JOSEPH WARREN DIRECTOR	1 0 0	x						0	0	0	
JAMES H WILKES DIRECTOR	1 0 0	x						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		((tion (hat a	che		11		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	from the organızatıon (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations	
DONALD HUPP DIRECTOR	1 00	х						0	0	0	
MURPHY MARKHAM IV DIRECTOR	1 0 0	х						0	0	0	
BRUCE FAULKNER DIRECTOR	1 0 0	х						0	0	0	
LEVERT GILLMAN DIRECTOR	1 00	х						0	0	0	
JEFF SPARKS DIRECTOR	1 00	х						0	0	0	
PHIL DELOZIER DIRECTOR	1 0 0	х						0	0	0	
JD HUGHES DIRECTOR	1 00	х						0	0	0	
PHIL KENDRICK JR DIRECTOR	1 0 0	х						0	0	0	
MIKE ANGUS DIRECTOR	1 00	х						0	0	0	
TOM RILEY DIRECTOR	1 00	х						0	0	0	
TAD TRUE DIRECTOR	1 00	х						0	0	0	
STEVEN MUELLER DIRECTOR	1 0 0	х						0	0	0	
DAVID ROBERTS DIRECTOR	1 0 0	х						0	0	0	
DON HRAP DIRECTOR	1 0 0	х						0	0	0	
JOHN RICHELS DIRECTOR	1 00	х						0	0	0	
JOHN KELLY DIRECTOR	1 00	х						0	0	0	
CHUCK MELOY DIRECTOR	1 00	х						0	0	0	
DAVID BOLE DIRECTOR	1 0 0	х						0	0	0	
SCOTT SHEFFIELD DIRECTOR	1 0 0	х						0	0	0	
JEFF WOJHAN DIRECTOR	1 0 0	х						0	0	0	
NICHOLAS DETULLIS DIRECTOR	1 0 0	х						0	0	0	
LEE BOOTHBY DIRECTOR	1 0 0	х						0	0	0	
STEVE HINCHMAN DIRECTOR	1 00	х						0	0	0	
TOM PRICE DIRECTOR	1 00	х						0	0	0	
TIM MURRAY DIRECTOR	1 0 0	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(ition that a			11	_	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustaa or dilector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organızatıon (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations	
KELLY MILLER DIRECTOR	1 00	х						0	0	0	
JOHN LUDWIG	1 00	x						0	0	0	
DIRECTOR RICHARD SMITH	1.00										
	1 00	X						0	0	0	
CRAIG HO WARD DIRECTOR	1 00	х						0	0	0	
BRIAN WOODARD DIRECTOR	1 00	х						0	0	0	
TARA LEWIS DIRECTOR	1 00	х						0	0	0	
ERIC DILLE DIRECTOR	1 00	х						0	0	0	
JON AIREY DIRECTOR	1 00	х						0	0	0	
CHUCK DAVIDSON DIRECTOR	1 00	х						0	0	0	
BOB FRYKLUND DIRECTOR	1 00	х						0	0	0	
TERRY JACOBS DIRECTOR	1 00	х						0	0	0	
MIKE LIRN DIRECTOR	1 00	х						0	0	0	
VIRGINIA B LAZENBY CHAIRMAN	1 00			х				0	0	0	
BARRY RUSSELL PRESIDENT & CEO	40 00			х				487,421	0	29,693	
CJ ESHELMAN II VP-PUBLIC AFFAIRS & COMM	40 00					x		210,016	0	21,317	
ANNE E FORD ASSOC DIRECTOR - EDUCATION	40 00					x		140,864	0	1,193	
LEE FULLER VP- GOV'T RELATIONS	40 00					x		258,548	0	37,391	
SUSAN GINSBERG VP-CRUDE OIL & NAT GAS REG AFFAIRS	40 00					x		142,713	0	12,290	
TINA HAMLIN VP-MEETINGS	40 00					x		176,632	0	27,144	
ROBERT JARVIS VP-BUSINESS DEVELOPMENT	40 00					x		179,703	0	27,839	
WENDY KIRCHOFF VICE PRESIDENT	40 00					x		127,295	0	18,464	
FREDERICK LAWRENCE VP- ECONOMICS & INT'L AFFAIRS	40 00					x		163,586	0	20,299	
THERESE MCCAFFERTY VP-ADMIN & MEMB SERVICES	40 00					x		174,233	0	20,234	
DANIEL NAATZ VP-FEDERAL RESOURCES & POLITICAL AFFAIRS	40 00					x		236,614	0	23,723	

