COMMITTEE ON NATURAL RESOURCES

Disclosure Form

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

"Effect of the President's FY2013 Budget for the U.S. Geological Survey on Private Sector Job Creation, Hazard Protection, Mineral Resources, and Deficit Reduction"
Thursday, 22 March, 2012, 9:30 AM.

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Professor John W. Geissman
2. Name of Organization(s) You are Representing at the Hearing: Geological Society of America
3. Business Address: Department of Geosciences, ROC 21, The University of Texas at Dallas, 800 Wes Campbell Road, Richardson, TX 75080
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

Name/Organization: John W. Geissman, Geological Society of America
Title/Date of Hearing: "Effect of the President's FY2013 Budget for the U.S. Geological Survey on Private
Sector Job Creation, Hazard Protection, Mineral Resources, and Deficit Reduction", Thursday, 22 March,
2012, 9:30 AM.

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.

BS, 1973; Geology; MS, 1976, Geology, PhD, 1980, Geology and Geophysics, University of Michigan

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.

President, Geological Society of America

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.

Post-Doctoral Research Fellow, 1978-1980, University of Toronto

Assistant Professor, Geological Engineering, 1980-1984, Colorado School of Mines

Assistant, Associate, and Full Professor, 1984-2010, Earth and Planetary Sciences, University of New Mexico Adjunct Professor, University of Michigan, 1980-present

Professor Emeritus, 2010-present, University of New Mexico

Full Professor, 2010-present, Geosciences, University of Texas at Dallas

Fellow, Geological Society of America

Fellow, American Geophysical Union

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.

NSF, Earth Sciences 0537604	\$180,000	Collaborative Research: Integrated Tectonic and Paleomagnetic Study of the Early Cenozoic Rotation and Extrusion of Asian Crust Around the Eastern Himalayan Syntaxis
NSF, Earth Sciences 0549651	\$76,000	Acquisition of A High-Sensitivity Gravity Meter for Studies in Continental Lithosphere Structure/Tectonics
NSF, Earth Sciences, 0738667	\$77,000	Collaborative Research: Magma Dynamics in Sill and Dike Systems - Constraints From Magnetic Fabrics and Paleomagnetism in the Karoo Large Igneous Province
NSF, Earth Sciences 0843839	\$128,000	Collaborative Research: Terrestrial Paleoenvironmental Record Through the Permian- Triassic Transition of Texas and New Mexico
NSF, Earth Sciences 0903018	\$211,000	Collaborative Research: A high-resolution middle Pleistocene paleoclimate record from the Valles Caldera, New Mexico
NSF, Earth Sciences 0948552	\$145,800	Collaborative Research: Timing, Extent, and Spatial Progression of Neogene Displacement Transfer, Southern Walker Lane, Western Great Basin

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

None

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

Since summer, 1974, I have taught a very broad array of geoscience courses, ranging from Introductory Physical Geology (aka "Rocks for Poets and Jocks"), to Field Geologic Methods and Mapping, to graduate level classes in Tectonics and Paleomagnetism/Geomagnetism

Name/Organization: <u>John W. Geissman, Geological Society of America</u>
Title/Date of Hearing: <u>"Effect of the President's FY2013 Budget for the U.S. Geological Survey on Private Sector Job Creation, Hazard Protection, Mineral Resources, and Deficit Reduction", Thursday, 22 March, 2012, 9:30 AM.</u>

In addition, for witnesses representing organizations:

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

President, Geological Society of America, 1 July, 2011, through 30 June, 2012.

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

NSF, Earth Sciences 0537604	\$180,000	Collaborative Research: Integrated Tectonic and Paleomagnetic Study of the Early Cenozoic Rotation and Extrusion of Asian Crust Around the Eastern Himalayan Syntaxis
NSF, Earth Sciences 0549651	\$76,000	Acquisition of A High-Sensitivity Gravity Meter for Studies in Continental Lithosphere Structure/Tectonics
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NSF, Earth Sciences 0843839	\$128,000	Collaborative Research: Terrestrial Paleoenvironmental Record Through the Permian- Triassic Transition of Texas and New Mexico
NSF, Earth Sciences 0903018	\$211,000	Collaborative Research: A high-resolution middle Pleistocene paleoclimate record from the Valles Caldera, New Mexico
NSF, Earth Sciences 0948552	\$145,800	Collaborative Research: Timing, Extent, and Spatial Progression of Neogene Displacement Transfer, Southern Walker Lane, Western Great Basin

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

None

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

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

Attached



January 6, 2012

Thomas Haberthier Geological Society of America, Inc. P.O. Box 9140 Boulder, CO 80301

Dear Tom:

Enclosed are the original and one copy of the 2010 Exempt Organization returns, as follows...

2010 FORM 990

2010 FORM 990-T

2010 COLORADO FORM 112

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the returns from information you furnished us without verification. Upon examination of the returns by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

BROCK AND COMPANY, CPAS, P.C.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2011

June 30, 2011							
Prepared for	Thomas Haberthier Geological Society of America, Inc. P.O. Box 9140 Boulder, CO 80301						
Prepared by	Brock and Company, CPAs, P.C. 3711 JFK Parkway, #315 Fort Collins, CO 80525						
Amount due or refund	Not applicable						
Make check payable to	Not applicable						
Mail tax return and check (if applicable) to Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027							
Return must be mailed on or before	February 15, 2012						
Special Instructions	The return should be signed and dated.						

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2011

Prepared for	Thomas Haberthier Geological Society of America, Inc. P.O. Box 9140 Boulder, CO 80301
Prepared by	Brock and Company, CPAs, P.C. 3711 JFK Parkway, #315 Fort Collins, CO 80525
Amount due or refund	No amount is due. The organization will receive a refund in the amount of \$24,251
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2012
Special Instructions	The return should be signed and dated.

2010 TAX RETURN FILING INSTRUCTIONS

COLORADO FORM 112

FOR THE YEAR ENDING

June 30, 2011

Prepared for	Geological Society of America, Inc. P.O. Box 9140 Boulder, CO 80301
Prepared by	Brock and Company, CPAs, P.C. 3711 JFK Parkway, #315 Fort Collins, CO 80525
To be signed and dated by	The appropriate corporate officer(s).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 4,880.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 Overpayment \$ 4,880.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 4,880.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Colorado Department of Revenue Denver, CO 80261-0006
Return must be mailed on or before	April 17, 2012
Special Instructions	

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending	JUN 30, 201	1
В	Check if	C Name of organization	D Employer identi	fication number
,	applicable	·		
	Addres change	GEOLOGICAL SOCIETY OF AMERICA, INC.		
	Name change		13-	1659623
	Initial return		uite E Telephone numb	er
F	Termin			-357-1019
F	Amend		G Gross receipts \$	14,119,116.
	Application		H(a) Is this a group	
	pendin	F Name and address of principal officer: JOHN W. HESS	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates in	
$\overline{}$	Tay aya		─	a list. (see instructions)
		e: WWW.GEOSOCIETY.ORG	H(c) Group exempt	
				M State of legal domicile: NY
		Summary	car or formation. ±000	W State of legal dofficie. 14 1
		Briefly describe the organization's mission or most significant activities: THE GEOL	OCTCAT. SOCTE	TV OF
Se	' '	AMERICAS WAS FOUNDED TO ADVANCE THE SCIENCE	OF CEOLOGY	
nar				
Activities & Governance	1	Check this box if the organization discontinued its operations or disposed of n		1 4 6
Ĝ		Number of voting members of the governing body (Part VI, line 1a)		
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)		
ţį		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		
Ξ		Total number of volunteers (estimate if necessary)		
Ą		Total unrelated business revenue from Part VIII, column (C), line 12		
	b	Net unrelated business taxable income from Form 990-T, line 34		-
			Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	871,587	
Revenue	1	Program service revenue (Part VIII, line 2g)	4,152,798	4,355,809.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-422,117	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,904,365	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,506,633	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,248,171	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,107,989	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.
×	b	Total fundraising expenses (Part IX, column (D), line 25) 7,862.	2 006 205	0 201 052
_	1/ (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,006,327	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,362,487	
	19	Revenue less expenses. Subtract line 18 from line 12	-855,854	
Net Assets or Fund Balances			Beginning of Current Year	
Sset	20	Total assets (Part X, line 16)	22,908,481	
at A	21	Total liabilities (Part X, line 26)	2,592,710	
골	22	Net assets or fund balances. Subtract line 21 from line 20	20,315,771	. 24,617,628.
	art II	Signature Block		
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	•	my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Signature of officer	 Date	
Sig	ın	•	Date	
He	re	JOHN W. HESS, EXECUTIVE DIRECTOR		
		Type or print name and title	I Data Laur	I II DTINI
	.	Print/Type preparer's name Preparer's signature	Date Check if	PTIN
Pai		SUSAN R. JOHNSON	self-emplo	pyed
	parer	Firm's name BROCK AND COMPANY, CPAS, P.C.	Firm's EIN ▶	
Use	Only	Firm's address 3711 JFK PARKWAY, #315		252 222 525
		FORT COLLINS, CO 80525	Phone no.	970-223-7855
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

The Check of Schedule O Contains a response to any question in the Part III Briefly describe the organization shadour. THE GEOLOGICAL SOCIETY OF AMERICA WAS FOUNDED TO ADVANCE THE SCIENCE OF GEOLOGY, ENHANCE THE PROFESSIONAL GROWTH OF ITS MEMBERS AND TO PROMOTE THE GEOSCIENCES IN THE SERVICE OF HUMANKIND AND STEWARDSHIP OF THE BARTH. 2 Did the organization undertake any significant program services during the year which were not listed on the pint Form \$90 or \$90.52? If "ves," describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services by expenses. Section 5016(6) and 501(6)(4) organizations and section •947(a)(1) tusts are required to report the amount of grants and allocations to others, the total expenses, and reviews. If any, for each program services propried. If the RICHARD AND SPONSES TO YOU. Including greater of S. T. T. S. MEMBERS IN THE RICHARD AND SPONSES TO YOU. Including greater of S. T. T. S. MEMBERS IN THE RICHARD AND SPONSES TO YOU. Including greater of S. T. T. S. MEMBERS IN THE RICHARD AND SPONSES TO YOU. Including greater of S. T. T. S. MEMBERS IN THE RICHARD AND SPONSES TO YOU. Including greater of S. T. T. S. MEMBERS IN THE RICHARD AND SPONSES TO YOU. Including greater of S. T. T. S. MEMBERS IN THE RICHARD AND SPONSES TO YOU. Including greater of S. T. T. S. MEMBERS IN THE RICHARD AND SPONSES TO YOU. Including greater of S. T. T. S. MEMBERS IN THE RICHARD AND SPONSES TO YOU. Including grants of S. 1, 679, 672. (Revenue S. 645, 922.) FROM COMMENT THE DIVISION, SECTION AND SECURITY TWO PEOPLE ATTENDED THIS REARS FISCAL MEETING. SMALLER MEETINGS ARE HELD IN THE SPRING. MEMBERS. THEY PARTICIPATE IN FIELD TRIPS, TECHNICAL SESSIONS, SHORT COURSES AND CONFERENCES CONCERNING TOPICS IN THE FIELD OF GEOLOGY. 40 (Code:)(Expenses S. 2, 420, 177. Including grants of S. 1, 679, 672.)(Revenue S. 645, 922.) RECEIPED TO THE SECRET OF	Pa	rt III Statement of Program Service Accomplishments
THE GEOLOGICAL SOCIETY OF AMERICA WAS FOUNDED TO ADVANCE THE SCIENCE OF GEOLOGY, ENHANCE THE PROPESSIONAL GROWTH OF ITS MEMBERS AND TO PROMOTE THE GEOSCIENCES IN THE SERVICE OF HUMANKIND AND STEWARDSHIP OF THE EARTH. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27 [Ves X] No If Yes, (Secrible these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? [Ves X] No If Yes, (Secrible these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 50(16)3 and 50(16)40 quanizations as described 14947(6)1) tusts are required to report the amount of grants and allocations to others, the total expenses, and revenus, if any, for each program service reported. 4 Code: [Scorenes 1, 898, 1.00 including grants of S.] [Revenue S. 2, 418, 389.] 4 Code: [Scorenes S. 1, 898, 1.00 including grants of S.] [Revenue S. 2, 418, 389.] 4 THE ORGANIZATION SPONSORS AN ANNUAL MEETING FOR ITS MEMBERS IN THE FALL. NITE THOUSAND, FIVE HUNDRED AND SEVENTY TWO PEOPLE ATTEMPORED THIS YEARS FISCAL MEETING. SMALLER MEETINGS ARE HELD IN THE SPRING. MEMBERS ARTEND TO MEET WITH DIVISION, SECTION AND ASSOCIATED SOCIETY MEMBERS. THEY PARTICIPATE IN FIELD TRIPS, TECHNICAL SESSIONS SHORT COURSES AND CONFERENCES CONCERNING TOPICS IN THE FIELD OF GEOLOGY. 40 (Code: [Scorenes S. 2, 420, 177. Industing grants of S.] [Revenue S. 645, 922.] 50 Code: [Scorenes S. 2, 420, 177. Industing grants of S.] [Revenue S. 645, 922.] 51 Code: [Scorenes S. 2, 420, 177. Industing grants of S.] [Revenue S. 645, 922.] 52 Code: [Scorenes S. 2, 420, 177. Industing grants of S.] [Revenue S. 645, 922.] 53 CODE STANDING OF AND APPRECIATION FOR GEOSCIENCES BY WORKING WITH COURSES AND ADVISORS AND ADVISIONS. THE GRANDIAL STANDING ST		Check if Schedule O contains a response to any question in this Part III
OF GROLOGY, ENHANCE THE PROFESSIONAL GROWTH OF TIS MEMBERS AND TO PROMOTE THE GEOSCIENCES IN THE SERVICE OF HUMANKIND AND STEWARDSHIP OF THE EARTH. Did the organization undertake any significant program services during the year which were not listed on the prior from 980 or 980-627 If "Yes," describe these new services on Schedule O. Or the conjunction cases conducting, or male significant changes in how it conducts, any program services? Or the conjunction cases conducting, or male significant changes in how it conducts, any program services? Or the voing magnificant change on Schedule O. Or the voing magnificant changes in how it conducts, any program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total programs. Schedule program service of the same that and allocations to others, the total programs. Schedule or program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total programs service of the organization of schedule or programs services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others. the total programs and the services of the services of the organization of schedule Organization Schedule Organization Schedule Organization Schedule Organization Conference of the services of the schedule Organization Conference organization organiza	1	
PROMOTE THE GEOSCIENCES IN THE SERVICE OF HUMANKIND AND STEWARDSHIP OF THE BARTH. Did the organization undertake any significant program services during the year which were not listed on the prior Form 800 or 900 EZ?		
Did the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 990 E27 If "Yes," describe these new services on Schedule O. Bid the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these newned purposes on Schedule O. Bid the organization cease conducting, or make significant changes in how it conducts, any program services by expenses. Section 501(c)(s) and 501(c)(d) organizations and section 4947(q)(1) tusts are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, for each program service proprate. 4a (Code:)(Expenses 1, 898,100, including grants of S.)(Revenue \$ 2,418,389.) THE ORGANIZATION SPONSORS AN ANNUAL MEETING FOR ITS MEMBERS IN THE FALL. NINE THOUSAND, FIVE HUNDRED AND SEVENTY TWO PEOPLE ATTENDED THIS YEARS FISCAL MEETING. SMALLER MEETINGS ARE HELD IN THE SPRING. MEMBERS ATTEND TO MEET WITH DIVISION, SECTION AND ASSOCIATED SOCIETY MEMBERS. THEY PARTICIPATE IN FIELD TRIPS, TECHNICAL SESSIONS, SHORT COURSES AND CONFERENCES CONCERNING TOPICS IN THE FIELD OF GEOLOGY. 4b (Code:)(Expenses \$ 2,420,177. including grants of \$ 1,679,672.)(Revenue \$ 645,922.) EDUCATION, OUTREACH AND GRANTS — INVOLVEMENT IN HEIGHTENING PUBLIC UNDERSTANDING OF AND APPRECIATION FOR GEOSCIENCES BY WORKING WITH SCIENTISTS, TEACHERS, STUDENTS AND THE GENERAL PUBLIC. THERE ARE ALSO PROGRAMS AND SHORT COURSES RUN BY SECTIONS AND DIVISIONS. THE ORGANIZATION GRANTS FUNDS FOR RESEARCH AND TRAVEL TO UNDERGRADUATE, GRADUATE, AND FOST-DOC STUDENTS AND SUPPORTS A NUMBER OF AWARDS AND MEDIALE. AND FOST-DOC STUDENTS AND SUPPORTS A NUMBER OF AWARDS AND MEDIALE. AND FOST-DOC STUDENTS AND SUPPORTS A NUMBER OF AWARDS AND MEDIALE. AND FOST-DOC STUDENTS AND SUPPORTS A NUMBER OF AWARDS AND MEDIALE. AND FOST-DOC STUDENTS AND SUPPORTS A NUMBER OF AWARDS AND MEDIALE. SOCIETY'S MEMBERS SAND ORDANCE THERE ARE APPROXIMATELY 23,400 MEMBERS ANNUALLY. 4c (Code:		
2 Del the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 in the prior Form 990 or 990-E27 in 1°4es, "describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
the prior form 980 or 990-EZ? If Yes, 'describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ves X No if Yes, 'describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services by expenses. Section 501(s)(3) and 501(s)(4) organizations and section 4947(s)(1) tusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Code: (Expenses \$ 1,898,100 \) including grants of \$ (Revenue \$ 2,418,389 \) THE ORGANIZATION PONSORS AN ANNUAL MEETING FOR ITS MEMBERS IN THE FALL. NINE THOUSAND, FIVE HUNDRED AND SEVENTY TWO PEOPLE ATTENDED THIS YEARS FISCAL MEETING. SARE HELD IN THE SPRING, MEMBERS ATTEND TO MEET WITH DIVISION, SECTION AND ASSOCIATED SOCIETY MEMBERS THEY PARTICIPATE IN FIELD TRIPS, TECHNICAL SESSIONS, SHORT COURSES AND CONFERENCES CONCERNING TOPICS IN THE FIELD OF GEOLOGY. 4b (Code:)(Expenses \$ 2,420,177 \) including grants of \$ 1,679,672 \) (Revenue \$ 645,922 \)		THE EARTH.
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ves \(\bar{X} \) No If "Yes," describe these changes on Schedule O. Of the organization's three largest program services by expenses. Section 501(6)3 and 501(6)4 organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	2	
Ves X No If Yes," describe these changes on Schedule O.		the prior Form 990 or 990-EZ?
If "Yes," describe these changes on Schedule O.		
4D Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) tusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, flavy, for each program service reported. 4a (Code:)(Expenses \$ 1,898,100 · including grants of \$)(Revenue \$ 2,418,389 ·) THE ORGANIZATION SPONSORS AN ANNUAL MERTING FOR ITS MEMBERS IN THE FALL. NINE THOUSAND, FIVE HUNDRED AND SEVENTY TWO PEOPLE ATTENDED THIS YEARS FISCAL MEETINGS SMALLER MEETINGS ARE HELD IN THE SPRING. MEMBERS ATTEND TO MEET WITH DIVISION, SECTION AND ASSOCIATED SOCIETY MEMBERS. THEY PARTICIPATE IN FIELD TRIPS, TECHNICAL SESSIONS, SHORT COURSES AND CONFERENCES CONCERNING TOPICS IN THE FIELD OF GEOLOGY. 4b (Code:)(Expenses \$ 2,420,177 · including grants of \$ 1,679,672 ·)(Revenue \$ 645,922 ·) EDUCATION, OUTREACH AND GRANTS — INVOLVEMENT IN HEIGHTENING PUBLIC UNDERSYANDING OF AND APPRECIATION FOR GEOSCIENCES BY WORKING WITH SCIENTISTS, TEACHERS, STUDENTS AND THE GENERAL PUBLIC. THERE ARE ALSO PROGRAMS AND SHORT COURSES RUN BY SECTIONS AND DIVISIONS. THE ORGANIZATION GRANTS FUNDS FOR RESEARCH AND TRAVEL TO UNDERGRADUATE, GRADUATE, AND POST—DOC STUDENTS AND SUPPORTS A NUMBER OF AWARDS AND MEDIAS TO RECOGNIZE EXCELLENCE. THERE ARE APPROXIMATELY 1,100 RECEIPENTS OF THESE GRANTS AND AWARDS ANNUALLY. 4c (Code:)(Expenses \$ 599,920 · including grants of \$)(Revenue \$ 624,428 ·) THE MEMBERSHIP FOR THE BENEFIT OF ITS MEMBERS AND TO ADVANCE THEIR PROFESSIONALISM, RESEARCH AND CAREERS. THERE ARE APPROXIMATELY 23,400 MEMBERS ANNUALLY. 4d Other program services. (Describe in Schedule O.) (Expenses \$ 447,432 · including grants of \$)(Revenue \$ 2,367,900 ·)	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
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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	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		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		Х				
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	N/	A				
6	id 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							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X				
0	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			7.7				
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	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	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	X					
b			v					
		11b	X					
С		44.		Х				
ام		110						
u		114		х				
_				X				
f								
	· · · · · · · · · · · · · · · · · · ·	11f	Х					
12a								
	Outside to D. Douts VI. VII. and VIII.	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	X					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х				
14a	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,							
		14b	X					
15				7.7				
		15		X				
16				v				
		16		X				
17		47		Х				
10		17						
18		10		х				
19		10						
13		10		х				
20a	f 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 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 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 Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII Nas the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional as the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional as the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional as the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional as 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,			X				
~								
obstate one of more needstate must attach addition infantial statements (see instructions)								

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Part 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	ants and organizations in the 21	X	
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			
22 23 24a b c	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
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?	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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			37
		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			v
	Schedule L, Part III	27		Λ
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):	00-		v
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280		21
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	280		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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	<u> </u>		
	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	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			
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		Х
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		X
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	Х	

Form **990** (2010)

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

Forter the number reported in Box 3 of Form 1006. Enter 0- if not applicable 1a 415 1b 10 10 10 10 10 10 10		Check if Schedule O contains a response to any question in this Part V					
Enter the number of Forms W.2G included in line 1s. Enter of-India applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 1c. X 2s. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the collected repayment with ording my the control of the collection of the						Yes	No
b If the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) without without some with a second to the payment of the	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	415			
Gamblingly winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Filed for the calendar year, and the calendar year, and a supplementation in the all required federal employment tax returns? So bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? So bit the organization have unrelated business gross income of \$1,000 or more during the year? By If "Yes," has it filed a Form 930 To for the year "I "No," provide an explanation in Schedule O By If "Yes," and it filed a Form 930 To for the year "I "No," provide an explanation in Schedule O By If "Yes," and it is fled a Form 930 To for the year "I "No," provide an explanation of schedule O By If "Yes," and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; low. So is instructions for filing requirements for Form 15 90-22.1, Report of Foreign Bank and Financial accounts. So Was the organization any proty to a prohibited tax shelter transaction at any time during the tax year? By If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction? By If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? For Organizations that may receive deductible contributions under section 170(c). By If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? For Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? For Organizations that may receive deductible contributions under section 170(c). By If "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable be fine the number of Forms W-2G included in line 1s. Enter -0- if not applicable be the the number of Forms W-2G included in line 1s. Enter -0- if not applicable by the companies of the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) withings to prize with enters. 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 55 If all telests on in line 2s, did the organization line all required federal employment tax returns? 2b If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) 30 Id the organization have unreated business gross income of \$1.000 or more during the year? 3a Id the organization have unreated business gross income of \$1.000 or more during the year? 3a 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 accounts? 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 accounts? 4b If "Yes," enter the name of the foreign country. 5c See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any example party northy the organization file Form 8888.7' 5c In If "Yes," in line Sac or Sb, did the organization file Form 8888.7' 5c Torganizations that may receive deductible? 5c In Yes, and the organization network and year year year year year year year year						
2a Enter the number of employees reported on Form W3, Transmittal of Wige and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	able gaming			
filed for the calendary year ending with or within the year covered by this return. 2a 555		(gambling) winnings to prize winners?			1c	X	
b If a least one is reported on line 2e, did the organization file all required federal employment tax returns? 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? 3a X 3b If "Yes, 'has it filed a Form 90-17 for this year? If "No.' provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country ▶ 5a Was the organization a party to a prohibited tax shelfer than 250, you have the organization that the transaction at any time during the tax year? 5b If "Yes, 'to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelfer transaction? 5c If "Yes, 'to line 5a or 5b, did the organization file Form 8896-17 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes,' did the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If Yes,' did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7c If If Yes,' a positive that a pay premiums, directly or indirectly, on a personal benefit contract? 7d If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7d If Yes,' a positive the organization receive any funds, directly or indirectly, on a personal benefit contract? 7d If Yes,' and the organization make a distribution to	2a	Enter the number reported in Box 3 of Form 1086. Enter 0- if not applicable 10 of Tenter the number of Forms W.26 included in line 1a. Enter 0- if not applicable 10 of 10 of the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners? 10 of					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a							
3a X 3b If "Yes," has it filed a Form 990.7 for this year? If "No," provide an explanation in Schedule O 3b X 3b X 3b A AI 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, ear other financial accountly? 4a X 5b If "Yes," interest the name of the foreign country (such as a bank account, securities account, or other financial accountly? 5c If where the name of the foreign country 5c If Yes, "I to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c X 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c X 5c If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction? 5c X 5c If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction? 5c X 5c If "Yes," did the organization into the was or is a party to a prohibited tax shelter transaction? 5c X 5c If "Yes," did the organization into the was or is a party to a prohibited tax shelter transaction? 5c X 7c X	b				2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4b If "Yes," enter the name of the foreign country. ► 5ce instructions for filing requirements for Form TD F 902-21, Report of Foreign Bank and Financial accountly. 5ce instructions for filing requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. 5ce Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization this til was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization this Form 8386-1? 5c Obset 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? 5c Obset 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? 5c Organizations that may receive deductible contributions under section 170(c). 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive applient in excess of \$75 made party is a contribution of organization or file was deductible? 7d Organizations state that a property or the value of the goods or services provided? 7d If "Yes," indicate the number of Forms 8282 filed during the year 8 Did the organization develor any funds, directly or indicetly, to pay premiums on a personal benefit contract? 7d Yes, "Indicate the number of Forms 8282 filed during the year 9 If the organization received a contribution of culafficid intollectual property, did the organization file Form 8999 as required? 18 Section 501(c)(7) organizations maint			s)			37	
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	14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O				

GEOLOGICAL SOCIETY OF AMERICA, INC. 13-1659623 Form 990 (2010) 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 16 **b** Enter the number of voting members included in line 1a, above, who are independent ______ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? X 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a Х governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 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.) No Yes 10a Does the organization have local chapters, branches, or affiliates? X 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? X 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? Х The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 X Another's website X Upon request 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.

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

THE GEOLOGICAL SOCIETY OF AMERICA, INC. - 303-357-1019

80301

CO

Form **990** (2010)

P.O. BOX 9140, BOULDER,

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.

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

- 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.

(A)	(B)	l))	про	1100	(D)	(E)	(F)
Name and Title	Average hours per	(cł		Pos			ılv)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DR. JOAQUIN RUIZ										
PRESIDENT	3.00	Х		Х				0.	0.	0.
DR. JEAN M. BAHR										
PAST PRESIDENT	3.00	Х		X				0.	0.	0.
DR. JOHN W. GEISSMAN										
VICE PRESIDENT	3.00	X		X				0.	0.	0.
DR. JONATHAN G. PRICE										
TREASURER	3.00	Х		Х				0.	0.	0.
MS. MONICA E GOWAN					/					
COUNCILOR	3.00	Х						0.	0.	0.
DR. BRIAN R PRATT										
COUNCILOR	3.00	Х						0.	0.	0.
DR. LISA D. WHITE										
COUNCILOR	3.00	Х						0.	0.	0.
DR. BRUCE R. CLARK									_	_
COUNCILOR	3.00	Х						0.	0.	0.
DR. JACQUELINE E. HUNTOON									_	_
COUNCILOR	3.00	Х						0.	0.	0.
DR. MURRAY W. HITZMAN									_	_
COUNCILOR	3.00	Х						0.	0.	0.
DR. VICTOR A. RAMOS										
COUNCILOR	3.00	Х						0.	0.	0.
DR. BARBARA L. DUTROW										•
COUNCILOR	3.00	Х						0.	0.	0.
DR. G. RANDY KELLER										•
COUNCILOR	3.00	Х						0.	0.	0.
DR. CLAUDIA I. MORA		l							•	•
COUNCILOR	3.00	Х						0.	0.	0.
DR. J. DOUGLAS WALKER		,,							•	•
COUNCILOR	3.00	Х				_	L	0.	0.	0.
DR. DANIEL LARSEN	2 00	\ _{3,7}							^	^
COUNCILOR	3.00	Х		\vdash			_	0.	0.	0.
MARGARET DAVINO	2 00	37							^	^
NY LEGAL COUNSEL - NON VOTE	2.00	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd l	High	nest	Compensated Employ	rees (continued)				
(A)	(B)			(((D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable	Э	E	stimate	ed
	hours per	(cl	heck	all t	that	app	oly)	compensation	compensation	on	ar	nount	of
	week	5						from	from related			other	
	(describe hours for	director				_		the	organization			pensa	
	related	e or (stee			sate		organization	(W-2/1099-MI	SC)	l l	om th	
	organizations	trustee or	al fru:		yee	ımpeı		(W-2/1099-MISC)				anizat d relat	
	in Schedule	Individual	Institutional trustee	la e	Key employee	est co	E.					anizati	
	O)	lndi	Insti	Officer	Keye	Highest compensated employee	Former						
ADRIENNE MCNAMARA													
CO LEGAL COUNSEL - NON VOTE	2.00	X						0.		0.			0.
DR. MARK CLOOS	2 00	l								•			•
INT'L SECRETARY - NON-VOTING	3.00	Х						0.		0.			0.
JOHN W. HESS	40.00			x				106 057		0.	່	7 0	5 <i>6</i>
EX OFFICIO, NON-VOTING SECRETARY CRAIG SCHIFFRIES	40.00			^		\vdash	-	186,057.		0.		7,0	50.
DIRECTOR OF GEOSCIENCE POLICY	40.00					X		132,717.		0.	1	3,1	81.
JON OLSEN	1000					┢▔		102//2/			_	- , -	<u></u>
SENIOR DIRECTOR OF PUBLICATIONS	40.00					x		106,386.		0.	1	4,3	26.
TODD BERGGREN								_					
SENIOR DIRECTOR OF IT	40.00					X		106,509.		0.	1	7,2	45.
1b Sub-total								531,669.		0.	7	1,8	08.
c Total from continuation sheets to Part VII, Section A								0.					
d Total (add lines 1b and 1c) 531,669.							0.	7	1,8	08.			
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 in reportab	ole			,
compensation from the organization		-										Yes	No
3 Did the organization list any former officer,	director or tru	stee	e. ke	v em	olar	vee.	or h	nighest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	um of reportab									1			
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual			4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpopostod in	done	and a	nt o	ont	root	oro t	that received more than	\$100,000 of oor	mnone	otion	from	
 Complete this table for your five highest co the organization. NONE	impensateu int	rebe	snue	iii C	OHL	acii	015 1	mat received more trian	\$100,000 01 001	npens	alion	ITOITI	
(A)								(B)			((C)	
Name and business	address							Description of s	services	C		nsatio	'n
2 Total number of independent contractors (including but n	ot lii	mite	d to	tho	se li	ster	d above) who received n	nore than				
\$100,000 in compensation from the organi	-					0		,					

Cal Total revenue Related or exempt function Cal C	Part VIII	
Section Sect		(D) Revenue excluded from tax under sections 512, 513, or 514
Section Sect	<u>ပ</u> 1 a	
Section Sect	를 "	
Section Sect	,[P	
Section Sect	E c	
Section Sect	b <u></u> <u>a</u> ,	
Section Sect	<u>'</u> ≣l e	
Section Sect	. <u></u>	
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Subject Subj	ē h	
2 a MEETINGS DUCATION & OUTREACH COMMBERSHIP DUES DOUGH DUCATION & OUTREACH COMMBERSHIP DUES DUCATION & DIVISIONS DOUGH DUCATION & DIVISIONS DUCATION & DUCATION & DIVISION & DIV		
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g Total. Add lines 2a2f	d d	
g Total. Add lines 2a2f	۳ e	
g Total. Add lines 2a-2f A 355,809 A 352,809 A		
Investment income (including dividends, interest, and other similar amounts) 620,402.	1	
other similar amounts)		
A Income from investment of tax-exempt bond proceeds Royalties 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 6 Net gain or (loss) 7 a Gross income from fundraising events (not including \$ 590469.636,586. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 50 Centributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 3892750.		(20 402
The state of the		620,402.
(i) Real (ii) Personal b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 4116001. 13,414. c Gain or (loss) d Net gain or (loss) 6 As Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	4	
(i) Real (ii) Personal b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 4116001. 13,414. c Gain or (loss) d Net gain or (loss) 6 As Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	5	
Company Comp		
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Sago a Gross income or (loss) from gaming activities a Sago a Gross income from gaming activities a Sago a Gross ales of inventory, less returns and allowances a Sago a Gross income from gaming activities a Sago a Gross a G	6.0	
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 4116001. 13,414. -590469.636,586. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances a 3892750.	1	
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances (i) Securities (ii) Other (ii) Other (iii)		
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9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 3892750.	5 B	
Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 3892750	1	
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 3892750.	1	
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances		
10 a Gross sales of inventory, less returns and allowancesa	b	
10 a Gross sales of inventory, less returns and allowancesa	С	
and allowances a 3892750.	10 a	
0.450044		
	_ h	
1 400 036 1 400 036	1	
c Net income or (loss) from sales of inventory 1,429,936.1,429,936.	_ <u>c</u>	
Miscellaneous Revenue Business Code NT GODT LANDOUG	<u> </u>	
11 a MISCELLANEOUS 900099 167,769. 167,769.	1	
ь SPONSORSHIPS 900099 103,125. 103,125.	b	
	С	<u> </u>
d All other revenue	d	
e Total. Add lines 11a-11d 270,894.		
12 Total revenue. See instructions. 7,526,887.6,056,639. 0.		. 666,519.

Part IX | Statement of Functional Expenses

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

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

	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		схреносо	general expenses	схропосо
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	1,269,906.	1,269,906.		
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	228,806.	84,658.	144,148.	
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	2,954,390.	728,804.	2,225,586.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	231,949.		231,949.	
9	Other employee benefits	360,197.	162,689.	197,508.	
10	Payroll taxes	217,097.	57,447.	159,650.	
11	Fees for services (non-employees):				
а	Management			1	
b	Legal	27,101.	11,535.	15,566.	
	Accounting	57,760.		57,760.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	55 400		55 400	
f	Investment management fees	55,482.	215 040	55,482.	7.060
g		616,013.	317,049.	291,102.	7,862.
12	Advertising and promotion	48,655. 221,497.	12,864.	35,791.	
13	Office expenses	32,044.	129,729. 2,107.	91,768.	
14	Information technology	32,044.	2,107.	49,931.	
15	Royalties	210,392.	1,800.	208,592.	
16	Occupancy	481,941.	357,072.	124,869.	
17	Travel	401,741.	331,012.	124,000.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	764,897.	734,878.	30,019.	
20	, , , , , , , , , , , , , , , , , , , ,	, 0 2 7 0 5 7 0	75275751	30,0231	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	189,363.	16,000.	173,363.	
23	Insurance	50,186.	10,503.	39,683.	
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.)				
а	COGS	509,241.	11,086.	498,155.	
b	BUILDING REPAIR ENDOWME	409,765.	409,765.		
С	FOUNDATION SUPPORT	390,316.		390,316.	
d	CREDIT CARD FEES	234,624.	6,854.	227,770.	
е	AV SERVICES	120,794.	112,458.	8,336.	
f	All other expenses	-2,028,118.	928,425.	-2,956,543.	
25	Total functional expenses . Add lines 1 through 24f	7,654,298.	5,365,629.	2,280,807.	7,862.
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				
					Cause 000 (0010)

Pai	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			237.	1	9,371.
	2	Savings and temporary cash investments			40,548.	2	121,962.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			352,881.	4	598,772.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	es. Comp	olete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined ι	under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar	nd contributing			
		employers and sponsoring organizations of sect	tion 501(d	c)(9) voluntary			
"		employees' beneficiary organizations (see instru	ictions)			6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			301,961.	8	306,979.
	9	Prepaid expenses and deferred charges			275,083.	9	254,202.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,595,159.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	3,048,247.	2,491,483.	10c	2,546,912.
	11	Investments - publicly traded securities		18,915,569.		18,751,769.	
	12	Investments - other securities. See Part IV, line 1	530,719.	12	4,374,341.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14	100 100	
	15	Other assets. See Part IV, line 11			0.	15	100,408.
	16	Total assets. Add lines 1 through 15 (must equa			22,908,481.	16	27,064,716.
	17	Accounts payable and accrued expenses	631,966.	17	606,855.		
	18	Grants payable	1 05/ 2/7	18	1 040 222		
	19	Deferred revenue		1,954,347.	19	1,840,233.	
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete I				21	
ρij	22	Payables to current and former officers, director					
Lia		highest compensated employees, and disqualifi					
		of Schedule L				22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				24	
	2 4 25	Other liabilities. Complete Part X of Schedule D	-		6,397.		0.
	۱	Total liabilities. Add lines 17 through 25			2,592,710.	26	2,447,088.
	26	Organizations that follow SFAS 117, check he	ara 🕨	X and complete	2/002//201	20	2/11//0001
v		lines 27 through 29, and lines 33 and 34.		and complete			
၁၁	27	Unrestricted net assets			2,190,497.	27	4,770,936.
alaı	28	Temporarily restricted net assets			14,240,889.	28	15,962,307.
d B	29			3,884,385.	29	3,884,385.	
Ë		Organizations that do not follow SFAS 117, c	heck her	e ▶ ☐ and			
P		complete lines 30 through 34.		,			
ets	30	Capital stock or trust principal, or current funds			30		
SS	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			20,315,771.	33	24,617,628.
	34				22,908,481.	34	27,064,716.
							Form 990 (2010)

Form **990** (2010)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,65		
3	Revenue less expenses. Subtract line 2 from line 1	3		-12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	,31	5,7	71.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4	,42	9,2	68.
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	24	,61	7,6	28.
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response to any question in this Part XII					X
					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	О.				
2a						Х
b				2b	Х	
С						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	dit			
	Act and OMB Circular A-133?	0		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	Х	

Form **990** (2010)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GEOLOGICAL SOCIETY OF AMERICA, INC.