efile GRAPHIC pr	DLN:	DLN: 93493320084452			
SCHEDULE C		Political Campaign an	d Lobbying	Activities	OMBNo 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	For Organi	izations Exempt From Income T ▶ Complete if the organiz ▶ Attach to Form 990 or Form 99	zation is described l	below.	2011 Open to Public Inspection
If the organization an then	iswered "Ye	s," to Form 990, Part IV, Line 3, o	or Form 990-EZ, Pa	art V, line 46 (Political Can	npaign Activities),
	than section 5	mplete Parts I-A and B Do not comp 501(c)(3)) organizations Complete P e Part I-A only		/ Do not complete Part I-B	
 Section 501(c)(3) org Section 501(c)(3) org If the organization and 	anızatıons thai anızatıons thai ISWered "Ye	s," to Form 990, Part IV, Line 4, of t have filed Form 5768 (election under t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (In zations Complete Part III	er section 501(h)) C under section 501(omplete Part II-A Do not con h)) Complete Part II-B Do no	nplete Part II-B ot complete Part II-A
Name of the organiza	tion	· · · · · ·		Employer ident	ification number
INDEPENDENT PETROLEUI	M ASSOCIATION (JF AMERICA		73-0296927	
Part I-A Comple	te if the or	ganization is exempt unde	r section 501(c) or is a section 527	organization.
•		ganızatıon's dırect and ındırect polı publıc office ın Part IV	tıcal campaıgn actı	vities on behalf of or	
2 Political expendi	tures			► :	\$
3 Volunteer hours					
Part I-B Comple	te if the or	ganization is exempt unde	r section 501(c	:)(3).	
1 Enter the amount	t of any excise	e tax incurred by the organization u	nder section 4955	► :	\$
2 Enter the amount	t of any excise	e tax incurred by organization mana	igers under section	4955 🕨	\$
3 If the organization	on incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		🗌 Yes 🗌 No
4a Was a correction	made?				🗌 Yes 🗌 No
b If "Yes," describ	e ın Part IV				
Part I-C Comple	te if the or	ganization is exempt unde	r section 501(c) except section 501	(c)(3).
1 Enter the amount	t directly expe	ended by the filing organization for s	section 527 exemp	t function activities 🕨	\$
2 Enter the amount exempt funtion a		organization's funds contributed to	other organizations	for section 527	\$
3 Total exempt fun	ction expendi	tures Add lines 1 and 2 Enter her	e and on Form 112(D-POL, line 17b 🕨 🕨	\$
4 Did the filing orga	anızatıon file F	Form 1120-POL for this year?			∏Yes ∏No
organization mad amount of politic	le payments f al contributior	nd employer identification number (For each organization listed, enter f ns received that were promptly and political action committee (PAC) 1	he amount paid from directly delivered t	m the filing organization's fu to a separate political organ	inds Also enter the lization, such as a
(a) Name	2	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Cat No 50084S Schedule C (Form 990 or 990-EZ) 2011 | For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Sc	nedule C (Form 990 or 990-EZ) 2011			Page 2
Р	art II-A Complete if the organizatio under section 501(h)).	n is exempt under section 501(c)(3)	and filed Form 5768	(election
	expenses, and share of excess lol	an affiliated group (and list in Part IV each affi obying expenditures) ox A and "limited control" provisions apply	liated group member's name	, address, EIN,
	Limits on Lobbying (The term "expenditures" means	Expenditures	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and	1b)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun columns	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	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of l			
h	Subtract line 1g from line 1a If zero or less, er	iter -0 -		
i	Subtract line 1f from line 1c If zero or less, en	ter - 0 -		
j	If there is an amount other than zero on either section 4911 tax for this year?	4720 reporting	∏Yes ∏No	

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

Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

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

		(;	a)	(b)	
		Yes	No	Amou	nt
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 lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
Ь	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		Г		
d	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 501(c)(6).	501(c)(5), oi	sectio	n
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	No

1	Were substantially all (90% or more) dues received nondeductible by members?	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

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	4,124,687
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	1,243,609
b	Carryover from last year	2b	
С	Total	2c	1,243,609
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,443,640
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-200,031
P	art 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