Employer identification number

13-1659623

Pa	art I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's						's nam	e.				
		city, and stat		. ,						•	•		,
5		• .		benefit of a college or u	niversity ov	wned or or	perated by	a governi	mental uni	t described	d in		
·		_	(b)(1)(A)(iv). (Comple	-			· - · · · · ,	3					
6				ent or governmental uni	t describe	d in sectio	n 170/h)/-	1//////					
7	Ħ	•		eives a substantial part					or from the	general ni	iblic desc	rihad ir	n
•			b)(1)(A)(vi). (Comple		or its supp	on nom a	governine	intal unit C	n nom the	general po	abile desc	i ibea ii	
8					(Complete	Port II \							
9	X	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
Э		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
				axable income (less sec									
			509(a)(2). (Complete		lion on ta	ix) ITOITI DU	1511165565	acquired b	ly trie orga	ii iizalioi i ai	ter June 3	0, 197	5.
10				·	at far aubl	io oofaty (Coo esstin	- F00/a\/	•\				
11	H			perated exclusively to te perated exclusively for the						v out the n		of ana	~~
''		ŭ		•							•		Ji
				ations described in secti				2). See Se (, tion 509(aj(S). Onec	k the box	liial	
				organization and compl				to avoto d		ч .	Type III - ()thor	
a Type I b Type II c Type III - Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more dis						r mara dia				_			
e	•												11
				han one or more publicly		-				9(a)(1) or se	ection 509	(a)(2).	
1				ten determination from									
			rganization, check th										Ш
ć	j			organization accepted ar								I	
				irectly controls, either al							11g(i)	Yes	No
		•	• .										
				n described in (i) above?									
				person described in (i)							11g(iii)		
r	1	Provide the f	ollowing information	about the supported or	ganization	(s).							
			ı	/iii\ Tupo of	l.,		l .			46.0			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	on in col.	(vii) Am	nount of	f
	orga	ınization		(described on lines 1-9		sted in your document?		ion in col. r support?	(i) organiz U.S	ed in the	sup	port	
				above or IRC section									
				(see instructions))	Yes	No	Yes	No	Yes	No			
													_
_													

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities						_		
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,						_		
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)			
	organization, check this box and stop	here					>		
Section C. Computation of Public Support Percentage									
	Public support percentage for 2010 (li					14	<u>%</u>		
	Public support percentage from 2009 Schedule A, Part II, line 14								
16a	6a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test	-							
	more, and if the organization meets th		•		•				
	organization meets the "facts-and-circ								
18	Private foundation. If the organization	n did not check a	box on line 13, 16	sa, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u>		

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sac	qualify under the tests listed be ction A. Public Support	elow, please com	olete Part II.)							
	endar year (or fiscal year beginning in)	(a) 2006	(h) 2007	(a) 2009	(4) 2000	(a) 2010	(f) Total			
	Gifts, grants, contributions, and	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
'	membership fees received. (Do not									
	include any "unusual grants.")	1459966.	1334328.	1343204.	871,587.	803,729.	5812814.			
2	Gross receipts from admissions,	14333000	13343200	1343204.	071,3071	003,723.	3012014.			
2	merchandise sold or services per-									
	formed, or facilities furnished in									
	any activity that is related to the	7420485.	9852608	11607786.	8031629.	8248559	45161067.			
2	organization's tax-exempt purpose	7420403.	3032000.	110077000	0031023.	0240337.	43101007•			
3	Gross receipts from activities that are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organization's benefit and either paid to									
	·									
_	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
_	the organization without charge	0000151	11186936.	12050000	8903216.	0052200	50973881.			
	Total. Add lines 1 through 5	8880451.	11100930.	12950990.	8903216.	9052288.	509/3661.			
7a	Amounts included on lines 1, 2, and						_			
	3 received from disqualified persons						0.			
) Amounts included on lines 2 and 3 received from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the					262 217	262 217			
	amount on line 13 for the year						262,317.			
	Add lines 7a and 7b					262,317.				
	8 Public support (Subtract line 7c from line 6.) 50711564.									
	Section B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
	Amounts from line 6	8880451.	11186936.	₁ ∠950990.	8903216.	9052288.	50973881.			
10a	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties	106000	FFF 200	640 000	F01 FF4	600 400	2645245			
	and income from similar sources	1269725.	575,392.	648,022.	501,774.	620,402.	3615315.			
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975	106000		640.000	504 554	600 400	2645245			
	Add lines 10a and 10b	1269725.	575,392.	648,022.	501,774.	620,402.	3615315.			
11	Net income from unrelated business activities not included in line 10b,									
	whether or not the business is			400 405	405 400		445 500			
	regularly carried on		231,466.	109,195.	105,128.		445,789.			
12	Other income. Do not include gain or loss from the sale of capital	01 460	160 186	010 064	000 044	0.70 004	005 005			
	assets (Explain in Part IV.)			218,064.			875,835.			
13	Total support (Add lines 9, 10c, 11, and 12.)	10171636.	<u> 12155970.</u>	<u> 139262/1.</u>	9713359.	9943584.	55910820.			
14	First five years. If the Form 990 is for	~			•		zation,			
_	check this box and stop here						<u></u> ▶□			
	ction C. Computation of Publ						00 70			
	Public support percentage for 2010 (15	90.70 %			
	16 Public support percentage from 2009 Schedule A, Part III, line 15									
	ection D. Computation of Investment Income Percentage									
	Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 6 • 47 %									
	8 Investment income percentage from 2009 Schedule A, Part III, line 17									
19a	19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	► <u>X</u>			
b	33 1/3% support tests - 2009. If the									
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶∐			
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶Ш			

Schedule A (Form 990 or 990-EZ) 2010 GEOLOGICAL SOCIETY OF AMERICA, INC. 13-1659623 Page
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
OTHER INCOME

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

GEOLOGICAL SOCIETY OF AMERICA, 13-1659623 INC. Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

GEOLOGICAL SOCIETY OF AMERICA, INC.

13-1659623

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GSA FOUNDATION P.O. BOX 9140 BOULDER, CO 80301	\$ 555,536.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NATIONAL SCIENCE FOUNDATION 4201 WILSON BLVD ARLINGTON, VA 22230	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	US GEOLOGICAL SURVEY 12202 SUNRISE VALLEY DRIVE RESTON, VA 20192	\$48,192.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part II

Employer identification number

GEOLOGICAL SOCIETY OF AMERICA, INC.

13-1659623

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization Employer identification number GEOLOGICAL SOCIETY OF AMERICA, INC. 13-1659623 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

GEOLOGICAL SOCIETY OF AMERICA, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 13-1659623 \end{array}$

Pai	rt I	Organizations Maintaining Donor Advised		s or Ac	counts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line 6	6. (a) Donor advised funds	(h	Funds and other accounts
4	Total	number at and of year	(a) Donor auviscu Iulius	(a)	ין יו יוועס מווע טנווטו מטטטעוונס
1		number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year	Single Albertation of the Control of	6	
5		e organization inform all donors and donor advisors in wr	_		
_		e organization's property, subject to the organization's ex			
6		e organization inform all grantees, donors, and donor adv			
		aritable purposes and not for the benefit of the donor or or	•		
Pai		missible private benefit? Conservation Easements. Complete if the organ			
			· · · · · · · · · · · · · · · · · · ·	rait iv, ii	ille 7.
1		se(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or edu	`	otorio allu	important land area
		Protection of natural habitat	ucation) Preservation of an his Preservation of a cer		
		Preservation of open space	— Preservation of a cer	tilled His	ione structure
2		• •	d conservation contribution in the form	of a con	convetion ecoment on the last
2		lete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	i oi a con	servation easement on the last
	uay 0	f the tax year.			Held at the End of the Tax Year
_	Total	number of concernation exements		- 1	2a
a b		number of conservation easementsacreage restricted by conservation easements			2b
0		per of conservation easements on a certified historic struc	ture included in (a)		2c
d		per of conservation easements on a certified historic struc-			20
u		in the National Register			2d
3		per of conservation easements modified, transferred, release			
Ü	year		ased, extinguished, or terminated by the	ic organiz	ation during the tax
4	, ,	er of states where property subject to conservation ease	ment is located		
5		the organization have a written policy regarding the perio			
Ŭ		ons, and enforcement of the conservation easements it h			Yes No
6		and volunteer hours devoted to monitoring, inspecting, ar			
7		nt of expenses incurred in monitoring, inspecting, and en			
8		each conservation easement reported on line 2(d) above			
_				. , , , , ,	Yes No
9		t XIV, describe how the organization reports conservation			
		e, if applicable, the text of the footnote to the organizatio	•		
		ervation easements.		3	3
Pai		Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other S	imilar Assets.
		Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.		
1a	If the	organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and	d balance sheet works of art,
	histor	ical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	ance of p	ublic service, provide, in Part XIV,
	the te	xt of the footnote to its financial statements that describe	es these items.		
b	If the	organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	nt and ba	lance sheet works of art, historical
	treasu	ires, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	ublic serv	ice, provide the following amounts
	relatin	g to these items:			
		evenues included in Form 990, Part VIII, line 1			> \$
	(ii) A	ssets included in Form 990, Part X			\$
2		organization received or held works of art, historical treas			
		llowing amounts required to be reported under SFAS 116			
а		nues included in Form 990, Part VIII, line 1			▶ \$
		s included in Form 990. Part X			S

	t III Organizations Maintaining C	CAL SUCTET					12-10			
			•	-						
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d		hange progra	ams					
b	Scholarly research	е	L Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						se in Par	t XIV.		
5	During the year, did the organization solicit or							7	-	1
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered '	'Yes" to	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							7	_	1
	on Form 990, Part X?						L	」Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:							
								Amoun	<u>t</u>	
	Beginning balance									
	Additions during the year									
е	Distributions during the year					1e				
f	Ending balance							_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				L	Yes		No
	If "Yes," explain the arrangement in Part XIV.			_						
Par	T V Endowment Funds. Complete if	f the organization an	swered "Yes" to For							
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	12,648,118.	12,109,543.	17,382	2,740.					
b	Contributions									
С	Net investment earnings, gains, and losses	768,922.	540,499.	-3,793	3,197.					
d	Grants or scholarships			,						
е	Other expenditures for facilities									
	and programs			1,480	0,000.					
f	Administrative expenses		1,924.							
g	End of year balance	13,417,040.	12,648,118.	12,109	543.					
2	Provide the estimated percentage of the year	r end balance held a	s:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 29.00	%								
С	Term endowment ▶ 71.00	%								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administe	red for t	he organiz	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
								3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b		
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.							
	Description of investment	(a) Cost or of			(c) A	ccumulate	d	(d) Boo	k value	9
		basis (investm	s (investment) basis (other)		de	depreciation				
1a	Land			8,065.					8,00	
	Buildings			6,902.	1,	907,3		1,99	9,5!	58.
С	Leasehold improvements			9,557.		89,5				0.
	Equipment		1,17	0,635.	1,	051,3	46.	11	9,28	89.
	Other									
Total	Add lines 1a through 1e (Column (d) must ed	qual Form 990 Part	X column (R) line 1	O(c))				2.54	6.9	12.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	2.			
(a) Description of security or category	(b) Book value		hod of valuation:		
(including name of security)	(b) Book value	Cost or e	end-of-year market value		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) LIMITED PARTNERSHIPS	2,419,845.	END-OF-YEAR	MARKET VALUE		
(B) REAL ESTATE	1,263,642.	END-OF-YEAR	MARKET VALUE		
(C) PRIVATE EQUITY PORTFOLIO	690,854.	END-OF-YEAR	MARKET VALUE		
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	4,374,341.				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1	3.			
(a) Description of investment type	(b) Book value		lethod of valuation:		
(a) bescription of investment type	(b) book value	Cost or e	end-of-year market value		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line					
(a)	Description		(b) Bo	ok value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B) line			>		
Part X Other Liabilities. See Form 990, Part X,	line 25.	41.14			
1. (a) Description of liability		(b) Amount			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)	25)				
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to EIN 48 (ASC 740).	e 25.) o the organization's financial statem	nents that reports the organization's	s liability for uncertain tax positions	under	
2. FIN 48 (ASC 740).		. 5	,		

PART X, LINE 2: THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC

740, PERTAINING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE PRONOUNCEMENT REQUIRES THE USE OF A MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA BEFORE AND SEPARATE FROM THE MEASUREMENT OF A TAX POSITION. AN ENTITY SHALL INITIALLY RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. WITH RESPECT TO THE ORGANIZATION, THIS WOULD PRIMARILY RELATE TO THE DETERMINATION OF UNRELATED BUSINESS TAXABLE INCOME, AND TO THE MAINTENANCE OF ITS TAX EXEMPT STATUS.

MANAGEMENT HAS EVALUATED THE ADOPTED POLICIES AND PROCEDURES THAT HAVE BEEN IMPLEMENTED TO PROVIDE ASSURANCE THAT INCOME IS PROPERLY CHARACTERIZED AND ACTIVITIES THAT JEOPARDIZE ITS TAX EXEMPT STATUS ARE WITHIN LIMITS ESTABLISHED UNDER EXISTING TAX CODE AND REGULATIONS. MANAGEMENT HAS DETERMINED THE EFFECTS OF UNCERTAIN TAX POSITIONS ARE NOT MATERIAL TO THE ORGANIZATION FOR RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS AND, ACCORDINGLY, NO INCOME TAX LIABILITY HAS BEEN RECORDED FOR UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ALL INCOME TAX YEARS OPEN FOR EXAMINATION ARE SUBJECT TO TAXATION AT CORPORATE TAX RATES. THE YEARS ENDED JUNE 30, 2010, 2009, AND 2008 ARE AVAILABLE FOR EXAMINATION AT JUNE 30, 2011. ADDITIONALLY, PENALTIES AND INTEREST MAY BE ASSESSED ON INCOME TAXES THAT ARE DELINQUENT. THE ASSESSMENT OF UNCERTAIN INCOME TAXES IS SUBJECT TO ESTIMATE, AND IT IS REASONABLY POSSIBLE THAT THE ESTIMATE MAY CHANGE IN THE NEAR TERM AND THE CHANGE MAY BE MATERIAL.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

BOOK TO TAX PRIOR PERIOD ADJUSTMENTS

-82,787.

Schedule D (Form 990) 2010 Part XIV Supplemental Inf	GEOLOGICAL	SOCIETY	OF	AMERICA,	INC.	13-1659623 Page 5
Part XIV Supplemental Inf	ormation (continued)					
PART XII, LINE 2D	- OTHER ADITIE	STMENTS:				
		<u> </u>				
PUBLICATIONS - COS	T OF SALES					
PART XII, LINE 4B	- OTHER ADJU	STMENTS:				
PRIOR PERIOD ADJUS	TTMENTS					
TRIOR TERRIOR TERROR	,111111111					
PART XIII, LINE 2D	OTHER ADJ	JSTMENTS	:			
PUBLICATIONS - COS	T OF SALES					
				77		
			_			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization							Employer identification number		
GEC	DLOGICAL SOCI	ЕТУ ОГ А	MERTCA.	TNC.		13-165962	23		
Pai	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comp	lete if the orgar				
	to Form 990, Par								
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of the g	rants or assista	ance, the			
	grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gr	ants or assista	nce?	Yes No		
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of g	rant funds out	side the United Sta	tes.		
3	Activities per Region. (T	he following Part	t I, line 3 table ca	an be duplicated if additional space is	needed.)				
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If acti	(f) Total			
		offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program		gram service,	expenditures for and		
		in the region	independent	services, investments, grants to		e specific type	investments		
			in region	recipients located in the region)	of service	ce(s) in region	in region		
					CO-SPONSORE				
					GEOSCIENCE	MEETING IN	100 105		
EURC	PE	0	0	PROGRAM SERVICE	TURKEY.		108,195.		
			· ·						
3 a	Sub-total	0	0				108,195.		
	Total from continuation						,===		
-	sheets to Part I	0	0				0.		
С	Totals (add lines 3a								
	and 3b)	0	0				108,195.		

			Outside the United States. Co o one recipient received more		rganization answered			
	plicated if additional		,	. ,				
1 (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 of valuation (book, FM\ appraisal, other)
the IRS, or for which t	the grantee or counse	el has provided a section	recognized as charities by the n 501(c)(3) equivalency letter			. > _		
							Sche	dule F (Form 990) 2010

Schedule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

	hedule F (Form 990) 2010	GEOLOGICAL	SOCIETY	OF	AMERICA,	INC.	13-1659623
P	art IV Foreign Forn	ns					
1	Was the organization	a U.S. transferor of prop	perty to a foreign	corp	oration during the	tax year? If "Yes," the	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

Page 4

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2010)

GEOLOGICA	AL SOCIETY	OF AMERICA	A, INC.				13-1659	9623
Part I General Information on Grants a	and Assistance					•		
Does the organization maintain records		-						
criteria used to award the grants or assi	istance?						X Yes	No No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	t funds in the Unite	d States.				
Part II Grants and Other Assistance to		•				·	•	
recipient that received more than					I can be duplicated if a (f) Method of			
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	ant
				10				
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 		ganizations					>	

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

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. (b) Number of (c) Amount of (a) Type of grant or assistance (d) Amount of non-(e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance STIPEND FOR GEOCORPS PARTICIPANTS THAT VOLUNTEER THEIR SERVICES AT OUR NATIONAL PARKS, NATIONAL 187 477,663 0 FORESTS, AND BLM LANDS 222 531,893 0 RESEARCH GRANTS FOR STUDENTS AWARDS TO OUTSTANDING GEOSCIENTISTS TO FURTHER ADVANCE THE SCIENCE 51 104,744 SECTIONS AND DIVISIONS AWARDS ARE PRIMARILY FOR STUDENT TRAVEL TO ATTEND MEETINGS 597 103,182 FIELD CAMP AWARDS FOR STUDENTS TO ATTEND WYOMING FIELD CAMP TO FURTHER THEIR SKILLS AS GEOLOGISTS 34,000 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: GEOCORPS PROGRAM - PARTICIPANTS ARE MONITORED WHILE IN THE FIELD AND ARE REQUIRED TO SUBMIT A WRITTEN REPORT AT THE COMPLETION OF THE ASSIGNMENT. TRAVEL GRANTS - STUDENTS MUST PHYSICALLY BE PRESENT AT THE TRAVELED-TO EVENT TO PICK UP THEIR CHECK AT THE EVENT/MEETING. RESEARCH GRANTS - ALL STUDENTS ARE ASKED TO FILL OUT A PROGRESS REPORT BY MARCH 31 OF EACH YEAR WHICH IS APPROXIMATELY ONE YEAR AFTER THE FUNDS ARE DISTRIBUTED. FIELD CAMP AWARDS IS MONITORED BY ATTENDANCE

SCHEDULE J (Form 990)

Compensation Information

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.

OMB No. 1545-0047

Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

GEOLOGICAL SOCIETY OF AMERICA,

Employer identification number

13-1659623

Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? 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 complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X The organization? X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: Х a The organization? 6a X Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2010

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.

(A) Name (i) Base compensation compensation (ii) Other reportable compensation comp	(F) pensation
1 JOHN W. HESS (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 2. 2 (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii	ed in prior n 990 or n 990-EZ
1 JOHN W. HESS (i) 0. 0. 0. 0. 0. 0. 0. 0. 0. 2. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0.
Company Comp	0.
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	
Color Colo	
(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	
4 (ii) (i) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	
(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	
5 (i) (i) (ii) (ii) (ii) (ii) (ii) (ii)	
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii	
6 (i) (i) (i) (ii) (ii) (ii) (ii) (ii) (
(i) (ii) (iii) (iiii) (iii) (iiii) (iiii) <td< td=""><td></td></td<>	
7 (ii)	
8 (i)	
8 (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiiii	
9 (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	
9 (ii) (i) (ii) (iii) (iiii) (iiii) (iiiiii) (iiiiiiii	
(i)	
(i) (ii) (ii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiiiii) (iiiiiiii	
11 (ii) (ii) (ii)	
(i)	
40	
12 (ii)	
13 (ii) (ii)	
14 (ii) (ii) (ii)	
15 (i) (ii)	
16 (ii)	

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 on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

GEOLOGICAL SOCIETY OF AMERICA, INC.

Employer identification number 13-1659623

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE: PUBLISHING AND DISTRIBUTING SCIENTIFIC

LITERATURE, PROVIDING INFORMATION AND MATERIALS FOR PRIMARY LEVEL

SCIENCE EDUCATION AND FURNISHING INFORMATION TO THE PUBLIC ABOUT EARTH

SCIENCE EDUCATION AND THE ENVIRONMENT. OTHER PROGRAMS INCLUDE PROGRAMS

SPONSORED BY MEMBERS IN SPECIFIC GEOGRAPHICAL LOCATIONS AND SCIENCES.

EXPENSES \$ 447,432. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,367,900.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IN THE SOCIETY CONSISTS

OF HONORARY FELLOWS, FELLOWS, MEMBERS AND AFFILIATES ALL OF WHOM HAVE FULL

AND EQUAL VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A: OFFICERS AND COUNCILORS ARE THEN
DULY ELECTED AT REGULAR INTERVALS FROM THE VOTING MEMBERSHIP OF THE
SOCIETY.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS DO VOTE ON SOME OF THE COUNCILORS' DECISIONS/RECOMMENDATIONS. AN EXAMPLE OF THIS WOULD BE THE SELECTION OF AN INDEPENDENT AUDITOR.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS E-MAILED TO EACH

MEMBER OF THE GOVERNING BODY FOR THEIR REVIEW AT LEAST 7 DAYS BEFORE THE

EXECUTIVE COMMITTEE OF THE ORGANIZATION FILES THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S COUNCILORS

(BOARD MEMBERS) ARE REQUIRED TO DISCLOSE ANNUALLY ANY INTEREST THAT COULD

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization **Employer identification number** GEOLOGICAL SOCIETY OF AMERICA, INC. 13-1659623 GIVE RISE TO CONFILCTS. THE EXECUTIVE DIRECTOR'S OFFICE MAINTAINS THESE THE ORGANIZATION'S STAFF ALL HAVE READ THE CONFLICT OF INTEREST FILES. POLICY AND HAVE A SIGNED CONFLICT OF INTEREST INFORMATION FORM ON FILE WHICH THEY UPDATE WHEN NECESSARY. FORM 990, PART VI, SECTION B, LINE 15: EMPLOYEES ARE REVIEWED SEMI-ANNUALLY. THEIR COMPENSATION LEVEL IS REVIEWED ANNUALLY. THE EXECUTIVE DIRECTOR HAS AN ANNUAL CONTRACT WHICH IS REVIEWED AND IF ACCEPTED, RENEWED BY THE COUNCIL OF THE ORGANIZATION. THE COUNCIL WILL DETERMINE ANNUALLY IF THE BUDGET ALLOWS FOR RAISES. WHEN HIRING NEW EMPLOYEES, THE COUNCIL USES MARKET SURVEYS FOR SIMILIAR POSITIONS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, CODE OF CONDUCT, AND OTHER ORGANIZATIONAL DOCUMENTS AVAILABLE ON ITS WEBSITE. ITS FOUNDING DOCUMENTS, FORM 990 AND 990-T ARE AVAILABLE ON GUIDESTAR AND ARE ALSO AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS: 4,152,166. PRIOR PERIOD ADJUSTMENTS: 359,889. BOOK TO TAX PRIOR PERIOD ADJUSTMENTS -82,787.TOTAL TO FORM 990, PART XI, LINE 5 4,429,268.

FORM 990- PART XII, LINE 2C

AUDIT COMMITTEE OVERSIGHT

THERE ARE NO CHANGES IN THE AUDIT COMMITTEE'S RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OR ITS SELECTION OF AN INDEPENDENT ACCOUNTANT.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

2010
Open to Public Inspection

Name of the organization

GEOLOGICAL SOCIETY OF AMERICA, INC.

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

 $\begin{array}{c} \text{Employer identification number} \\ 13-1659623 \end{array}$

(a)	(b)	(c)		(d)		(e)			(f)	
Name, address, and EIN	Primary activity	Legal domicile (state o	or	Total income		End-of-year assets		s Direct controlling		ı
of disregarded entity		foreign country)				•			itity	
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	1		41							
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	-									
			_							
Part II Identification of Related Tax-Exempt Organizations during the tox years	tions (Complete if the organization a	nswered "Yes" to Form 990	, Part	: IV, line 34 be	ecause	it had one o	or more r	related tax-exer	npt	
organizations during the tax year.)										
(a)	(b)	(c)		(d)		(e)		(f)	Section 5	g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exe	empt Code	Publ	ic charity	Direc	t controlling	contr	olled
of related organization		foreign country)		section		(if section		entity	enti	ity?
					50	1(c)(3))			Yes	No
THE GSA FOUNDATION - 74-2156871	TO DEVELOP AND PROVIDE									
P.O. BOX 9140	FUNDS TO SUPPORT THE GOALS									
BOULDER, CO 80301	AND PROGRAMS OF THE GSA	COLORADO	501((C)3	LINE	9	N/A			X
·										
	1									
	1									
	1									
	1									
			-							
	-									

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.)
	organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispro ate allo	portion- cations?	Code V-UBI amount in box 20 of Schedule	General managir partner	or Percentage ownership
		country)		sections 512-514)		a55015	Yes	No	K-1 (Form 1065)	Yes N	5
										\perp	
							+			++	+
	_										
							1				+

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
							<u> </u>
							<u> </u>
							<u> </u>

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to other organization(s)				1b	Х	
С	Gift, grant, or capital contribution from other organization(s)				1c	Х	
d	Loans or loan guarantees to or for other organization(s)				1d		X
е	Loans or loan guarantees by other organization(s)				1e		Х
f	Sale of assets to other organization(s)				1f		X
g	Purchase of assets from other organization(s)				1g		X
	Exchange of assets				1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)				1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)				1j		X
k	Performance of services or membership or fundraising solicitations for other organization	ization(s)			1k		Х
- 1	Performance of services or membership or fundraising solicitations by other organic	zation(s)			11		X
m	Sharing of facilities, equipment, mailing lists, or other assets				1m	Х	
n	Sharing of paid employees				1n	Х	
0	Reimbursement paid to other organization for expenses				10		X
	Reimbursement paid by other organization for expenses						X
q	Other transfer of cash or property to other organization(s)				1q	Х	
r	Other transfer of cash or property from other organization(s)				1r		Х
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) ⁽	SSA FOUNDATION INC	В	409,765.	CASH			
(2)	SSA FOUNDATION INC	С	609,836.	CASH			
(3) (GSA FOUNDATION INC	N	260,316.	HISTORICAL PAYROLL			
(4) (GSA FOUNDATION INC	М	130,000.	HISTORICAL SPACE USED			
(5) ⁽	GSA FOUNDATION INC	Q	54,800.	CASH			
(6)							

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	(c) Legal domicile (state or foreign		d) partners 501(c)(3) cations?			ropor- nate titions? No (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			eral or aging ener?
or entity		country)				Yes No		of Schedule K-1 (Form 1065)	Yes No	
			103	140		163	140	(Carrier San	163	110
			3							
		OX								
					_					

Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	GEOLOGICAL	SOCIETY	OF	AMERICA,	INC.	13-1659623	Page 5
Part VII	(Form 990) 2010 Supplemental In	formation						
		provide additional informat	tion for response	es to c	uestions on Sche	dule R (see instru	uctions).	
	, , , , , , , , , , , , , , , , , , , ,		,			,		
				4				
				7				

Form **8868** (Rev. January 2011)

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.

OMB No. 1545-1709

ightharpoonup● 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. 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 GEOLOGICAL SOCIETY OF AMERICA, INC. 13-1659623 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O. BOX 9140 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOULDER, CO 80301 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 Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A Form 4720 Form 990-EZ 03 09 Form 990-PF 04 Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) Form 8870 12 THE GEOLOGICAL SOCIETY OF AMERICA, The books are in the care of ▶ P.O. BOX 9140 - BOULDER, CO 80301 Telephone No. \triangleright 303-357 $\overline{-1019}$ 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) . If this is for the whole group, check this . If it is for part of the group, check this box \(\bigs \) and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: JUL 1, 2010 JUN 30, ► X tax vear beginning . and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial 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 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 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. 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.

For Paperwork Reduction Act Notice, see Instructions.

Form 9	90-T	E	xempt Org	anization Bus	sine	ss Income T	ax Returr	ו	2010 2010	_
	nt of the Treasury	_		(and proxy tax und ax year beginning JUL 1			UN 30, 20	11	Open to Public Inspection 501(c)(3) Organizations O	n for
Α	Check box if address changed	For ca		(Check box if name of			UN 30, 20	DEmplo (Empl	501(c)(3) Organizations Organizations Organizations Organization number oyees' trust, see octions.)	
R Exem	npt under section	Print	GEOLOGICAI	SOCIETY OF	AME	RTCA. TNC.			3-1659623	
	01(c)(3)	or		oom or suite no. If a P.O. bo				E Unrela	ated business activity cod	des
	08(e) 220(e)	Type	P.O. BOX 9		,, occ			(See in	nstructions.)	
	08A 530(a)		City or town, state, an					1		
=	29(a)		BOULDER, C					519	130 54120	0 0
C Book v	value of all assets	F Group	exemption number (S		▶			1		_
at end	of year 164,716.			X 501(c) corporatio	n L	501(c) trust	401(a) trust	L	Other trust	
		n's prima	ary unrelated business	activity. > S	SEE	STATEMENT 1				_
				an affiliated group or a pare	nt-subs	idiary controlled group?		Ye	s X No	_
-	• • •		ifying number of the pa							
				CAL SOCIETY	OF .	AMERICA, Telepho	one number 🕨 3	303-	357-1019	_
			le or Business I			(A) Income	(B) Expense		(C) Net	_
1a Gro	oss receipts or sale	es	49,800),						
b Les	ss returns and allo	wances		c Balance	1c	49,800.				
2 Cos	st of goods sold (S	Schedule	A, line 7)		2					
	oss profit. Subtrac				3	49,800.			49,800	J.
4a Cap	pital gain net incor	ne (attac	h Schedule D)		4a					_
b Net	t gain (loss) (Form	4797, P	art II, line 17) (attach F	orm 4797)	4b					_
c Cap	pital loss deduction	n for trus	ts		4c					_
				(attach statement)	5	-236.	STMT 3	3	-236	<u>5 </u>
6 Rer	nt income (Schedu	ıle C)			6					
7 Uni	related debt-financ	ed incon	ne (Schedule E)		7					_
				d organizations (Sch. F)	8					
9 Inv	estment income o	f a sectio	n 501(c)(7), (9), or (17	') organization						
(Sc	chedule G)				9					
10 Exp					10					_
			J)		11	275,469.	146,2	240.	129,229	
				STATEMENT 4	12	236.			236	
		3 throu	gh 12		13	325,269.	146,2	240.	179,029	<u> </u>
Part I				nere (See instructions for						
				ust be directly connecte			<u> </u>			
14 Co	ompensation of of	ficers, diı	ectors, and trustees (S	chedule K)				14		
15 Sa	alaries and wages							15	27,553	<u>3 </u>
16 Re	epairs and mainter	nance .						16		
17 Ba	ad debts							17		
								18		
19 Ta	axes and licenses							19	4,880	<u>) .</u>
				ion rules.)				20		
				here on return				22b		
23 De	epletion							23		
								24	F 00	_
								25	5,204	<u>+ •</u>
								26	100 00	_
27 Ex	xcess readership c	osts (Scl	nedule J)			CDD CD3m	האודאזיי ב	27	129,229	
								28	21,454	
				tion loss deduction Outdoor				29	188,320	
				ting loss deduction. Subtraction.				30	-9,291	<u> </u>
				on line 30)				31	-9,291	-
				leduction. Subtract line 31 f				32		
				ctions for exceptions.)				33	1,000	<u>, </u>
	Inrelated busine	ess taxa	ible income. Subtrac	t line 33 from line 32. If line	তত IS gr	eater than line 32, enter th	ie smaller	,,	_0 201	1

		Tax Computation										
	-	nizations Taxable as Corpora			·-	_						
		olled group members (section		,								
		your share of the \$50,000, \$2		925,000 taxable i	ncom		rder):					
		\$	(2) \$		╛	(3) \$		<u></u> !				
b		organization's share of: (1) A		•		· -		<u></u> !				
		dditional 3% tax (not more tha										_
		ne tax on the amount on line 3							► 35c	:		0.
36		s Taxable at Trust Rates. See										
		Tax rate schedule or							▶ 36			
37	Proxy	tax. See instructions							▶ 37			
39	Total.	. Add lines 37 and 38 to line 35	oc or 36, which	ever applies					39			0.
		Tax and Payments										
40 a	Foreig	gn tax credit (corporations atta	ch Form 1118;	trusts attach For	m 111	16)	40a					
		credits (see instructions)					40b					
C	Gener	al business credit. Attach Forr	n 3800				40c					
d	Credit	t for prior year minimum tax (a	ittach Form 880)1 or 8827)			40d					
е	Total	credits. Add lines 40a through	h 40d						40e			
41	Subtr	act line 40e from line 39 taxes. Check if from: Fo							41			0.
42	Other	taxes. Check if from: Fo	rm 4255 🔲	Form 8611] Forr	n 8697 🔲 Form	1 8866 🗀	Other (attach schedul	e) 42			
43	Total	tax. Add lines 41 and 42							43			0.
44 a	Paym	ents: A 2009 overpayment cro	edited to 2010				44a	938	3.			
		estimated tax payments						23,313	3.			
		eposited with Form 8868										
		gn organizations: Tax paid or v										
е	Backı	ıp withholding (see instruction	ıs)				44e					
		t for small employer health ins										
		credits and payments:		rm 0.400								
		Form 4136	O:	ther	— 1	Total	▶ 44g					
45	Total	payments. Add lines 44a thro	ugh 44g		4				. 45	2	4,2	51.
46	Estim	ated tax penalty (see instruction	ons). Check if Fo	orm 2220 is attac	ched							
47	Tax d	ue. If line 45 is less than the to	otal of lines 43 a	and 46, enter am	ount o				47			
		payment. If line 45 is larger tha							▶ 48	2	4,2	51.
49	Enter	the amount of line 48 you war	nt: Credited to 2	2011 estimated	tax	>		Refunded	▶ 49	2	4,2	51.
Part V	<i>'</i> 5	Statements Regardir	ng Certain	Activities a	and (Other Informa	ation (see	e instructions)	•			
1 At a	ny tim	e during the 2010 calendar yea	ar, did the orgai	nization have an	interes	st in or a signature o	or other auth	nority over a financial	account		Yes	No
		urities, or other) in a foreign c							nk and			
Fina	ncial <i>F</i>	Accounts. If YES, enter the nan	ne of the foreigi	n country here 🕨	>							X
2 Durin	ng the ta S, see i	Accounts. If YES, enter the nan ax year, did the organization receive nstructions for other forms the orga	e a distribution from nization may have	n, or was it the grar to file.	tor of,	or transferor to, a foreig	n trust?					X
		amount of tax-exempt interest										
Sched	ule /	A - Cost of Goods So	old. Enter me	ethod of invent	ory v	aluation 🕨 N	/A					
1 Inve	ntory	at beginning of year	1		6	Inventory at end of	f year		. 6			
2 Puro	chases	3	2		7	Cost of goods sold	d. Subtract I	ine 6				
3 Cost	t of lab	oor	3			from line 5. Enter h	nere and in F	Part I, line 2	7			
		section 263A costs	4a		8	Do the rules of sec	tion 263A (v	with respect to		-	Yes	No
		s (attach schedule)	4b					I for resale) apply to				
		l lines 1 through 4b	5			the organization?						Х
	Un	der penalties of perjury, I declare th	at I have examined	d this return, includi	ng acco	ompanying schedules a	and statement	s, and to the best of my I			s true,	
Sign	COI	rrect, and complete. Declaration of p	oreparer (other tha	n taxpayer) is based	on all	information of which pr	reparer has an	y knowledge.	May the	RS discuss th	io roturn i	with
Here				1		EXECU	TIVE 1	DIRECTOR	,	arer shown belo		WILII
		Signature of officer		Date		Title				ons)? X Y	` —	No
		Print/Type preparer's name		Preparer's sign	ature		Date	Check		<u>, </u>		
Dai:								self- employ		=		
Paid GIGAN R TOHNSON D0128736					360							
Prepa	rer	Firm's name ► BROCK		MPANY.	CPA	S, P.C.		Firm's EIN		34-093		8
Use O	nly			ARKWAY,				THIN S LIN	- '			-
		Firm's address FOR		-				Phone no.	970	0-223-	785	5
		, , , , , , , , , , , , , , , , , , , ,		,		-			•			-

Form 990-T (2010) GEOLOGI Schedule C - Rent Incor	CAL SOCIET	TY OF AMI	ERICA, I	NC . Propert	ty Lease	13-16 ed With Real P	596 rope	23 Page Page rrty) (see instructions)
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				2(a) Doductions dire	oth, oon	nected with the income in
(a) From personal property (if the rent for personal property is 10% but not more than	more than	` 'of rent for	and personal proper personal property ex int is based on profit	ceeds 50% o	entage or if	columns 2(a	a) and 2(b) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columbere and on page 1, Part I, line 6, co	. , . , ,				0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)	1,	0.
Schedule E - Unrelated	Debt-Financed	Income (see	e instructions)			, , , , , , , , , , , , , , , , , , , ,	,	-
- Cinciatou	Dobt i manoco	111001110 (300	T T T T T T T T T T T T T T T T T T T			3. Deductions directly	connect	ed with or allocable
			2. Gross in			to debt-fir		
1. Description of de			av allagable to debt		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(1)			+					
(2)			+					
(3)								
(4)	1							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	ocable to by column 5 ced property			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%	0			
(2)				%	, 0			
(3)				%	,			
(4)				%	,			
Tatala	•			1		nter here and on page 1, art I, line 7, column (A).	0.	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductio								0.
Schedule F - Interest, A	nnuities Royal	ties, and Re	nts From C	ontrolle	d Orga	nizations (see i	netruc	
			pt Controlled C			inzationo (see il	istiuc	10113)
1. Name of controlled organization	Employer ide	entification Net u	3. unrelated income (see instructions)	Total	4. of specified ents made	5. Part of column included in the con organization's gross	4 that is trolling income	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiza	tione	l I						
7. Taxable Income	8. Net unrelated incom (see instructions		otal of specified pay made	rments	in the conf	column 9 that is included trolling organization's	11.	Deductions directly connected with income in column 10
					g	ross income		
(1)								
(2)								
(3)								
(4)								
					Enter here	olumns 5 and 10. and on page 1, Part I,	Ent	Add columns 6 and 11. er here and on page 1, Part I,
					line	8, column (A).	1	line 8, column (B).

0.

Form 990-T (2010) GEOLOG	ICA	L SOCIETY	OF AMERI	CA, INC.		13-165962	3 Page 4
Schedule G - Investme	nt In	come of a Se					
1. Descr		,		2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							
(2)							
(3)							
(4)							
				enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals			•	0.			0.
Schedule I - Exploited (see instru	Exer	npt Activity In	come, Other		g Income		
1. Description of exploited activity	i	ncome from	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3), If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals	p.	er here and on age 1, Part I, ee 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Schedule J - Advertisi	na In						•
Part I Income From I	Perio	dicals Report	ed on a Cons	colidated Basis			_
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals (carry to Part II, line (5)) Part II Income From I	►	0.	0.	rate Basis (For ea	pob poviodical listos	lia Dort II fill in	0.
columns 2 through				rate basis (1 or ea	ion periodical listet	i III Fait II, IIII III	
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) GSA TODAY		234,241.	138,820.	95,421.	118,756.	301,632.	95,421.
(2) ABSTRACTS AND			200,020	20,121.	,	302,002.	
(3) OTHER		41,228.	7,420.	33,808.	75,179.	360,326.	33,808.
(4)		11,2200	7,120	337000	7371730	300,3200	3370001
(5) Totals from Part I		0.	0.				0.
(-)		Enter here and on	Enter here and on				Enter here and
Table Dart II (lines 4.5)		page 1, Part I, line 11, col. (A).	page 1, Part I, line 11, col. (B).				on page 1, Part II, line 27.
Totals, Part II (lines 1-5) Schedule K - Compens	►	275,469.			actuations)		129,229.
Schedule K - Compens	sauv	n or onicers,	Directors, all	u Trustees (See II	ISTRUCTIONS)	4 of .	

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		
			200 =

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

THE ORGANIZATION SELLS ADVERTISING IN IT'S PUBLICATIONS WHICH ARE PRODUCED TO ACCOMPLISH THEIR GOAL OF FURTHER ADVANCING THE SCIENCE OF GEOLOGY.

TO FORM 990-T, PAGE 1

FOOTNOTES STATEMENT 2

FORM 990-T ELECTION TO FOREGO THE NOL CARRYBACK PERIOD

PURSUANT TO SEC. 172(B)(3) OF THE INTERNAL REVENUE CODE THE TAXPAYER HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRY BACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE YEAR ENDED JUNE 30, 2011, AND WILL HAVE SUCH LOSS AVAILABLE FOR CARRYFORWARD ONLY.

-9,291.

		
FORM 990-T IN	ICOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		AMOUNT
66.183 % SHARE OF PRIVATE III L.P.	ADVISORS SMALL COMPANY BUYOUT FUND	-236.
TOTAL TO FORM 990-T, PAGE	1, LINE 5	-236.
FORM 990-T	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
PASSIVE ACTIVITY LOSS LIMI	TATION	236.
TOTAL TO FORM 990-T, PAGE	1, LINE 12	236.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
PAYROLL TAXES EMPLOYEE PROFESSIONAL DEVEL LEGAL FEES BANK FEES DUES, FEES AND SUBSCRIPTION POSTAGE, SHIPPING, FREIGHT PRINTING STATIONARY, OFFICE SUPPLIEM MISCELLANEOUS EXPENSES UTILITES, TELEPHONE OVERHEAD ALLOCATION	ons	1,815. 60. 4,182. 249. 176. 746. 1,400. 75. 1,020. 268. 11,463.
TOTAL TO FORM 990-T, PAGE	1, LINE 28	21,454.