Identifier | Return Reference | Explanation

efile GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN:	93493320	084452
SCHEDULE D						OMBNo 15	45-0047
Form 990)	Form 990) Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,						
Department of the Treasury nternal Revenue Service	Part IV, line 6, ► Attach		11d, 11e, 11f, 12a, or 12	2b		Open to Inspec	ction
	UM ASSOCIATION OF AMERICA			73-0	296927	ication numb	
	izations Maintaining Dono ation answered "Yes" to Forr			unds	or Accour	its. Comple	ete if the
organiz			r advised funds	(b) Funds an	d other acco	unts
1 Total number at	t end of year						
2 Aggregate cont	rıbutıons to (durıng year)						
3 Aggregate gran	ts from (durıng year)						
4 Aggregate valu	e at end of year						
funds are the o	ation inform all donors and donor rganization's property, subject to	o the organization's exc	lusive legal control?			∏ Yes	∏ No
used only for cl	ation inform all grantees, donors, haritable purposes and not for the ermissible private benefit					∏ Yes	∏ No
Part II Conse	r vation Easements. Comp	lete if the organizat	ion answered "Yes" t	o Forn	າ 990, Part	IV, line 7.	
☐ Preservati ☐ Protection ☐ Preservati	onservation easements held by t on of land for public use (eg, rec of natural habitat on of open space 2a-2d if the organization held a	reation or pleasure)	Preservation of an Preservation of a	certified	d historic str	-	ea
	he last day of the tax year	quannea conservation				he End of th	e Year
a Total number o	f conservation easements			2a			
b Total acreage r	estricted by conservation easem	nents		2b			
c Number of cons	servation easements on a certifie	d historic structure ind	cluded in (a)	2c			
d Number of cons	servation easements included in	(c) acquired after 8/17	/06	2d			
	servation easements modified, tra	ansferred, released, ex	tinguished, or terminate	ed by th	e organızatı	on durıng	
Number of stat	es where property subject to con	servation easement is	located 🕨				
5 Does the organ	ization have a written policy rega the conservation easements it h	arding the periodic mon			violations, a	and [Yes	∏ No
5 Staff and volun	teer hours devoted to monitoring	, inspecting and enforc	ing conservation easem	nents di	uring the yea	ar 🕨	
A mount of expe	enses incurred in monitoring, insp	pecting, and enforcing	conservation easement	s durınç	, the year		
B Does each con	servation easement reported on l and 170(h)(4)(B)(II)?	line 2(d) above satisfy	the requirements of sec	ction		∏ Yes	∏ No
balance sheet,	scribe how the organization repo and include, if applicable, the tex n's accounting for conservation e	<t footnote="" of="" td="" the="" the<="" to=""><td></td><td></td><td></td><td></td><td></td></t>					
art III Organi	izations Maintaining Colle	ctions of Art, Hist		or Otl	ner Simila	ir Assets.	
art, historical t	tion elected, as permitted under S reasures, or other similar assets : XIV, the text of the footnote to i	held for public exhibiti	on, education or resear	ch ın fu			ce,
historical treas	ion elected, as permitted under S ures, or other similar assets held owing amounts relating to these i	d for public exhibition,					
(i) Revenues ir	ncluded in Form 990, Part VIII, I	ine 1			►\$		
(ii) Assets incl	uded in Form 990, Part X						
If the organizat	non received or held works of art, nts required to be reported under			or finan			
a Revenues inclu	ded in Form 990, Part VIII, line	1			►\$		
	d ın Form 990, Part X						
					· · ·		

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011										Page 2
Part	Organizations Maintaining Co	llections of Art, I	listo	rical	Treasu	res, or O	the	r Similar A	ssets	s (cor	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any c	ofthei	followin	g that are	e a significa	ant us	se of its colle	ction		
а	Public exhibition		d∣	_ Loa	n or excl	nange progr	rams				
b	✓ Scholarly research		e [– Oth	er						
с	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explain	how t	hey furt	her the o	rganızatıon	ı's ex	empt purpose	e in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							ılar	ΓYe	25	∏ No
Par	t IV Escrow and Custodial Arrang					answere	d "Y	es" to Form	990,		
	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?				butions c	or other ass	ets r	iot	∏ Ye	25	∏ No
b	If "Yes," explain the arrangement in Part XI	V and complete the fol	lowing	g table		Г		•	mount		
с						F	1c		moun		
d	Beginning balance					F	1d				
	Additions during the year					-					
e ¢	Distributions during the year					F	1e 1f				
f	Ending balance					L	п				
2a	Did the organization include an amount on Fe		217						ΓYe	<u>}</u> S	∏ No
b	If "Yes," explain the arrangement in Part XIV				(!! + [D				
Ра	rt V Endowment Funds. Complete	IT the organization a		or Year				TIV, IINE IU Three Years Back		our Ye	ars Back
1a	Beginning of year balance	(a) summer sum	(-)				1	linee reale back			
b	Contributions										
с	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held as									
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
с	Term endowment 🕨										
За	Are there endowment funds not in the posse organization by	ssion of the organizati	on tha	at are h	eld and a	dministered	d for	the	Г	Yes	No
	(i) unrelated organizations		•	• •			•	34	a(i)		
	(ii) related organizations				• •		• •		n(ii)		
b	If "Yes" to 3a(II), are the related organizatio				?		•	· · · [3b		
4	Describe in Part XIV the intended uses of th	-			10						
Par	t VI Land, Buildings, and Equipme	ent. See Form 990,	Part								
	Description of property				t or other vestment)	(b)Cost or o basis (oth		(c) Accumulat depreciatior		d) Boo	ok value
1a	Land		Ļ								
	Buildings		L								
С	Leasehold improvements		.			117	7,522	50	,071		67,451

c Leasehold improvements 117,522 50,071 . . d Equipment . . . 663,711 583,257 e Other . . . 359,917 271,353

80,454

88,564

236,469

Schedule D) (Form 9	90)2011

Schedule D (Form 990) 2011			Page 3
Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A)MARKETABLE SECURITIES	6,923,414		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	- / /		
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)Part IXOther Assets. See Form 990, Part X, line	ne 15.		
(a) Descrip	otion		(b) Book value
(1) SECURITY DEPOSIT (2) DUE FROM IPAA EDUCATIONAL FDN			29,175
(3) 457 PLAN ASSETS			171,836 310,340
(3) +37 + LAN A35L +3			510,540
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		511,351
Part XOther Liabilities. See Form 990, Part X1(a) Description of Liability	(, line 25. (b) Amount		
Federal Income Taxes			
DEFERRED RENT	453,298		
LIABILITY UNDER CAPITAL LEASE	62,902		
POST RETIREMENT LIABILITY	268,374		
457 PLAN LIABILITY	310,340		

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨 1,094,914

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 (ASC740)

	ıle D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	-
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	Determe
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	per	Keturn
T		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)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIV)	4	
С	Add lines 4a and 4b	4 c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ASSOCIATION HAS ADOPTED TOPIC 740-10 WHICH PRESCRIBES MEASUREMENT AND DISCLOSURE REQUIREMENTS FOR CURRENT AND DEFERRED INCOME TAX PROVISIONS THE TOPIC PROVIDES FOR A CONSISTENT APPROACH IN IDENTIFYING AND REPORTING UNCERTAIN TAX PROVISIONS IT IS MANAGEMENT'S BELIEF THAT THE ASSOCIATION DOEES NOT HAVE ANY UNCERTAIN TAX POSITIONS

efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Data	a -	DLN:	93493320084452
SCHEDULE G (Form 990 or 990-EZ)		rmation Regard Saming Activiti	U	омв № 1545-0047 2011	
Department of the Treasury Internal Revenue Service	or if the organ	nization entered more th	s" to Form 990, Part IV, lines nan \$15,000 on Form 990-EZ,)-EZ. 🏲 See separate instruc	line 6a.	Open to Public Inspection
Name of the organization INDEPENDENT PETROL	Employer iden 73-0296927	ntification number			
 a Mail solicitation b Internet and e- c Phone solicitation d In-person solic 2a Did the organization or key employees li b If "Yes," list the ten 	mail solicitations ions	e f g ement with any indi or entity in connec entities (fundraisei	Solicitation of no Solicitation of go Special fundraisii vidual (including office ction with professional rs) pursuant to agreem	n-government grants vernment grants ng events rs, directors, trustees fundraising services? ents under which the fui	
(i) Name and address Individual or entity (fundraiser		(iii) Did fundraiser have custody or control of contributions? Yes No Yes 1000000000000000000000000000000000000	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total		🕨			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule	G	Form	990	or 990	- F 7 `	2011
cheuule	0		220	01 2 2 0		/ 2 0 1 1

Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (d) Total Events (c) Other Events (Add col (a) through GOLF TOURNAMENT col (c)) (event type) (event type) (total number) Revenue 173,260 173,260 1 Gross receipts Less Charitable 2 147,900 147,900 contributions з Gross income (line 1 25,360 25,360 minus line 2) . 4 Cash prizes 5 Non-cash prizes Expenses Rent/facility costs 6 . Food and beverages 7 Direct Entertainment 8 47,930 Other direct expenses 47,930 9 Direct expense summary Add lines 4 through 9 in column (d) (47,930)Þ 10 Net income summary Combine lines 3 and 10 in column (d). • 11 -22,570 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming bingo/progressive bingo (Add col (a) through col (c)) **1** Gross revenue . . . 2 Cash prizes Direct Expenses . . . 3 Non-cash prizes Rent/facility costs 4 Other direct expenses 5 ☐ Yes └ Yes ∏ Yes_____ 6 Volunteer labor Г No No No () **7** Direct expense summary Add lines 2 through 5 in column (d). • Net gaming income summary Combine lines 1 and 7 in column (d) 8 9 Enter the state(s) in which the organization operates gaming activities ____

а	Is the organization licensed to operate gaming activities in each of these states?	•	•	•	•	•	•	•		 •	Г	Yes	Г	No
b	If "No," Explain													

10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	•		•	۰Γ	Yes	Г	- No
b	If "Yes," Explain							

Sche	dule G (Form 990 or 990-EZ) 20:	11						Page 3
11	Does the organization operate ga	aming activities with nonmembers? .				ΓY	es	ΓNο
12		neficiary or trustee of a trust or a mem						
	formed to administer charitable o	gaming?		• •	• •	ΓY	es	└ No
13	Indicate the percentage of gamir							
а	The organization's facility			13a				
b								
14	Provide the name and address of records	the person who prepares the organiza	tion's gaming/special events book:	s and				
	Name 🕨							
	Address 🕨							
15a		ntract with a third party from whom the				۲,	AS	
b	If "Yes," enter the amount of gan	ning revenue received by the organizat ed by the third party 🏲 \$:ion 🕨 \$ and				25	
с	If "Yes," enter name and address							
		-						
	Name 🕨							
	Address 🕨							
16	Gaming manager information							
	Name 🕨							
	Gaming manager compensation	▶\$						
	Description of services provided	▶						
17	✓ Director/officer Mandatory distributions	F Employee	✓ Independent contractor					
т, а		er state law to make charitable distribu	tions from the gaming proceeds to					
						L ^	es	
b	Enter the amount of distributions	required under state law distributed t	o other exempt organizations or sp	ent		•		
_	-	activities during the tax year 🕨 \$						
Par	t IV Complete this part to p instructions.)	provide additional information for	responses to quuestion on Scl	nedule	G (s	ee		
	Identifier	ReturnReference	Explana	tion				

Schedule G (Form 990 or 990-EZ) 2011

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DL	N: 93493320084452
Schedule I						0	MBNo 1545-0047
(Form 990)		Grants and Otl Governments ar mplete if the organization	nd Individuals i	n the United S	tates		2011
Department of the Treasury Internal Revenue Service		inplete in the organization	Attach to Form 9		21 01 22.		Open to Public Inspection
Name of the organization INDEPENDENT PETROLEUM	ASSOCIATION OF A	MERICA				Employer identif 73-0296927	ication number
Part I General Infor	mation on Grants	and Assistance					
 Does the organization m the selection criteria use Describe in Part IV the e 	ed to award the grants o	orassistance?					☞ Yes 「 N
Form 990, Part	IV, line 21 for any r	Governments and ecipient that received D) if additional space	1 more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0)00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MOUNTAIN STATES LEGAL FOUNDATION2596 SOUTH LEWIS WAY LAKEWOOD,CO 80227	84-0736725	501(C)(3)	10,000				EDUCATION
(2)CONSUMER ENERGY ALLIANCE2211 NORFOLK STREET HOUSTON,TX 77098	26-1658339	501(C)(4)	5,000				EDUCATION

 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 MONITORING USE OF GRANT FUNDS SCHEDULE I, PART I, LINE 2 IPAA ISSUES GRANTS TO ORGANIZATIONS WITH WHICH THEY HAVE FAMILIARITY, AND MAINTAINS CONTACT WITH THOSE ORGANIZATIONS THROUGHOUT THE GRANT PERIOD