Form **8868** (Rev. January 2011)

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.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		▶	·
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).		
Do not c	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previously f	iled Fo	rm 8868.	
Electroni	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6 months for a corp	oration
required t	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an e	extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	f Form 8870, Information Return for Trar	nsfers /	Associated With Ce	ertain
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details on t	he elec	ctronic filing of this	form,
visit www	r.irs.gov/efile and click on e-file for Charities & Nonprofits	S.				
Part I	Automatic 3-Month Extension of Time	e. Only su	ubmit original (no copies needed).			
A corpora	ation required to file Form 990-T and requesting an autor			nplete		
Part I only	y				>	X
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	trusts must use Form 7004 to request ar	n exter	sion of time	
Type or print	Name of exempt organization			Emp	n number	
File by the	GEOLOGICAL SOCIETY OF AMERICA, INC.				3-1659623	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 9140	ee instruc	tions.			
instructions.	City, town or post office, state, and ZIP code. For a for BOULDER, CO 80301	oreign add	dress, see instructions.			
F-44b	Debugge and for the control of the blair and live time in for (f)					0 7
Enter the	Return code for the return that this application is for (file	e a separa	ate application for each return)			[0] /
Applicati	on	Return	Application			Return
Is For		Code	Is 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	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
	THE GEOLOGICAL		ETY OF AMERICA, INC.			
	pooks are in the care of \triangleright P.O. BOX 9140	– BOU				
•	none No. ► 303-357-1019		FAX No.			
	organization does not have an office or place of busines					• 🔲
If this	is for a Group Return, enter the organization's four digit	1				
box 🕨 l	. If it is for part of the group, check this box				ers the extension is	s for.
1 I re	quest an automatic 3-month (6 months for a corporation					
-		t organiza	ation return for the organization named a	above.	The extension	
IS to	or the organization's return for:					
	calendar year or X tax year beginning JUL 1, 2010		nd ending JUN 30, 2011			
	tax year beginning UOD 1, ZUTU	, an	na enaing OON 30, ZOII		<u> </u>	
2 If th	ne tax year entered in line 1 is for less than 12 months, o	check reas	son: Initial return Fina	al retur	n	
	☐ Change in accounting period					
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	3-		0.
	nrefundable credits. See instructions.	onto:	refundable gradite and	3a	\$	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,			25	ا م	0,805.
	imated tax payments made. Include any prior year overp			3b	\$ 30	,,,,,,,,
	lance due. Subtract line 3b from line 3a. Include your pa using EFTPS (Electronic Federal Tax Payment System).	•		3c	\$	0.
	If you are going to make an electronic fund withdrawal v			•		
	or Paperwork Reduction Act Notice, see Instructions		,		Form 8868 (F	

Form 112 (11/09/10) COLORADO DEPARTMENT OF REVENUE DENVER, CO 80261-0006

1019

DO NOT SEND FEDERAL RETURN, FORMS OR SCHEDULES WITH THIS RETURN. (0023)

2010 Form 112 Colorado State C Corporation Income Tax Return For the tax year beginning _____ JUL_ 1 ____ , 2010, ending _____

JUN 30 ,2011.

Name of Corporation		Colorado Account Number	
GEOLOGICAL SOCIETY OF AMERICA, INC.		• 10-11586	
Address		Federal Employer I.D. Number	
P.O. BOX 9140		• 13-1659623	
City	State	ZIP	
BOULDER		0 80301	
IF YOU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK THIS BOX			
If you are attaching a statement disclosing a listed or reportable transaction, check this box			
• A. Apportionment of Income. This return is being filed for:			
(42) A corporation not apportioning income;	la O . la d l	- 05)-	
(43) A corporation engaged in interstate business apportioning income using single-factor apportionment (Atl	tach Schedul	e SF);	
(44) A corporation engaged in interstate business apportioning income under special regulation; (45) A corporation electing to pay a tax on its gross Colorado sales;			
(43) A corporation electing to pay a tax of its gross colorate sales, (47) Other, federal form filed $990-T$			
B. Separate/Consolidate/Combined Filing. This return is being filed by:			
X A single corporation filing a separate return;			
An affiliated group of corporations electing to file a consolidated return (Warning: such election is binding for fi	our vears).		
If your election was made in a prior year, enter the year of election here: (Attach Schedul	- ,		
An affiliated group of corporations required to file a combined return (Attach Schedule C).;	,		
An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated	ed aroup (At	tach Schedule C).	
,		ROUND TO THE NEAREST DOLLAR	₹
1 Federal taxable income from Form 1120	• 1	-9,291	00
2 Federal taxable income of companies not included in this return		0	00
3 Net federal taxable income, line 1 minus line 2		-9,291	00
Additions to federal taxable income			
4 Federal net operating loss deduction	• 4	.	00
5 Colorado income tax deduction	• 5	4,880	00
6 Other additions, attach explanation	• 6		00
7 Total of lines 3 through 6	7	-4,411	00
Subtractions from federal taxable income			
8 Exempt federal interest	• 8		00
9 Excludable foreign source income	• 9		00
10 Colorado source capital gain (assets acquired on or after 5/9/94, held five years)	• 10	1	00
11 Other subtractions, attach explanation	• 11		00
12 Total of lines 8 through 11		4 444	00
13 Modified federal taxable income, line 7 minus line 12			00
14 Colorado taxable income before net operating loss deduction	• 14	-4,411	00
4F. Coloured and accusting loss deduction	a 15	.	
15 Colorado net operating loss deduction		4 411	00
16 Colorado taxable income, line 14 minus line 15			
17 Tax, 4.63% of the amount on line 16	• 17	0	00
18 Total non-refundable credits from line 72, Form 112CR (may not exceed tax on line 17)	a 10		00
			00
19 Net tax, line 17 minus line 18	19	0	00
20 Recapture of prior year credits	a 20		00
20 Hodapuno di prior year diedito	= 20	<u>' l</u>	1 00

DO NOT SEND FEDERAL RETURN, FORMS OR SCHEDULES WITH THIS RETURN.

Form 112

Page 2

21	Total of lines 19 and 20		21	C	00
22	Estimated tax and extension payments and credits		• 22	4,880	00
23	Refundable alternative fuel vehicle credit from line 7	79 Form 1190B	- 22	=,000	00
۷۵	netundable alternative fuel vehicle credit from line i	3, FUIIII 1 120N			00
24	Total of lines 22 and 23		24	4,880	00
25	Penalty, also include on line 28 if applicable				00
26	Interest, also include on line 28 if applicable				00
27	Estimated tay papalty due also include on line 29 if	i anniisahla	• 27		00
27	Estimated tax penalty due, also include on line 28 if If amount on line 21 exceeds amount on line 24, en				00
28	II amount on line 21 exceeds amount on line 24, en	ter amount owed			100
29	Overpayment, line 24 minus line 21		29	4,880	00
30	Overpayment to be credited to estimated tax		• 30	C	- 00
31	Overpayment to be refunded		• 31 <u></u>	4,880	00
	Direct Routing number Deposit Account number		Type: Checking Si	avings	
MAI			1-0006		\neg
••••	IL TO AND MAKE CHECKS PAYABLE TO: Colorado De The State may convert your check to a one time electronic ban not be returned. If your check is rejected due to insufficient or	nking transaction. Your bank account may be de uncollected funds, the Department of Revenue	ebited as early as the same day received by may collect the payment amount directly f	y the State. If converted, your check from your bank account electronical	k will lv.
	The corporation's books are in care of:	4.100.100.100.100.100.100.100.100.100.10	, ,	, om year a a a a a a a a a a a a a a a a a a	,,.
Nam TT	^{ne} HE ORGANIZATION			ohone Number 03-357-1019	
	Iress	City		State ZIP	-
	O BOX 9140	BOULDE	lR	CO 80301	
				,	
D.	Business code number per federal return • 519	9100	· ·	e Colorado Department of Rev	
_	Y	1060		s this return with the paid prep	_
Ł.	Year corporation began doing business in Colorado	1968	snown	below? X Yes	_l No
F.	Kind of business in detail:				
	DVERTISING INCOME				
G.	Has the Internal Revenue Service made any adjustme		or have you filed amended federal inc	come tax returns at any time	
		S X No If Yes, for which year(s)			
1154	Did you file amended Colorado returns to reflect such	h changes or submit copies of the Feder	ral Agent's reports?	es No	
knov whice	Did you file amended Colorado returns to reflect such der penalties of perjury in the second degree, I declaration of the properties of perjury in the second degree, I declaration of the preparer has any knowledge.	are that I have examined this return an of preparer (other than taxpayer) is bas	ed on all information of address	or Firm preparing return (nan s and telephone number):	ne,
	nature and Title of Officer	Date		AN R. JOHNSON	
C.g.				JFK PARKWAY,	#3
				COLLINS, CO	
EXI	ECUTIVE DIRECTOR			-223-7855	

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 **2009** Open to Public Inspection

Α	For the 20	09 calendar	year, or tax year beginning $07/01/09$, and ending $06/30/10$		
	Check if applic	ues IDC	C Name of organization Geological Society of America, Inc.	D Emp	oloyer identification number
	Name change		Doing Business As	13	-1659623
\equiv	Initial return	type.	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		phone number
Ш		See Specific	PO Box 9140		3-357-1019
Н	Termination	Instruc-	City or town, state or country, and ZIP + 4	G Gross re	eceipts 13,163,542
Щ	Amended retur	=	Boulder CO 80301	11/ 3	
	Application per	inding	e and address of principal officer: hn W. Hess	` ,	ais a group return for ates? Yes X No
			Box 9140	H(b) Are	all affiliates
			oulder CO 80301		uded? Yes No lo," attach a list. (see instructions)
-	Tax-exempt	t status: X			o, attacira iist. (see iiistractions)
J			geosociety.org	H(c) Gro	up exemption number
K		nization: X Co			M State of legal domicile: NY
	Part I	Summa			<u> </u>
Activities & Governance		he Geol eology.			ce of
Ô	2 Che		if the organization discontinued its operations or disposed of more than 25% of its net		1
≪ర	3 Num	nber of votir	g members of the governing body (Part VI, line 1a)	3	16
ties	4 Num		pendent voting members of the governing body (Part VI, line 1b)	4	16
ξ	5 Tota		employees (Part V, line 2a)	5	55
Ac	6 Tota	al number of	volunteers (estimate if necessary)	6	200
	7a Tota	al gross unre	elated business revenue from Part VIII, column (C), line 12	7a	
	b Net	unrelated b	usiness taxable income from Form 990-T, line 34	7b	105,128 Current Year
	8 Con	tributions a		3,389	
Jue	9 Prod	aram servici	/D () ///		
Revenue				3,820	
æ	11 Othe	er revenue i	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
			add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,242		
			lar amounts paid (Part IX, column (A), lines 1–3)		
			or for members (Part IX, column (A), line 4)		
S			compensation, employee benefits (Part IX, column (A), lines 5–10)	5,001	3,107,989
penses	16a Prof	fessional fur	ndraising fees (Part IX, column (A), line 11e)	•	
be	b Tota	al fundraisin	g expenses (Part IX, column (D), line 25) ▶ 7,945		
Ĕ			(Part IX, column (A), lines 11a–11d, 11f–24f) 3,182	2,049	3,006,327
			Add lines 13–17 (must equal Part IX, column (A), line 25) 7,685		
	19 Rev	enue less e	xpenses. Subtract line 18 from line 12 -1,443		
Net Assets or	2		Beginning of Cur		End of Year
SSe	20 Tota		art X, line 16) 21,370		
let A	21 Tota	,	Part X, line 26) 3,033		
<u></u>	22 Net		nd balances. Subtract line 21 from line 20 18,336	,803	20,315,771
Sig	Part II	Under pena	Ire Block Ilties of perjury, I declare that I have examined this return, including accompanying schedules and statement is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of whether the property is based on all information of the property is based on the propert	nts, and to nich prepa	the best of my knowledge rer has any knowledge.
He	ere	_	re of officer hn W. Hess Executive Di:	Dat rect o	
		Type o	r print name and title		
Pa		Preparer's signature	Lori B. Bauer, CPA		Preparer's identifying number (see instructions) P01260252
	eparer's		IDS PROFESSIONAL GROUP	EIN	▶ 20-8019714
Us	e Only	Firm's name if self-emple	FCEO CDEENTIOOD DI LEI DI LEI COO	Phone	
		address, ar			▶303-771-0123
Ма	y the IRS o	discuss this	return with the preparer shown above? (see instructions)	<u></u>	X Yes No

Part II	Il Statement of Program Service Accomplishments		
The	efly describe the organization's mission: Geological Society of America was founded to adva	ance the sc	ience of
geo	logy.		
	the organization undertake any significant program services during the year which were not listed on		
	prior Form 990 or 990-EZ?		Yes X No
	'es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program		
	vices?		Yes X No
	/es," describe these changes on Schedule O.		
4 Des	scribe the exempt purpose achievements for each of the organization's three largest program services	by expenses.	
	ction 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	ount of grants and	
allo	cations to others, the total expenses, and revenue, if any, for each program service reported.		
4a (Co	de:) (Expenses \$ 1,955,948 including grants of \$)	(Revenue \$ 2	.388.045)
	society sponsors an annual meeting for members in		<i>J. S. S. S. V. S. E.S.)</i>
	l and smaller meetings in the spring. Members att		
	cussions and conferences concerning topics in the	field	
of	geology.		
			ECC 244
4b (Co		(Revenue \$	566,341)
Edu	cation and outreach programs - involvement in		566,341)
Edu hei	cation and outreach programs - involvement in ghtening public understanding of and appreciation	for	566,341)
Edu hei geo	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and	for	566,341)
Edu hei geo gen	cation and outreach programs - involvement in ghtening public understanding of and appreciation	for	566,341)
Edu hei geo gen	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by	for	566,341)
Edu hei geo gen	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by	for	566,341)
Edu hei geo gen	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by	for	566,341)
Edu hei geo gen	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by	for	566,341)
Edu hei geo gen	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by	for	566,341)
Edu hei geo gen	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by	for	566,341)
Edu hei geo gen sec	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de:)(Expenses \$ 673,001 including grants of \$)	for the	
Edu hei geo gen sec	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de:)(Expenses	for the	
Edu hei geo gen sec 4c (Co The	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de: (Expenses 673,001 including grants of membership services program includes the cost of ntaining the society's membership and the cost of	for the (Revenue \$	
Edu hei geo gen sec 4c (Co The	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de:)(Expenses	for the (Revenue \$	
Edu hei geo gen sec 4c (Co The	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de: (Expenses 673,001 including grants of membership services program includes the cost of ntaining the society's membership and the cost of	for the (Revenue \$	
Edu hei geo gen sec 4c (Co The	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de: (Expenses 673,001 including grants of membership services program includes the cost of ntaining the society's membership and the cost of	for the (Revenue \$	
Edu hei geo gen sec 4c (Co The	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de: (Expenses 673,001 including grants of membership services program includes the cost of ntaining the society's membership and the cost of	for the (Revenue \$	
Edu hei geo gen sec 4c (Co The	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de: (Expenses 673,001 including grants of membership services program includes the cost of ntaining the society's membership and the cost of	for the (Revenue \$	
Edu hei geo gen sec 4c (Co The	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de: (Expenses 673,001 including grants of membership services program includes the cost of ntaining the society's membership and the cost of	for the (Revenue \$	
Edu hei geo gen sec 4c (Co The	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de: (Expenses 673,001 including grants of membership services program includes the cost of ntaining the society's membership and the cost of	for the (Revenue \$	
4c (Co The mai	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de: (Expenses 673,001 including grants of) membership services program includes the cost of ntaining the society's membership and the cost of loyment service provided for the benefit of member	for the (Revenue \$	
Edu hei geo gen sec 4c (Co The mai emp	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de:)(Expenses	for the (Revenue \$	
4c (Co The mai emp	cation and outreach programs - involvement in ghtening public understanding of and appreciation sciences by working with scientists, teachers and eral public, plus programs and meetings run by tions and divisions. de: (Expenses 673,001 including grants of) membership services program includes the cost of ntaining the society's membership and the cost of loyment service provided for the benefit of member	for the (Revenue \$	

			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?	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? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			3.7
_	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		37	
•	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? If "Yes,"			37
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40	37	
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	х	
_	VII, VIII, IX, or X as applicable	11	Λ	
•	Schedule D, Part VI.			
_	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.			
_	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.			
	Did the organization report an amount for other assets related 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.			
	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? 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	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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, Part II	15		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, Part III	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	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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

	Did the executation report more than \$5 000 of execute and attacks a transfer and are a transfer at the execution of the exec		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	24		Х
•		21		Λ
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22	v	
3	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
•	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Λ	
ŧa	\$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?	24a		2
C	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
d		240		
a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		v
h	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
IJ	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	051		v
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
•	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
'	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?			v
	If "Yes," complete Schedule L, Part III	27		X
3	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):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	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,			7.7
	Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
l	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	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
3	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		X
ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34	X	
•	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
;	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		X
,	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		X
3	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	X	

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	339			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors are	nd repo	ortable	_	77	
•	gaming (gambling) winnings to prize winners?	j		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	0-	55			
L	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax	2a		2b	х	
ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.				22	
	instructions)	(300				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year co	vered	bv			
			-	3a	х	
b	this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or o					
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er finar	ncial			
	account)?			4a		X
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 Fore	eign Ba	ank			
	and Financial Accounts.			_		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra			<u>5b</u>		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Prohibited Tax Shelter Transaction?	_	=	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have a greater than \$100,000, and o			·····		
ou	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 contri					
	gifta were not toy deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly					
	and services provided to the payor?			7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was				7.
	required to file Form 8282?	11211				X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	en an al			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums or benefit contract?	-		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or	contrac	t?	75		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requi	10				
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10					
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ng				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			_		
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 10	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form 990 (2009) Geological Society of America, Inc 13-1659623

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

Sec	tion A. Governing Body and Management				1	
		۱	16		Yes	No
1a	Enter the number of voting members of the governing body	1a 1b	16 16			
b	Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	TD	10			
2	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			2		
3	supervision 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 organizational documents since the prior Form 990	 wae fil	 ad?			X
5	Did the organization make any significant changes to its organizational documents since the prior 1 of the organization become aware during the year of a material diversion of the organization's assets?	was III	eu:	5		X
6				. 6	Х	
7a	Does the organization have members or stockholders? 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?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
-	the year by the following:					
а	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, 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		X
Sec	tion B. Policies (This Section B requests information about policies not required by					
Rev	venue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters	S ,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
40	describe in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?			13	X	-
14	Does the organization have a written document retention and destruction policy?			14	X	
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 decis	ion2				
•	The organization's CEO, Executive Director, or top management official			15a	X	
a b	Other officers or key employees of the ergonization			15b		
b	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				22	
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		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s (nly)			
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inter	est			
	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 record	ds of t	ne			
	organization: ▶ The Organization PO Box 9140					
В	oulder CO 803	01	3	03-35	7-1	.019