Schedule I (Form 990) 2011

efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -		DLN: 9	349332	0084	452		
Sch	nedule J	Со	mpensation In	formation		OMB No 1545-0047				
(For	m 990) ment of the Treasury	For certain Officer	s, Directors, Trustees, Compensated Emp the organization answ	Key Employees, and High oyees ered "Yes" to Form 990,	est	20 Open t	11 • Put	olic -		
	Revenue Service	► Attach	Part IV, question to Form 990. ► See se			Inspe				
	me of the organi	zation			Employer ident if i	cation nur	nber			
IND	EPENDENT PETROLE	UM ASSOCIATION OF AMERICA			73-0296927					
Ра	rt I Ouesti	ons Regarding Compensa	tion		/ 5 0290927					
							Yes	No		
1a		ropiate box(es) if the organization								
		Section A, line 1a Complete Par	·	-	-					
	,	s or charter travel		Illowance or residence for	-					
		companions		for business use of perso						
		ification and gross-up payments ary spending account		social club dues or initiat services (e g , maid, chau						
	j Discretion	ary spending account	j Personal	services (e g , maid, chau	neur, cher)					
b		xes in line 1a are checked, did th corprovision of all the expenses d				16				
2		ation require substantiation prior								
	-	ors, trustees, and the CEO/Execu	-			2				
3	Indicate which	, if any, of the following the organi	zation uses to establis	h the compensation of the	e					
		CEO/Executive Director Check a								
		tion committee	_	nployment contract						
		nt compensation consultant	<u> </u>	ation survey or study						
	I Form 990	of other organizations	l♥ Approval	by the board or compensa	ition committee					
4	During the yea or a related org	r, dıd any person lısted ın Form 99 Janızatıon	90, Part VII, Section /	A, line 1a with respect to t	he filing organizat:	ion				
а	Receive a seve	erance payment or change-of-con	trol payment?			4a		No		
b	Participate in,	or receive payment from, a supple	emental nonqualified re	tirement plan?		4b	Yes			
с	Participate in,	or receive payment from, an equit	y-based compensatio	n arrangement?		4c		No		
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the applicab	le amounts for each item i	ın Part III					
_		and 501(c)(4) organizations only	-							
5		ted in form 990, Part VII, Sectior contingent on the revenues of	n A, line 1a, did the or	janization pay or accrue a	iny					
а	The organization	on?				5a				
b	Any related org					5b				
-		e 5a or 5b, describe in Part III								
6		ted in form 990, Part VII, Section contingent on the net earnings of	n A, line 1a, did the or	janization pay or accrue a	iny					
а	The organization	on?				6a				
b	Any related or	janization?				6b		L		
	If "Yes," to line	e 6a or 6b, describe in Part III								
7		ted in Form 990, Part VII, Sectio described in lines 5 and 6? If "Yes			n-fixed	7				
8		ints reported in Form 990, Part V nitial contract exception describe				8				
0		9 did the organization also falle	utha rabuttable areas	nntion procedure decemb	nd in Requisions					
9	section 53 495	8, dıd the organızatıon also follov 58-6(c)?	v the reputtable presu	nprion procedure describe	eu in Regulations	9				

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 50053T Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported ın prıor Form 990 or Form 990-EZ
(1) BARRY RUSSELL	(1) (11)	487,421 0	0 0	0 0	2,200 0	27,493 0	517,114 0	0 0
(2) CJ ESHELMAN II	(1) (11)	210,016 0	0 0	0 0	- /	12,154 0	231,333 0	0
(3) LEE FULLER	(1) (11)	2 5 8 ,5 4 8 0	0 0	0 0		23,138 0	295,939 0	0
(4) SUSAN GINSBERG	(1) (11)	142,713 0	0 0	0 0	8,500 0	3,790 0	155,003 0	0
(5) TINA HAMLIN	(1) (11)	176,632 0	0 0	0 0	-,	18,646 0	203,776 0	0
(6) ROBERT JARVIS	(1) (11)	179,703 0	0 0	0 0		16,739 0	207,542 0	0
(7) FREDERICK LAWRENCE	(1) (11)	163,586 0	0 0	0 0	8,475 0	11,824 0	183,885 0	0 0
(8) THERESE MCCAFFERTY	(1) (11)	174,233 0	0 0	0 0	8,918 0	11,316 0	194,467 0	0 0
(9) DANIEL NAATZ	(1) (11)	236,614 0	0 0	0 0	10,064 0	13,659 0	260,337 0	0 0

Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Ret urn Reference	Explanation
SUPPLEMENTAL INFORMATION		SUPPLEMENTAL POST-RETIREMENT BENEFITS THE ORGANIZATION HAS AN AGREEMENT WITH ITS CURRENT PRESIDENT TO PAY THE HEALTH INSURANCE PREMIUMS FOR THE PRESIDENT AND HIS SPOUSE DURING RETIREMENT AND THROUGHOUT THE LIFE OF EACH OF THEM UNDER THE AGREEMENT, THE ORGANIZATION WILL PROVIDE THEM WITH THE SAME HEALTH COVERAGE PROVIDED TO THE ORGANIZATION'S EMPLOYEES AT THAT TIME THE MAXIMUM BENEFIT TO BE PAID UNDER THIS AGREEMENT CANNOT EXCEED \$15,000 ANNUALLY NO CONTRIBUTIONS HAVE BEEN MADE TO DATE TO FUND THIS AGREEMENT

Schedule J (Form 990) 2011

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93493320084452
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Complete to prov		D Form 990 or 990-EZ ponses to specific questions on ditional information.	ОМВ No 1545-0047 2011 Open to Public
Name of the organizati INDEPENDENT PETROLEUM		Attach to Form 990		Inspection er identification number

ldentifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION MISSION	FORM 990, PART I, LINE 1	IPAA JOINED FORCES WITH THE BUSINESS INDUSTRY POLITICAL ACTION COMMITTEE (BIPAC) TO HELP OUR MEMBER COMPANIES AND STATE COOPERATING ASSOCIATIONS ACHIEVE THEIR ELECTION AND PUBLIC POLICY GOALS BY LINKING THE IPAA POLITICAL WEBSITE TO THE OKLAHOMA INDEPENDENT PETROLEUM ASSOCIATION, OHIO OIL AND GAS ASSOCIATION, THE MICHIGAN OIL AND GAS ASSOCIATION AND THE INDEPENDENT OIL AND GAS ASSOCIATION OF WEST VIRGINIA, WITH MORE ASSOCIATIONS TO FOLLOW IPAA HAS BEEN WORKING CLOSELY WITH FORMER CONGRESSMEN TO ACQUIRE MORE INTELLIGENCE ON DEMOCRATIC ENERGY AND TAX STRATEGIES, EXPAND THE PRESENTATION OF IPAA'S MESSAGE INTO A MORE EXTENSIVE NUMBER OF DEMOCRATIC MEMBERS, AND CONNECT MORE AGRESSIVELY WITH THE DEMOCRATIC LEADERSHIP IN ADDITION, WE WILL PROVIDE A Y OUNG PROFESSIONAL GUEST SPEAKER CAREER SERIES, JUNIOR ACHIEVEMENT LEADERSHIP TRAINING, ACADEMIC COMPETITIONS AND FIELD TRIPS IPAA NOW HOSTS A ROBUST, YEAR-ROUND SCHEDULE OF MORE THAN 20 PROGRAMS THAT OFFER THE INDUSTRY UNPARALLELED OPPORTUNITIES FOR BOTH NETWORKING AND INFORMATION IPAA EVENTS ATTRACT 25,000 PARTICIPANTS THROUGHOUT THE YEAR, WHICH COULD NOT BE POSSIBLE WITHOUT THE CONTINUED SUPPORT AND DEDICATION OF OUR MEMBERS
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION EMPLOYS AN OUTSIDE CPA FIRM TO PREPARE THEIR FORM 990 UPON COMPLETION, A DRAFT IS EMAILED TO THE ORGANIZATION'S PRESIDENT AND DIRECTOR OF FINANCE, WHO THEN FORWARD THE DRAFT TO THE ORGANIZATION'S FINANCE COMMITTEE. AFTER THE DRAFT IS REVIEWED BY ALL PARTIES, AND ANY NECESSARY CHANGES ARE MADE BY THE CPA FIRM THE FINAL FORM IS SENT TO THE PRESIDENT, WHO THEN SIGNS AND FILES THE FORM WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S PRESIDENT MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY THE PRESIDENT DISALLOWS ANY RELATIONSHIPS WHICH VIOLATE THE POLICY
	FORM 990, PART VI, SECTION B, LINE 15	ALL SALARIES ARE REVIEWED AND APPROVED BY THE BOARD CHAIR AS PART OF THE REVIEW PROCESS, THE BOARD CHAIR USES INDEPENDENT COMPENSATION SURVEYS THE FINANCE COMMITTE THEN APPROVES SALARY EXPENSE AS A LINE ITEM DURING THE BUDGET PROCESS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