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

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

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

Check this box if the organizati	•		ate a	any (curr	ent of	fice	r, director, or trustee.		
(A)	(B)							(D)	(F)	
Name and Title	Average hours per	Position (check all that apply						Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional	Officer	Key employee	High	Former	from	from related	other
		vidu	itutio	cer	em	nest	ner	the organization	organizations (W-2/1099-MISC)	compensation from the
		tor tr	onal		ploy	ecor		(W-2/1099-MISC)	(** = ******)	organization
		uste	trustee		/ee	npe				and related organizations
		ф	stee			Highest compensated employee				
De Tanania Bui						ed				
Dr. Joaquin Ruiz President	3.00	х		х				0	0	0
Dr. Jean M. Bahr		<u> </u>		<u> </u>				0	<u> </u>	<u> </u>
Past Pres	3.00	x		х				0	0	0
Dr. John W. Geis										
Vice Pres	3.00	X		X				0	0	0
Dr. Jonathan G.	Price									
Treas.	3.00	X		X				0	0	0
Dr. Mark Cloos	2 00								•	
Int'l Secy-non vote	3.00	X						0	0	0
Dr. Jacqueline E									•	•
Councilor Monica E. Gowan	3.00	Х						0	0	0
Councilor	3.00	х						0	0	0
Dr. G. Randy Kel		Λ						0	<u> </u>	<u> </u>
Councilor	3.00	х						0	0	0
Dr. Brian R. Pra									•	
Councilor	3.00	x						0	0	0
Dr. Murray W. Hi										
Councilor	3.00	X						0	0	0
Dr. Claudia I. M	ora									
Councilor	3.00	X						0	0	0
Margaret Davino										
Legal Cons-non vote	2.00	X						0	0	0
Adrienne McNamar									_	_
Legal Cous-non vote	2.00	X						0	0	0
Dr. Lisa D. Whit										
Councilor	3.00	X						0	0	0
Dr. Bruce R. Cla		х						0	^	0
Dr. Victor A. Ra	3.00	A						0	0	0
Councilor	3.00	х						0	0	0
Dr. Barbara L. D		-/1						0	<u> </u>	<u> </u>
Councilor	3.00	x						0	0	0
DAA			-					<u> </u>		Form 990 (2009)

Pa	rt VII Section A. Officers	s, Directors, Tr	uste	es, l	Key	Emp	oloy	ees,	and Highest Compensa	ted Employees (continue	ed)	
	(A) (B) Name and Title Average		Posi	tion (C)	hat a	nnly	(D)	(E)	(F	
	Name and Title	hours per week			Officer		that a Highest employe		compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estim amou oth comper from	int of ner nsation i the
			Individual trustee or director	nal trustee		oloyee	Highest compensated employee		(W-2/1099-MISC)		organiz and re organiz	elated
	r. J. Douglas W	alker 3.00	х				ä		0	0		0
	r. Daniel Larse Incilor	n 3.00	x						0	0		0
	ohn Hess	40.00			x				189,299	0		25,068
	raig Schiffries minis.						х		133,197	0		11,771
	on Olsen	40.00					х		112,334	0		13,491
	odd Berggren	40.00					x		108,288	0		16,041
· · · · ·												
· · · · ·												
1b	Total					<u></u>		<u> </u>	543,118	Φ400.000;		66,371
2	Total number of individuals (in reportable compensation from				to th	ose	liste	d at	oove) who received more t	than \$100,000 in		
												Yes No
3	Did the organization list any temployee on line 1a? If "Yes	former officer, of complete Sch	direc	tor o	r tru	stee	, key	em /idus	nployee, or highest compe	nsated	3	x
4	For any individual listed on lithe organization and related	ne 1a, is the su	m of	repo	ortab	le c	omp	ensa	ation and other compensa	tion from		
5	individual		ccru	е со	mpe	nsat	ion f	rom	any unrelated organization		5	X
Sec	tion B. Independent Contract		,, с	,OIII	note	OCI	icaai	0	ior such person		3	
1	Complete this table for your for compensation from the organ	five highest con nization.	npen	sate	d inc	depe	ende	nt co				
	Name and	(A) d business address							Descrip	(B) tion of services	С	(C) Compensation
	Total number of independent	t contractors ('	. اسعا	na l-	4	ot II-	nite -	l to '	those listed shave whe	ponivad		
2	Total number of independent more than \$100,000 in comp			-				ı 10 T	iliose listeu above) who re	:ceiveu	0) • 990 (2000)

	III Statement of Rev	Ondo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	Federated campaigns	1a					
b	Membership dues	1b					
С	Fundraising events	1c					
d	Related organizations	1d					
-	Government grants (contributions)	1e					
f	All other contributions, gifts, grants,						
	and similar amounts not included above	1f	871,587				
a	Noncash contributions included in lines 1	- 1¢ C					
h	Total. Add lines 1a–1f			871,587			
			Busn. Code	, -			
2a	Meetings			2,388,045	2,388,045		
b				604,646	604,646		
				593,766	593,766		
C	Sections & Division		+	566,341	566,341		
d	Education & Outrea	cn		300,341	360,341		
е							
	All other program service rev			4 4 5 0 5 0 0			
	Total. Add lines 2a–2f			4,152,798			
	Investment income (including						
	other similar amounts)		▶	501,774			501,77
4	Income from investment of ta	x-exempt bond	proceed				
5	Royalties						
	(i) Real		Personal				
6a	Gross Rents						
b	Less: rental exps.						
	Rental inc. or (loss)						
	Net rental income or (loss) .	l .	•				
	Gross amount from (i) Securities		Other				
	sales of assets	` '	Otrici				
		311					
D	Less: cost or other	202					
	basis & sales exps. 4,479,						
	Gain or (loss) -923,			000 001			000 00
	Net gain or (loss)			-923,891			-923,89
8a	Gross income from fundraising ev	ents					
	(not including \$						
	of contributions reported on line 1	c).					
	See Part IV, line 18	a					
b	Less: direct expenses						
	Net income or (loss) from fur		s >				
	Gross income from gaming activit						
	See Part IV, line 19						
h	Less: direct expenses	p					
	Net income or (loss) from gar						
	Gross sales of inventory, less						
iva			878 821				
.	returns and allowances	4 3,	177 707				
	Less: cost of goods sold		177,707	1 701 104	1 465 015	025 000	
С	Net income or (loss) from sal		V000000	1,701,124	1,465,915	235,209	
	Miscellaneous Revenue	e	Busn. Code				
11a				114,000	114,000		
b	Misc			89,241	89,241		
С							
d	All other revenue						
	Total. Add lines 11a–11d		—	203,241			
	Total Revenue. See instructi			6,506,633	5,821,954	235,209	-422,11
12					- , ,		

Part IX Statement of Functional Expenses

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

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

D	o not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	o, 8b, 9b, and 10b of Part VIII.	I otal 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				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,248,171	1,248,171		
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	218,509	80,848	137,661	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 2 1 2 - 2 2	100 100		
7	Other salaries and wages	2,249,783	693,490	1,556,293	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	226,995	162 000	226,995	
9	Other employee benefits	244,017	163,880	80,137	
10	Payroll taxes	168,685	55,669	113,016	
11	Fees for services (non-employees):				
	Management	02 525	15 400	0.040	
t	Legal	23,737	15,489	8,248	
	Accounting	32,124		32,124	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	/1 /2E		/1 /2E	
ī	Investment management fees	41,435	226 206	41,435	7 045
42	Other	562,854 21,378	336,386	218,523	7,945
12	• '	745,730	14,088 178,127	7,290	
13	Office expenses	22,635	20,972	567,603 1,663	
14 15	Information technology	22,033	20,912	1,003	
16	Royalties	202,832	34,193	168,639	
17	Occupancy	490,244	395,143	95,101	
18	Travel Payments of travel or entertainment expenses	150/211	3337113	737101	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	741,186	708,208	32,978	
20		7 11 7 100	7007200	32/3/0	
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	179,303	15,489	163,814	
23	Insurance	71,006	13,268	57,738	
		- 7	,	- 7	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	Foundation Support	401,328		401,328	
b	COGS	313,886		313,886	
С	Credit Card Fees	210,348	5,448	204,900	
d	Direct advertising costs	129,081	129,081		
е		116,491	116,491		
f	All other expenses	-1,299,271	752,984	-2,052,255	
25	Total functional expenses. Add lines 1 through 2 4f	7,362,487	4,977,425	2,377,117	7,945
26					
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

	art 2	X Balance Sheet			1039023		rage II
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			81,347	1	237 40,548
	2	Savings and temporary cash investments		L		2	40,548
	3	Pledges and grants receivable, net		25,000	3		
	4	Accounts receivable, net			454,090	4	352,881
	5	Receivables from current and former officers, director					
		employees, and highest compensated employees. C					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defi					
		4958(f)(1)) and persons described in section 4958(c					
10		Part II of Schedule L		6			
eţ	7	Notes and loans receivable, net				7	_
Assets	8	Inventories for sale or use			392,072	8	301,961
⋖	9	Prepaid expenses and deferred charges			433,997	9	275,083
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	5,496,280			
	b	Less: accumulated depreciation	10b	3,004,797	2,686,713	10c	2,491,483
	11			17,010,895	11	18,915,569	
	12	Investments—other securities. See Part IV, line 11		286,037	12	530,719	
	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 lin			21,370,151	16	22,908,481
	17	Accounts payable and accrued expenses	743,731	17	631,966		
	18	Grants payable		18			
	19	Deferred revenue		1,979,375	19	1,954,347	
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Payables to current and former officers, directors, tru	ustees, ke	y			
ğ		employees, highest compensated employees, and d	isqualified				
Ë		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated thin	rd parties	L		24	
	25	Other liabilities. Complete Part X of Schedule D	L	310,242	25	6,397	
<u> </u>	26	Total liabilities. Add lines 17 through 25			3,033,348	26	2,592,710
Ö		Organizations that follow SFAS 117, check here	X and				
an		complete lines 27 through 29, and lines 33 and 34	١.				
al	27	Unrestricted net assets		1,191,160	27	2,190,497	
<u>Б</u>	28			13,261,258	28	14,240,889	
Ĭ	29	Permanently restricted net assets	<u></u> .		3,884,385	29	3,884,385
Ĭ		Organizations that do not follow SFAS 117, check	here l				
ō		and complete lines 30 through 34.					
its	30	Capital stock or trust principal, or current funds		30			
Se	31	Paid-in or capital surplus, or land, building, or equipr			31		
Ą	32	Retained earnings, endowment, accumulated incom	e, or other	funds		32	
Net Assets or Fund Balance	33	Total net assets or fund balances			18,336,803		20,315,771
z	34	Total liabilities and net assets/fund balances			21,370,151	34	22,908,481

Form **990** (2009)

Form 990 (2009) Geological Society of America, Inc 13-1659623

Page **12**

Pa	art XI Financial Statements and Reporting							
			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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	b Were the organization's financial statements audited by an independent accountant?							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a	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	X					
		Form	990	(2009)				

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Geological Society of America, Inc.

Employer identification number

				society of Wiler		THE.			_		9023			
P	art l	Reas	on for Public Charit	y Status (All organization	ons mus	st comp	olete t	nis pa	rt.) Se	e ins	truction	<u>S. </u>		
Γhe	orga	ınization is no	ot a private foundation beca	luse it is: (For lines 1 through 1	l1, check	only one	box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school des	described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or	r a cooperative hospital ser	vice organization described in	section	170(b)(1)	(A)(iii).							
4	П	A medical re	esearch organization opera	ted in conjunction with a hospit	tal descril	bed in se	ction 1	70(b)(1)	(A)(iii).	Enter	the hospita	al's ı	name	
		city, and sta	te:											
5		An organiza		t of a college or university own				rnmenta	al unit d	escribe	ed in			
	ш	-	0(b)(1)(A)(iv). (Complete Part II.)											
6			state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	H		ion that normally receives a substantial part of its support from a governmental unit or from the general public											
•	ш	-												
8		described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	X			(1) more than 33 1/3 % of its		om contr	ihutione	memh	archin t	faac 21	nd aross			
3	21	-		empt functions—subject to cert							_			
		-			-									
			=	and unrelated business taxable				i (ax) iii	om bus	1116226	5			
40			=	30, 1975. See section 509(a)				\/ 4 \						
10	\mathbb{H}	•	•	d exclusively to test for public	•		•			4 41				
11	Ш	_	=	d exclusively for the benefit of,	-				-		4!			
				orted organizations described i							ection			
				s the type of supporting organiz			1							
		а Туре		c Type III–Function	, ,	•	. d ∣		e III–O					
е		-		rganization is not controlled di	-	-								
		-	=	rs and other than one or more	publicly s	supported	d organiz	zations	describ	ed in s	ection			
		. , . ,	section 509(a)(2).		_									
f		_		etermination from the IRS that i	it is a Typ	e I, Type	e II, or T	ype III s	upporti	ng				
		•	, check this box											. Ш
g		_	-	zation accepted any gift or con	tribution f	rom any	of the							
		following pe										Г		
				controls, either alone or togeth	-	ersons de	escribed	l in (ii)			_		Yes	No
				of the supported organization	?						· · · · · · · —	g(i)		
			member of a person desc	*** ***********************************							11	g(ii)		
		(iii) A 35% d	controlled entity of a persor	n described in (i) or (ii) above?							11	g(iii)		
h		Provide the	following information abou	t the supported organization(s)).		1				1			
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	` ,		unt of	
	org	anization		(described on lines 1–9 above or IRC section	in col. (i) li	document?		nization in of your	organizati (i) organi:		S	suppo	ж	
				(see instructions))	governing	document.	supp	ort?	U.S	S.?				
					Yes	No	Yes	No	Yes	No				
_	_													
	-1						B-0-05000000000000000000000000000000000	100000000000000000000000000000000000000		100000000000000000000000000000000000000				

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

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009 Geo							Page 2
Pa	Int II Support Schedule for C (Complete only if you ch					and 170(b)(1	I)(A)(vi))
200	tion A. Public Support	ecked the bo	ox on line 5, 7,	OI O OI Pait i	.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(a) 2007	(4) 2009	(a) 2000	(6)	Total
Cai	endar year (or riscar year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(1)	Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f)	Total
7								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10	/i	-\					
12	Gross receipts from related activities, etc						<u> </u>	
13	First five years. If the Form 990 is for the	•			•			. □
800	organization, check this box and stop he	re Porce		<u></u>		<u></u>	<u> </u>	▶
	tion C. Computation of Public S	• •		(0)				
14	Public support percentage for 2009 (line	6, column (f) divid	ded by line 11, col	iumn (t))		14		<u>%</u>
15	Public support percentage from 2008 Sci	nedule A, Part II,	line 14					%_
16a	33 1/3 % support test—2009. If the orga							
_	and stop here. The organization qualifies							▶ ⊔
b	33 1/3 % support test—2008. If the orga							
	box and stop here. The organization qua							▶ □
17a	10%-facts-and-circumstances test—20							
	more, and if the organization meets the "				-		the	, _
	organization meets the "facts-and-circum		•	•				▶ 📙
b	10%-facts-and-circumstances test—20	-						
18	more, and if the organization meets the "organization meets the "facts-and-circum Private foundation. If the organization d	stances" test. Th	e organization qua	alifies as a public	ly supported orga	nization		•

Schedule A (Form 990 or 990-EZ) 2009

18

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

Schedule A (Form 990 or 990-EZ) 2009 **Geological Society of America, Inc.13-1659623**Part III Support Schedule for Organizations Described in Section 509(a)(2)

(b) 2006

(c) 2007

(d) 2008

(e) 2009

Page 3

(f) Total

(Complete only if you checked the box on line 9 of Part I.)

(a) 2005

1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,518,057	1,459,966	1,334,328	1,343,204	871,5	87	6,527,142
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,069,221	7,420,485	9,852,608	11,607,786	8,031,6		43,981,729
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	8,587,278	8,880,451	11,186,936	12,950,990	8,903,2	216	50,508,871
	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							50,508,871
	tion B. Total Support							
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
9	Amounts from line 6	8,587,278	8,880,451	11,186,936	12,950,990	8,903,2	216	50,508,871
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,002,137	1,269,725	575,392	648,022	501,7	74	3,997,050
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	1,002,137	1,269,725	575,392	648,022	501,7	74	3,997,050
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	217,160		231,466	109,195	105,1	.28	662,949
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	42,036	21,460	162,176	218,064	203,2	241	646,977
13	Total support. (Add lines 9, 10c, 11, and 12.)	9,848,611	10,171,636	12,155,970	13,926,271	9,713,3	159	55,815,847
14	First five years. If the Form 990 is for the organization, check this box and stop he	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)		55/615/617
Sec	tion C. Computation of Public S		entage					
15	Public support percentage for 2009 (line			umn (f))		1	15	90.49%
16 Sec	Public support percentage from 2008 Sction D. Computation of Investm	hedule A, Part III,	line 15		· · · · · · · · · · · · · · · · · · ·	1	16	90.87%
17	Investment income percentage for 2009			13. column (f))		1	17	7 %
18	Investment income percentage from 200						18	8 %
19a	33 1/3 % support tests—2009. If the org							
	17 is not more than 33 1/3 %, check this	-						▶ X
b	33 1/3 % support tests—2008. If the org	ganization did not d	check a box on lin	e 14 or line 19a,	and line 16 is mor	re than 33 1/3	%, a	ind
	line 18 is not more than 33 1/3 %, check		-	•		_	tion	▶ □
20	Private foundation. If the organization of	lid not check a box	on line 14, 19a, o	or 19b, check this				▶
DAA					Sch	edule A (Forr	n 99	0 or 990-EZ) 200

Schedule /	A (Form 9	90 or 990-	EZ) 2009	<u> Geol</u>	<u>ogic</u>	<u>al So</u>	<u>ciet</u>	y of	Ame	rica,	Inc	<u> 13-16</u>	<u>55962</u>	3	Page 4
Part IV	Sup Par	oplemen t II, line	tal Into	rmatioا 17b: ar	n. Con nd Part	nplete tr : III. line	บร part 12. Pro	to prov	vide tr inv oth	ne expla ner addi	ınatıon: tional i	s require nformati	ed by Pa ion, Sea	art II, line e instruct	e 10; tions.
									y						
Part	. +.+.+.4	Line	12	- Otn	er 1	ncome	рет	аіі							
Othe	r inc	ome						\$	6	46,97	7.7				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization Geological Society of America, Inc. 13-1659623 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ Number of states where property subject to conservation easement is located ▶ _ _ _ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 ______

\$\blue{\blue}\$ \\$ _ _ _ _ _ b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 Geological Society of America, Inc 13-1659623 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): X Public exhibition а Loan or exchange programs Scholarly research X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d Distributions during the year 1e f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? 1f Yes **b** If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Part V (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 12,109,543 17,382,740 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, 540,499 -3,793,197 and losses **d** Grants or scholarships e Other expenditures for facilities and programs 1,480,000 1,924 f Administrative expenses g End of year balance 12,648,118 12,109,543 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶_ _ _ _ _ % b Permanent endowment ► 31.00 % c Term endowment ► 69.00% 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) X X (ii) related organizations 3a(ii)

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIV the intended uses of the organization's endowment funds.

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI (b) Cost or other (c) Accumulated Description of investment (a) Cost or other basis (d) Book value (investment) basis (other) depreciation 428,065 428,065 1a Land 3,837,862 1,930,162 1,907,700 **b** Buildings c Leasehold improvements 89,557 89,557 1,140,796 985,078 155,718 **d** Equipment Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 2,491,483

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Geological Society of America, Inc 13-1659623

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•	uy	\sim	•

Part VII	Investments—Other Securities. See Form 9	990, Part X, line 12.	
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
Financial deri			
	equity interests		
Other			
	(1)		
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	000 Davit V line 40	
Part VIII	Investments—Program Related. See Form		()) () () ()
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
T (1 (0)	(I) (IE 000 B (V I (B)); 40) b		
Part IX	nn (b) must equal Form 990, Part X, col. (B) line 13.) • Other Assets. See Form 990, Part X, line 15		
FaitiA	(a) Description	J.	(b) Book value
	(a) Description		(b) book value
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15.)		b
Part X	Other Liabilities. See Form 990, Part X, line	e 25.	······································
1.	(a) Description of liability	(b) Amount	
Federal incon		(-,	
	certificates payable	3,098	
	funded med insurance liabilit		
	o/from Sections & Divisions	704	
	Liability	5	
		3	
Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	6,397	
- Clair (Coluit	in (b) must equal to mi 330, t alt A, coi. (b) line 20.)		

^{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.

00000000000000000	due D (Form 990) 2009 Geological Society Of Amelica, Inc. 13-103902		Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,506,633
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,362,487
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-855,854
4	Net unrealized gains (losses) on investments	4	2,834,822
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	0.004.000
9	Total adjustments (net). Add lines 4 through 8	9	2,834,822
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,978,968
-	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
1	Total revenue, gains, and other support per audited financial statements	1	11,519,162
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments 2a 2,834,822		
b	Donated services and use of facilities 2b	_	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.) 2d 2,177,707		- 010 -00
е	Add lines 2a through 2d	2e	5,012,529
3	Subtract line 2e from line 1	3	6,506,633
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 4a		
	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	6 506 600
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5_	6,506,633
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		eturn 0 F40 104
1	Total expenses and losses per audited financial statements	1	9,540,194
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
C .	Other losses 2c	,	
d	Other (Describe in Part XIV.) 2d 2,177,707		0 177 707
	Add lines 2a through 2d	2e	2,177,707 7,362,487
3	Subtract line 2e from line 1	3	7,302,407
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	_	
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	7 262 497
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,362,487
	rt XIV Supplemental Information	1h	
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 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 comple		
	ert to provide any additional information.	le	
	art III, Line 4 - Collections and Relation to Exempt Pur	200	0
	TIL TILL DING T - COTTECCTORS AND RELACTOR CO EXEMPL FUL	<u> </u>	<u>-</u> – – – – –
_T]	<u>ne Penrose collection is to be held in perpetuity for ex</u>	<u>hib</u>	<u>it, research,</u>
2	ducation, and as a memorial to R.A.F. Penrose, Jr.		
_ <u>~`</u>	<u> </u>		
Pa	art V, Line 4 - Intended Uses for Endowment Funds		
_T]	ne_endowment_funds_support_the_exempt_activities_of_the_	urg	anızatıon.

Schedule D (Form 990) 2009 Geological Society of America, Inc 13-1659623 Part XIV Supplemental Information (continued)	Page 5
Part XI, Line 8 - Reconciliation of Changes - Other	
_Cost_of_Goods_Sold	\$ 2,177,707
Cost of Goods Sold	
Part XII, Line 2d - Revenue Amounts Included in Financials	<u>- Other</u>
_Cost_of_Goods_Sold	\$ _ 2,17 <u>7</u> ,70 <u>7</u>
Part XIII, Line 2d - Expense Amounts Included in Financials	
_Cost_of_Goods_Sold	\$ <u>2,177,707</u>

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization		.				r identification num	ber		
Geological Society Part I General Information on Grants and		a, 1	nc.		13-16	559623			
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Us Part IV and Schedule I-1 (Form 990) if additional space is needed									
(a) Name and address of organization or government	()	(c) IRC section applicable	(d) Amount of cash gran	t (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		
· · · · · · · · · · · · · · · · · · ·									
2 Enter total number of section 501(c)(3) and government	t organizations								
3 Enter total number of other organizations							<u></u>		

Schedule I (Form 990) 2009 Geological					Page 2
Part III Grants and Other Assistance Use Part IV and Schedule I-				nization answered "Yes" t	o Form 990, Part IV, line 22.
(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
Grants - Details on File		1,248,171			
Part IV Supplemental Information.	Complete this part to	provide the inform	ation required in Pa	art I, line 2, and any other	additional information.
Part IV - Additional Info	ormation				
GSA gives out grants that	t in total ex	ceed \$5,000,	but there a	re no	
individual grants that ex	kceed \$5,000.				

SCHEDULE J (Form 990)

Compensation Information

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.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Geological Society of America, Inc.

Questions Regarding Compensation

Employer identification number

13-1659623

			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form						
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment						
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to						
	explain	1b					
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?	2					
3	Indicate which, if any, of the following the organization uses to establish the compensation of the						
	organization's CEO/Executive Director. Check all that apply.						
	Compensation committee X Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:			X			
а	a Receive a severance payment or change-of-control payment?						
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X			
С	Participate in, or receive payment from, an equity-based compensation arrangement?	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 complete lines 5–9.						
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:	_		7.7			
	The organization?	5a		X			
b	Any related organization?	5b		X			
•	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:	^ -		v			
a	The organization?	6a		X			
a	Any related organization?	6b		X			
-	If "Yes" to line 6a or 6b, describe in Part III.						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		v			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X			
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 Regs. section 53.4958-4(a)(3)? If "Yes," describe			v			
	in Part III	8		X			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2009

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.

			(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns (B)(i)–(D)	(F) Compensation
(A) Name			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		(F) Compensation reported in prior Form 990 or Form 990-EZ
John Hess	(i)	189,299	0	0	15,965	9,103	214,367	
	(ii)	0	0	0	0	0	0	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(11)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2009

Chedule J (Form 990) 2009 Geological Society of America, Inc 13-1659623 Part III Supplemental Information	Page 3
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 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 to provide the information.	late this part
or any additional information.	nete this part
•	
•	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

Open to Inspection

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Geological Society of America, Inc.

Employer identification number 13-1659623

Form 990, Part III, Line 4d - All Other Achievements Scholarships for research and study of geology to various recipients awarded by independent selection. Most awards are \$2,000 or less.
Form 990, Part VI, Line 6 - Classes of Members or Stockholders Organization does have Members.
Form 990, Part VI, Line 7a - Election of Members and Their Rights
Members elect the governing body of the Organization.
Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Members are provided with ballots to approve the decisions of the governing body.
Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 The form 990 is reviewed prior to filing by the Executive Committee of the organization.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy GSA councilors are required to disclose annually interests that could give rise to conflicts, the Executive Director's office maintains these files. GSA staff all have a conflict of interest on file and they update them when
necessary.

Schedule O (Form 990) 2009 Page **2**

Name of the organization Geological Society of America, Inc.	Employer identification number 13–1659623
Form 990, Part VI, Line 15a - Compensation Process	for Top Official
The Excecutive Director's compensation is reviewed	and approved by a formal
process based on the overall budget of the Organiza	tion.
Form 990, Part VI, Line 15b - Compensation Process	for Officers
All Officer compensation is reviewed and approved u	sing a formal process
based upon the overall budget of the Organization.	
Form 990, Part VI, Line 19 - Governing Documents Di	sclosure Explanation
The governing documents, financial statements and c	onflict of interest
policy are available from the Organization's websit	e.

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.

2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

► See separate instructions.

Name of the organization Geological Society of America, Inc	z .				Employer i	identification number 9623
Part I Identification of Disregarded Entities (Complete if the	e organization ans	wered "Yes" to Fo	orm 990, Part IV, li	ne 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-yea	ır assets	(f) Direct controlling entity
Part II Identification of Related Tax–Exempt Organizations had one or more related tax-exempt organizations du	(Complete if the oring the tax year.)	rganization answe	ered "Yes" to Form	990, Part	: IV, line	34 because it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public char (if section 5) rity status	(f) Direct controlling entity
The GSA Foundation PO Box 9140 74-2156871						
Boulder CO 80301	Foundation	CO	501c3	9		N/A
	_					

Schedule R (Form 990) 2009 Geological Society of America, Inc.13-1659623 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year.) (d) (e) Predominant (h) Name, address, and EIN of Primary activity Legal Direct controlling Share of total income Share of end-of-year Dispro-Code V—UBI General or income (related, amount in box 20 of related organization domicile entity assets portionate managing unrelated. (state or Schedule K-1 alloc.? partner? excluded from (Form 1065) foreign tax under country) sections Yes No Yes No 512-514) Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV. Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (d) (g) (h) Legal domicile Direct controlling Share of total income Share of Primary activity Type of entity Percentage Name, address, and EIN of related organization (state or entity (C corp, S corp, end-of-year assets ownership foreign country) or trust)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any er	ntity is listed in Parts II, III, or IV of this schedule.			Yes	No
	e organization engage in any of the following transactions with one or more related organ				
a Receipt of (i) interest (ii) a	nnuities (iii) royalties (iv) rent from a controlled entity		1a		Х
b Gift, grant, or capital contri	ibution to other organization(s)		1b		Х
c Gift, grant, or capital contri	ibution from other organization(s)		1c	Х	
d Loans or loan guarantees to or for other organization(s)					
e Loans or loan guarantees	by other organization(s)		1e		Х
f Sale of assets to other org	ganization(s)		1f		X
g Purchase of assets from other organization(s)					
h Exchange of assets			1h		Х
i Lease of facilities, equipme	ent, or other assets to other organization(s)		1i		Х
j Lease of facilities, equipme	ent, or other assets from other organization(s)		1j		Х
k Performance of services o	r membership or fundraising solicitations for other organization(s)		1k		Х
I Performance of services o	r membership or fundraising solicitations by other organization(s)		11		Х
m Sharing of facilities, equipr	ment, mailing lists, or other assets		1m	Х	
n Sharing of paid employees	S		1n	Х	
o Reimbursement paid to other organization for expenses					Х
p Reimbursement paid by other organization for expenses					
	•				
q Other transfer of cash or p	property to other organization(s)		1q		Х
r Other transfer of cash or p	property from other organization(s)		1r		Х
2 If the answer to any of the	above is "Yes," see the instructions for information on who must complete this line, include	ding covered relationships and transaction thresholds.		•	
·	(a)	(b)	(c)		
	Name of other organization	Transaction	Amount inv	olved	
		type (a-r)			
(1)	GSA Foundation Inc	c	!	533,	,328
(2)	GSA Foundation Inc	p		89,	639
(3)	GSA Foundation Inc	n	:	273,	,001
(4)	GSA Foundation Inc	m	:	113,	688
(5)					
(6)					

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	(c) Legal domicile (state or foreign country)	Are all sec 501 organi	(c)(3) zations?	(e) Share of end-of-year assets	(f) Disproportional allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	h) eral or aging tner?
			Yes	No		Yes	No		Yes	No

JDS PROFESSIONAL GROUP 5670 GREENWOOD PLAZA BLVD STE 200 GREENWOOD VILLAGE, CO 80111 303-771-0123

January 21, 2010

CONFIDENTIAL

Geological Society of America, Inc. PO Box 9140 Boulder, CO 80301

Dear Tom:

We have prepared the following returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax 990-T - Exempt Organization Business Income Tax Return

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely, Lat B. Bauer CPA

JDS PROFESSIONAL GROUP

Filing Instructions

Geological Society of America, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2009

Date Due:

February 15, 2010

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/09 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically. The IRS e-file Authorization has already been returned to us and

no further action is required.

Other:

Your return is being filed electronically with the IRS and is not required to be

mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

2011

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2008 Open to Public Inspection

Form **990** (2008)

<u>A</u>	For the 200	08 calendar y	ear, or tax year beginning 7/01/08 , and ending 6/30/09			
В	Check if applica		C Name of organization		Emplo	yer identification number
	Address change	e label or	Geological Society of America, In	c.		
	Name change	print or	Doing Business As		<u> 13-</u>	1659623
Ħ	Initial return	type.	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E		one number
H		See Specific	PO Box 9140	_	_	-357-1019
님	Termination	instruc-	City or town, state or country, and ZIP + 4	<u> </u>	Gross rece	ipts\$ 13,072,246
Ш	Amended return		Boulder CO 80301	— І		
	Application pen	iung j	e and address of principal officer:	H(a	•	a group return for es? Yes X No
			hn W. Hess	H(I	affiliate b) Are all	affiliates
			Box 9140 ulder	1	include	
_					if "NO,"	attach a list. (see instructions)
<u> </u>	Tax-exempt		501(c) (3) 4 (insert no.) 4947(a)(1) or 527 geosociety.org	— _{"/} ,	c) Group	exemption number
		zation: X Co				M State of legal domicile: NY
	art I	Summa		<u>on. 100</u>	<u> </u>	ivi State of legal conficile.
<u> </u>	1					
	ידי ו	he Geol	he organization's mission or most significant activities: ogical Society of America was founded to advance the i	scienc	e of	
Š		eology.				
& Governance	:نو. ا	eorogy.				
Ver	0 Cho		if the organization discontinued its operations or disposed of more than 25% of its			
ဇ္	1				3	16
≪ ″			g members of the governing body (Part VI, line 1a) endent voting members of the governing body (Part VI, line 1b)		4	16
Activities	F Tota				5	63
₹	5 Tota		employees (Part V, line 2a)		6	
Ă	6 Tota		volunteers (estimate if necessary)		7a	273,172
			lated business revenue from Part VIII, line 12, column (C)		7b	108,195
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34	Prior Year	' 'b 	Current Year
	8 Conf	tributions an	d grants (Part VIII, line 1h)	706,	922	748,389
Ë			(5. 1.10) (5. 1.5.)	,756,		3,184,934
Revenue	1 -	(D. Marie C. A. Prana C. A. and Tally				338,820
æ				<u>,447,</u> ,573,		1,970,081
	1			,483,		6,242,224
_				,045,		1,167,465
			(Days (Days IV) Allows (A) then 4)	, ,		
	4E Colo	•	or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5–10)	,823,	142	3,336,001
xpenses	15 Sala		(D. 19) (A) Handday	, 525 ,	===+	
ë	in Tota		draising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25)	EBALC	7 7	
Ä		-	2	,107,	991	3,182,049
	1	•		,976,		7,685,515
		· ·	read in the first trade of trade of the first trade of the first trade of the first trade of the first trade of trade of trade of the first trade of tr	,506,		-1,443,291
5 6	S Levi	ei iue iess ez		nning of Yea		End of Year
ets	20 Tota	al assets (Pa	rt X, line 16)	,616,	836	21,370,151
Net Assets or	21 Tota	al liabilities (f	Part X, line 26)	,152,	851	3,033,348
夏	22 Net		nd balances. Subtract line 21 from line 20	,463,	985	18,336,803
	Part II		re Block			
		Under pena	ties of perjury. I declare that I have examined this return, including accompanying schedules and statement	ts, and to th	ne best o	f my knowledge
		and belief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	r has any	/ knowledge.
Si	gn					
	ere	Signatu	are of officer		Date	
			hn W. Hess Executive	Direc	tor	
		Type o	print name and title			
		D	Date C	Check if		Preparer's identifying number
Pa	nid	Preparer's signature	40 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	self- employed		(see instructions)
Pr	eparer's		IDS PROFESSIONAL GROUP		EIN	► 20-8019714
Us	se Only	Firm's name	ECZO CDEENWOOD DIAZA BIND CTE 200		Phone	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	-	if self-emplo address, an	J/i		no.	303-771-0123
Ma	v the IPS d		eturn with the preparer shown above? (see instructions)		IIU.	X Yes No
ıvla	เหมายาศอย	แรบนธร (กิเริ ได้	stutit with the preparer shown above? (see instructions)	<u></u>	<u></u>	Feb 168 No

om 990 (2008) Geological Society of America, Inc. 13-165962		_
Part III Statement of Program Service Accomplishments (see instructions)		
1 Briefly describe the organization's mission:		
The Geological Society of America was founded to adva	nce the scier	ice of
geology.		
erasse		
·		
2 Did the organization undertake any significant program services during the year which were not listed on		·
the prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program		
services?		Yes X No
If "Yes," describe these changes on Schedule O.		. 🗀 🚟 🖽 🚟
·		
4 Describe the exempt purpose achievements for each of the organization's three largest program services l		
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo	unt of grants and	
allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a (Code:) (Expenses \$ 1,869,535 including grants of \$) (Revenue \$	1,772,018)
The society sponsors an annual meeting for members in		
fall and smaller meetings in the spring. Members att	end	
discussions and conferences concerning topics in the		
· · · · · · · · · · · · · · · · · · ·	7.1.7.1.4	
of geology.		
· · · · · · · · · · · · · · · · · · ·		
(, , , , , , , , , , , , , , , , , , ,	.,,	
4b (Code:) (Expenses \$ 1,075,166 including grants of \$) (Revenue \$	818,101)
Education and outreach programs - involvement in		
Education and outreach programs — involvement in heightening public understanding of and appreciation	for	
Education and outreach programs — involvement in heightening public understanding of and appreciation	for	
Education and outreach programs — involvement in heightening public understanding of and appreciation geosciences by working with scientists, teachers and	for the	
Education and outreach programs involvement in heightening public understanding of and appreciation geosciences by working with scientists, teachers and general public, plus programs and meetings run by	for	
Education and outreach programs — involvement in heightening public understanding of and appreciation geosciences by working with scientists, teachers and	for the	
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Education and outreach programs involvement in heightening public understanding of and appreciation geosciences by working with scientists, teachers and general public, plus programs and meetings run by sections and divisions. 4c (Code:)(Expenses \$ 686,778 including grants of \$	for the	
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Education and outreach programs involvement in heightening public understanding of and appreciation geosciences by working with scientists, teachers and general public, plus programs and meetings run by sections and divisions.	for the (Revenue \$	
Education and outreach programs involvement in heightening public understanding of and appreciation geosciences by working with scientists, teachers and general public, plus programs and meetings run by sections and divisions. 4c (Code:)(Expenses	for the (Revenue \$	
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Education and outreach programs — involvement in heightening public understanding of and appreciation geosciences by working with scientists, teachers and general public, plus programs and meetings run by sections and divisions. 4c (Code:)(Expenses \$ 686,778 including grants of \$ The membership services program includes the cost of maintaining the society's membership and the cost of employment service provided for the benefit of member 4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,167,465 including grants of \$ 1,167,465) (Revenue services)	for the) (Revenue \$ the s.	
Education and outreach programs - involvement in heightening public understanding of and appreciation geosciences by working with scientists, teachers and general public, plus programs and meetings run by sections and divisions. 4c (Code:)(Expenses \$ 686,778 including grants of \$ The membership services program includes the cost of maintaining the society's membership and the cost of employment service provided for the benefit of member 4d Other program services. (Describe in Schedule O.)	for the) (Revenue \$ the s.	

<u> </u>	Treatment of required confedences		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?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21; 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
•	Posto VI VIII VIII IV or V se conficeble	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
-	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriate and the probability of the probability of the LLO 2	14a		X
b	Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
D	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15		140		
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, Part II	15		x
16		15		Λ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1.0		v
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	7.	X
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
_		25b		X
26	person from a prior year? If "Yes," complete Schedule L, Part I 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, or	20		
21	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	Substantial continuotor, or to a person related to such an individual? If Tes, complete schedule L, Fait III		000	(2008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	18.8		
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	1. Phys.		
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	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,		i	
	PartI	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			
	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	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
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		х
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			1
	VI	37		x

Form **990** (2008)

P	art V Statements Regarding Other IRS Filings and Tax Compliance			-	•	ugo.
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	l			
	U.S. Information Returns. Enter -0- if not applicable	1a	419	ji L		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rej	ortable)			
	gaming (gambling) winnings to prize winners?			1c	x	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	[
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	63	\$ 17g.		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	x	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			Fried.		
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
	this return?			3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		•			
	account)?			4a		x
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 is	Bank	·) · · · · · · · · · · · · · · · · · · ·			
	and Financial Accounts.					4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact					X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
•	Regarding Prohibited Tax Shelter Transaction?			5c		
6a	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 contribution					
_				6b		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than				
_				7a		х
b	\$75? If "Yes," did the organization notify the donor of the value of the goods or services provided?					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
_	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	,	•••••		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe				15	
	benefit contract?			7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?					X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C			·····		
	required?			7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	ion				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon					
	organization, have excess business holdings at any time during the year?	-		8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			11		
а	Did the organization make any taxable distributions under section 4966?			9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	, , , , ,		9b		х
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	10b				
11	Section 501(c)(12) organizations. Enter:	,				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				,	
	amounts due or received from them.)	11b		ı		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		L

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...