efile GRAPHIC print -	DO NOT PROCESS As Filed Data	- 1				DLN: 93	4933200	84452
SCHEDULE R (Form 990)	► Complete if the org	Drganizations a manization answered "Y Attach to Form 990.		art IV, line 33, 34, 3	-	ОМЕ	<u>2011</u>	-
Department of the Treasury Internal Revenue Service							en to Pul Inspectio	
Name of the organization INDEPENDENT PETROLEUM ASSOCIA	ATION OF AMERICA				Employer i	dentification number		
					73-02969	27		
Part I Identificatio	on of Disregarded Entities (Comple	te if the organizatio	n answered "Yes'	" on Form 990, Pa	art IV, line 33.)	r		
Name, address, a	(a) and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) End-of-year assets	(f) Direct controlling entity		
	on of Related Tax-Exempt Organiz ed tax-exempt organizations during the		f the organizatior	n answered "Yes"	on Form 990, F	Part IV, line 34 beca	use it had	one
Name, address, and	(a) EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(Section 5 cont	(g) 512(b)(13) trolled hization
							Yes	No
(1) IPAA EDUCATIONAL FOUNDATIO	ON							
1201 15TH STREET NW	EL	DUCATION	DC	501(C)(3)		11A N/A		No
WASHINGTON, DC 20005 52-1849282 (2) IPAA WILDCATTERS FUND								
1201 15TH STREET NW								
WASHINGTON, DC 20005	PC	DLITICAL	DC	527(F)(3)		N/A		No
							<u> </u>	
For Privacy Act and Paperwo	k Reduction Act Notice, see the Instructior	ns for Form 990.	Cat No 50	<u> </u> 0135Y		Schedule R	(Form 990)	<u> </u>

Part III Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (h) (i) (j) (c) (f) (g) (a) (e) Code V-UBI General or Lègal Disproprtionate (b) (d) Name, address, and EIN (k) Predominant income Share of total Share of end-ofallocations? amount in box 20 of Primary activity Direct controlling managing domicile (related, unrelated, Percentage income year Schedule K-1 partner? (state or entity related organization excluded from tax assets ownership (Form 1065) foreign under sections 512country) 514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (f)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PETROLEUM INDEPENDENT PUBLISHERS INC 1201 15TH STREET NW WASHINGTON, DC 20005	INACTIVE	DC	N/A	с			

(6)

Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)				
1	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No	
Ь	Gift, grant, or capital contribution to related organization(s)	1b		No	
С	Gift, grant, or capital contribution from related organization(s)	1 c		No	
d	_oans or loan guarantees to or for related organization(s)	1d		No	
e	_oans or loan guarantees by related organization(s)	1e		No	
f	Sale of assets to related organization(s)	1f		No	
g	Purchase of assets from related organization(s)	1g		No	
h	Exchange of assets with related organization(s)	1h		No	
i L	ease of facilities, equipment, or other assets to related organization(s)	1 i	\square	No	
j L	ease of facilities, equipment, or other assets from related organization(s)	1j		No	
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No	
I P	erformance of services or membership or fundraising solicitations by related organization(s)	11		No	
ms	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes		
n	Sharing of paid employees with related organization(s)	1n	<u> </u>	No	
ο	Reimbursement paid to related organization(s) for expenses	10		No	
р	Reimbursement paid by related organization(s) for expenses	1p	Yes	<u> </u>	
q	Other transfer of cash or property to related organization(s)	1q		No	
r () ther transfer of cash or property from related organization(s)	1r		No	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds										
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved							
(1) IPAA EDUCATIONAL FOUNDTAION	м	310,000	FMV							
(2) IPAA EDUCATIONAL FOUNDTAION	р	171,836	FMV							
(3)										
(4)										
(5)										

Schedule R (Form 990) 2011

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	I.	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	IN box mana edule K-1 partr		(j) General o managing 1 partner?		(k) Percentage ow nership
			514)	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions) Identifier Return Reference Explanation Schedule R (Form 990) 2011