Form 990 (2008) Geological Society of America, Inc. 13-1659623

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

Sec	tion A. Governing Body and Management						
						Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	the			4. 10		
	circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body	1a	16				
b	Enter the number of voting members that are independent	1b	16				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with				t ji.	
	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 organization	direct					
	supervision of officers, directors or trustees, or key employees to a management company or other per				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form	1 990 v	was filed?		4		X
5	Did the organization become aware during the year of a material 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 mem						
	of the governing body?				7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	ns?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken du						
	the year by the following:						
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?	.,			8b	X	
9a	Does the organization have local chapters, branches, or affiliates?				9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such characteristics.						
	affiliates, and branches to ensure their operations are consistent with those of the organization?				9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization's						
	must describe in Schedule O the process, if any, the organization uses to review the Form 990				10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				11		X
Sec	tion B. Policies						
	A					Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could						
	rise to conflicts?				12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es,"					
	describe in Schedule O how this is done				12c	Х	
13	Does the organization have a written whistlebio ver policy?				13	Х	
14	Does the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approval					75	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	decisi	on:				
а	The organization's CEO, Executive Director, or top management official?				15a	X	
b	Other officers or key employees of the organization?				15b	X	
	Describe the process in Schedule O. (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of similar arrangement	ent					
	with a taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	te					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	guard				1 2	
	the organization's exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure	<u> </u>					
17	List the states with which a copy of this Form 990 is required to be filed None					<i></i>	.
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (5	501(ć)((3)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply."						
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, con	oflict o	f interest				
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and	record	ds of the				
	organization: ▶ The Organization PO Box 9140	<i>.</i> .					
_B	oulder C	0 8	0301	303	<u>-35</u>	<u>7 - 1</u>	019

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

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

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

Charly this have if the approximation did not appropriate any officer dispeter tructor or key appleador

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the o	rganization did not comper	nsate	any	offic	er, c	direct	or, t	rustee, or key employee.				
(A)	(B)	1			C)			(D)	(E)	(F)		
Name and Title	Average hours per week				Estimated amount of other compensation from the organization and related organizations							
John Hess Exec. Dir.	40	x						196,241	0	16,944		
Jacqueline E							<u> </u>	250/222				
Councilor	3	x						0	0	0		
Dr. John W.	Geissman											
Councilor	3	X				1		0	0	0		
Monica E. Go		l			_					•		
Councilor	3	X			_			0	0	0		
Dr. Nancy J.		x				1		o	o	0		
Councilor Dr. David Ap	3	1	-		-	_		U		<u> </u>		
Councilor	pregate	x						0	0	0		
Jerome V. De	Graff	<u> </u>	7	-	-	 	<u> </u>					
Councilor	3	x						o	0	0		
Dr. Diane R.	Smith								•			
Councilor	3	X						0	0	0		
Dr. Jill Sch												
Councilor	3	X						0	0	0		
G. Randy Kel		l <u></u>						, ,		0		
Councilor	3	X			-	-		, <u>0</u>	0	0		
Brian R. Pra	3	x	١.					0	0	0		
Murray W. Hi		 ^			┢	 		2.				
Councilor	3	x				İ		o	o	0		
Claudia I. M									1			
Councilor	3	x						0	0	0		
Margaret Day	ino											
Legal Consul	2	X				<u> </u>		0	0	0		
Adrienne McN								_	_ ا	_		
Legal Couns.	2	X		<u> </u>		<u> </u>	<u> </u>	0	0	0		
Dr. Judith T	1 /							_		^		
President	Champ Tm	 	 	X		 -		0	0	0		
Dr. John M. Past Pres	Sharp, Jr.			x				0	o	0		
TOPC PICE	<u> </u>		<u> </u>	1 4	Щ.		Ь		0	<u> </u>		

(A) Name and title Average Position (offices all filted apply) Name and title Average Position (offices all filted apply) Name and title Average Position (offices all filted apply) Name and title Average Position (offices all filted apply) Name and title Average Position (offices all filted apply) Name and title Average Position (offices all filted apply) Name and title Name and title Average Position (offices all filted apply) Name and title Name and title Average Position (offices all filted apply) Name and title Name and title Name and title Average Position (offices all filted apply) Name and title Nam	Part VII		. Officers, Directors, Trus	tees	, Ke	y En	ploy	yees	, and	d Highest Compensated E	mployees (continued)			-	
The first per veek week week with the period of the perio	(A)	(B)	Dasi	*: /						1				
Yice Pres 3	Name a	nd title	hours per		Institutiona		_		_	compensation from the organization	compensation from related organizations	c	amount of other compensatio from the organizatio and related		
Robbie R. Gries Treas. 3 X 0 0 0 Mark Cloos Int'l Secy 3 X 0 0 0 Craig Schiffries Adminis. 40 X 143,380 0 0 Jon Olsen Dep. ED 40 X 123,151 0 Todd Berggren Dir. IT 40 X 117,785 0 Gary Lewis Dir. Bduc. 40 X 105,618 0 Pat Kilner Dir. Memb. 40 X 1,01,314 0 Pat Kilner Dir. Memb. 40 X 1,01,314 0 1b Total						x				0	0				
Mark Cloos Int'l Secy 3 X 0 0 0 Craig Schiffries Adminis. 40 X 143,380 0 Jon Olsen Dep. RD 40 X 123,151 0 Todd Berggren Dir. IT 40 X 117,785 0 Gary Lewis Dir. Bduc. 40 X 105,€18 0 Dir. Bduc. 40 X 105,€18 0 Pat Kilner Dir. Memb. 40 X 1,01,314 0 Pat Kilner Dir. Memb. 40 X 1,01,314 0 1b Total	Robbie		ies												
Tint' I Secy 3 X 143,380 0 Craig Schiffries Adminis. 40 X 143,380 0 Jon Olsen Dep. ED 40 X 123,151 0 Todd Berggren Dir. IT 40 X 117,785 0 Gary Lewis Dir. Educ. 40 X 105,618 0 Pat Kilner Dir. Memb. 40 X 101,314 0 1b Total Nemb. 40 X 101,314 0 1c Todal sergoren Dir. Memb. 40 X 101,314 0 1c Todal sergoren Dir. Memb. 40 X 101,314 0 1d Todal sergoren Dir. Memb. 40 X 101,314 0 Decomplex serioren Dir. Memb. 40 X		loos	3			X				0	0	<u> </u>			
Adminis 40	Int'l S	весу				x				0	0				-
Jon Olsen Dep. ED 40								x		143,380	o				
Todd Berggren Dir. ITT 40	Jon Ol	sen													
Dir. IT Gary Lewis Dir. Educ. 40 X 105,618 0 Pat Kilner Dir. Memb. 40 X 101,314 0 1b Total Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 6 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a; it has usen of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Name and business address Compensation.								X		123,151	0				
Dir. Educ. 40 X 101,314 0 Pat Kilner Dir. Memb. 40 X 101,314 0 1b Total	Dir. II	1						х		117,785	0				
Pat Kilner Dir. Memb. 40			40					x		105.618	0				
1b Total	Pat Ki	lner										1			
Total number of individuals (including those in 1a) with received more than \$100,000 in reportable compensation from the organization ▶ 6 Yes No.	Dir. Me	emb.	40	_				X		101,314	0) 			-
Total number of individuals (including those in 1a) with received more than \$100,000 in reportable compensation from the organization ▶ 6 Yes No															
Total number of individuals (including those in 1a) with received more than \$100,000 in reportable compensation from the organization ▶ 6 Yes No	• • • • • • • • • • • • • • • • • • • •									*					
Total number of individuals (including those in 1a) with received more than \$100,000 in reportable compensation from the organization ▶ 6 Yes No.		· · · · · · · · · · · · · · · · · · ·						4							
Total number of individuals (including those in 1a) with received more than \$100,000 in reportable compensation from the organization ▶ 6 Yes No.				ļ			_								
Total number of individuals (including those in 1a) with received more than \$100,000 in reportable compensation from the organization ▶ 6 Yes No.	• • • • • • • • • • • • • • • • • • • •														
organization ► 6 Yes No.					-			••	<u> </u>		^			16,	94
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services (C) Compensation		_	viduals (including those in	1a) v	vho i	recei	ved	more	tha	n \$100,000 in reportable co	ompensation from the				
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation			R											Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation	employe	ee on line 1a	? If "Yes," complete Sched	lule .	l for	such	indi	vidua	al .				3		x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation	4 For any the orga	individual lis anization and	sted on line 1a, is the sum of d related organizations grea	of re _l ater t	porta han	ble (\$150	omp 0,000	ensa)? If '	ation "Yes	and other compensation f ," complete Schedule J for	rom such			v	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of services Compensation	5 Did any	person liste	d on line 1a receive or acci	rue c	omp	ensa	ation	from	any	unrelated organization for		ŀ			-
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of services (C) Compensation		-		' con	nplet	e Sc	hedu	ıle J	for s	such person			5		X
Name and business address Description of services Compensation	1 Comple	te this table	for your five highest compe	ensa	ted ir	ndep	ende	ent co	ontre	actors that received more th	nan \$100,000 of				
	compen	isation from								Descrip	(B)		C	(C)	
											;				
											· · · · · · · · · · · · · · · · · · ·				
										<u></u>					
									 					····	
															
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶			•	ıding	thos	se in	1) w	ho re	ceiv	ved more than \$100,000 in					in.

τV	(2008) Geologica. III Statement of Re		TOOL PHILE	22204/ 11101	13-1659623		Page
LV	iii Statement Or Ne	vende		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u></u>		1 4 1			revenue		512, 513, or 514
	Federated campaigns	1a					
	Membership dues	1b					
	Fundraising events	1c					
d	Related organizations	1d					
е	Government grants (contributions)	1e					
f	All other contributions, gifts, grants,						
	and similar amounts not included abov	11	748,389	\$ 5.787			
g	Noncash contributions included in lines	1a-1f: \$					
	Total. Add lines 1a-1f			748,389			
			Busn. Code				
2a	Meetings			1,772,018	1,772,018		
b				594,815			
c	Sections & Divisi			446,336			
	Education & Outre			371,765			
d	Education & Outre	acn		371,703	3,1,703		
е.							
T	All other program service re			2 7 2 4 2 2 4			
g	Total. Add lines 2a-2f			3,184,934			
3	Investment income (includir	-					
	other similar amounts)			650,360			650,36
4	Income from investment of	tax-exemp	pt bond proceeds 🕨				=
5	Royalties		<u> </u>				
	(i) Rea	al	(ii) Personal				
6a	Gross Rents						
b	Less: rental exps.						
c	Rental inc. or (loss)	-					
ď	Net rental income or (loss)		>			,	
	Gross amount from (i) Secur		(ii) Other				
	sales of assets		(11) 0 11.01	1 >>			
	,	4,306					<u> </u>
b	Less: cost or other	- 046					S A
	·	5,846					
	` ' \	1,540					
d	Net gain or (loss)		1 <u>}</u>	-311,54 <u>0</u>			-311,54
8a	Gross income from fundraising e	events					
	(not including \$						
	of contributions reported on line		Y				
	See Part IV, line 18			·			
b	Less: direct expenses			1			
	Net income or (loss) from fu		events				
	Gross income from gaming activ	_	CVCINO		7 - C		
Ja			•				8.7
	See Part IV, line 19					50 To 3 180 To 3	
	Less: direct expenses		L		- 12 A. J	a year hard a said a said a said	21 XX 34 1 (4)
	Net income or (loss) from g	-	tivities				And the first first of the second
10a	Gross sales of inventory, le						
	returns and allowances		4,108,531	−			
b	Less: cost of goods sold	b	2,354,176	<u>i</u>			e.
_с	Net income or (loss) from s	ales of inv	ventory	1,754,355	1,478,845	275,510	
	Miscellaneous Reve		Busn. Code				
11a	Sponsorships			202,200	202,200		
b	Misc			15,864			
	Ironwood Capital P		LP 900099			-2,338	
۲ 0				2,330		2,000	
d	All other revenue			215 726		Maria de la composición della	
	Total. Add lines 11a-11d			215,726		Nation After the Company of the Comp	<u> Parting States of the States</u>
12	Total Revenue. Add lines 1	-		6,242,224	4,881,843	273,172	338,82
	9c, 10c, and 11e				. 4 881 847	. 274 172	. <<×××27

Part IX **Statement of Functional Expenses**

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

	All other organizations must	complete column (A) but		ete columns (B), (C), and	(D).
	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					
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,167,465	1,167,465		
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,			No. 2019 - 27 - 118	
-	trustees, and key employees	213,185	78,878	134,307	
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	2,699,480	1,168,403	1,531,077	
8	Pension plan contributions (include section 401(k)		, ,		
-	and section 403(b) employer contributions)				
9	Other employee benefits	239,867	180,650	59,217	,
10	Payroll taxes	183,469	67,743	115,726	
11	Fees for services (non-employees):			•	
а	Management				
b	Legal	52,559	33,055	19,504	
C	Accounting	36,042		36,042	
d				•	
е	Professional fundraising services. See Part IV, line 17		$\Delta \gamma$		
f	Investment management fees				
g	Other	835,379	357,465	477,914	
12	Advertising and promotion	36,935	14,514	13,239	9,182
13	Office expenses	349,949	92,816	257,133	
14	Information technology	116,138	37,337	78,801	
15	Royalties				
16	Occupancy	114,527	11,464	103,063	
17	Travel	570,437	405,876	164,561	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	/			
19	Conferences, conventions, and meetings	745,404	695,148	50,256	
20	Interest	3,281		3,281	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	198,930	17,833	181,097	
23	Insurance	90,805	29,669	61,136	
			,		
24	Other expenses. Itemize expenses not		t fra de la companya		
	covered above. (Expenses grouped together-	*	i i		
	and labeled miscellaneous may not exceed	19.14			
	5% of total expenses shown on line 25 below.)				25: 12 <u></u>
а	Foundation Support	369,001		369,001	
b	Printing	295,199	169,654	125,545	
C	AV Services	257,122	255,303	1,819	
d	Professional Development	237,249	1,072	236,177	
е	Credit Card Fees	234,347	95,976		
f	All other expenses	-1,361,255			
25	Total functional expenses. Add lines 1 through 24f	7,685,515	4,798,944	2,877,389	9,182
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

Pa	art)	K Balance Sheet						
				(A) Beginning of year		(B End of	•	
	1	Cash—non-interest bearing		50,587	1		81,	347
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net		48,725	3		25,	000
	4	Accounts receivable, net		411,538	4			090
	5	Receivables from current and former officers, directors, trustee						
	Ŭ	employees, or other related parties. Complete Part II of Schedu			5			
	6	Receivables from other disqualified persons (as defined under						
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Col						
		•	i i	S. M. SHILLING M. N. S. C.	6			•
S	7	Part II of Schedule L Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use		617,055	8	3	92,	072
155	9	Inventories for sale or use Prepaid expenses and deferred charges		534,323				997
A	10a		5,885,803			joj er 1,61	/	
	b		1 3,003,003					
	0		3,199,090	2,820,131	10c	2,6	86.	713
			**	24,134,477	11	$\frac{-7}{17,2}$		
	11	Investments—publicly traded securities			12	,-		
	12	Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11			13			
	13				14			
	14	Intangible assets			15			
	15	Other assets. See Part IV, line 11		28,616,836		21,3	70.	151
_	16	Total assets. Add lines 1 through 15 (must equal line 34)		519,404				$\frac{131}{731}$
	17	Accounts payable and accrued expenses		313,101	18			<u> </u>
	18	Grants payable		2,402,027	19	1,9	79.	375
	19	Deferred revenue		2,402,027	20	-,,	<i>, , ,</i>	3 / 3
Ŋ	20	Tax-exempt bond liabilities			21			
Liabilities	21							
<u>=</u>	22	Payables to current and former officers, directors, trustees, key						
<u>_</u>		employees, highest compensated employees, and disqualified		A STATE OF THE STA	22			
_		persons. Complete Part II of Schedule L	<u>}</u>		23			
	23	Secured mortgages and notes payable to unrelated third partie	s		24			
	24			231,420		3	10	242
	25	Other liabilities. Complete Part X of Schedule D		3,152,851	26	3,0		
	26	Total liabilities. Add lines 17 through 25		3,132,031	20		<u> </u>	310
Ses		Organizations that follow SFAS 117, check here X and	1					
Balanc		complete lines 27 through 29, and lines 33 and 34.		14,753,340	27	1,1	91	160
ā	27	Unrestricted net assets		6,826,260		$\frac{13,2}{13,2}$		
	28	Temporarily restricted net assets		3,884,385		3,8		
Fund	29	Permanently restricted net assets	······································	3,004,303	29	- 3,0	01 /	
Œ		Organizations that do not follow SFAS 117, check here ▶	L-J					
þ		and complete lines 30 through 34.			30			
Assets	30	Capital stock or trust principal, or current funds			31			
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		· · · · · · · · · · · · · · · · · · ·	32			
۲	32	Retained earnings, endowment, accumulated income, or other		25,463,985		18,3	36	803
Net	33			28,616,836		$\frac{10,3}{21,3}$		
	34	Total liabilities and net assets/fund balances		20,010,030	34	<u> </u>	70,	171
<u> </u>	art :	XI Financial Statements and Reporting		:			Vee	l No
		Cook	X Accrual Ott	ner		11,410	Yes	No
1		counting method used to prepare the Form 990: Cash		4		20		x
28		ere the organization's financial statements compiled or reviewed	-			2a 2b	х	
		ere the organization's financial statements audited by an indeper		or overeight of		20	 **	
•		"Yes" to lines 2a or 2b, does the organization have a committee the condition of the financial statements and colors				20	x	
_		e audit, review, or compilation of its financial statements and sele				2c	 ^	
3		s a result of a federal award, was the organization required to unc				20		x
						3a 3b	\vdash	┼^
	3 IT'	"Yes." did the organization undergo the required audit or audits?				ı JU		1

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Geological Society of America, Inc.

Employer identification number 13-1659623

Pi	art I	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this p	oart.) (see ir	struct	ions)			
The	orga	nization is not	a private foundation becaus	e it is: (Please check only one o	rganizatio	- on.)								
1	Ň		•	ociation of churches described in	_		(A)(i).							
2			chool described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	П			ce organization described in sec	tion 170(b)(1)(A)(ii	ii). (Attac	ch Sche	dule H.)					
4	Н	•	search organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	ш	city, and state:												
5		•		of a college or university owned				ntal unit	describ	ed in				
Ŭ	ш	•	b)(1)(A)(iv). (Complete Part	- •	or opolate	, a			40001.2					
6		-		overnmental unit described in s e	ection 170	7/6\/1\/ / \/	(14)							
7	H		- ·	substantial part of its support fro				om the (anneral	nublic				
′	ш	•	•	•	iii a gove	iiiiii e iilai	urint Or in		general	public				
			section 170(b)(1)(A)(vi). (Co	·	11. \									
8	ᇦ	-		70(b)(1)(A)(vi). (Complete Part I	•			ah arabin	. foos -	nd aron				
9	X	_	•) more than 33 1/3 % of its supp							<i>i</i> S			
		•		pt functions—subject to certain										
			-	d unrelated business taxable inc				from bu	isinesse	es				
			•	0, 1975. See section 509(a)(2).	•									
10	Н	•	•	exclusively to test for public safe	-					s)				
11	Ш		-	exclusively for the benefit of, to p										
			*	ed organizations described in se						ection				
				ne type of supporting organization				\neg						
		a U Type	··	c Type III–Functiona)		d	_ ^	e III–Ot	her				
е	Ш			anization is not controlled direct	-									
				and other than one or more pub	licly supp	orted orga	anization	is descri	ibed in s	section				
			section 509(a)(2).											
f		-		rmination from the IRS that it is	a Type I,	Type II, or	Type III	support	ting					
		•	check this box											
g		Since August	t 17, 2006, has the organizat	ion accepted any gift or contribu	ition from	any of the	•							
		following per	sons?									,		
		(i) A persor	n who directly or indirectly co	ntrols, either alone or together v	vith perso	ns descrit	oed in (ii))			r		Yes	No
		and (iii) I	below, the governing body o	the supported organization?							· · · · · •	11g(i)		
		(ii) A family	member of a person describ	ed in (i) above?						<i>.</i>		11g(ii)		
		(iii) A 35% c	ontrolled entity of a person of	lescribed in (i) or (ii) above?							[:	11g(iii)		
h		Provide the f	following information about t	he organizations the organization	n support	s.								
(i)	Nam	e of supported	(ii) EiN	(iii) Type of organization	(iv) is the	organization	(v) Did y	ou notify	(vi)	s the	(vi	ii) Amo	unt of	
	org	anization		(described on lines 1–9	, , ,	isted in your	T	nization in	organizat		l	suppo	ort	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S.?				
				(See man denoma)/	Yes	No	Yes	No	Yes	No				
					1				<u> </u>					
		•	,			ŀ					l			
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		<u> </u>		· · · · · · · · · · · · · · · · · · ·										
T-4.			1	I	1	4 . 16.13		ľ	1	i I	i			

Schedule A (Form 990 or 990-EZ) 2008 Geological Society of America, Inc. 13-1659623 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or

shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here Section C. Computation of Public Support Forcentage 14 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, chand stop here. The organization qualifies as a publicly supported organization 10 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part organization qualifies as a publicly supported organization qualifies as a publicly supported organization publifies as a publicly supported organization organ		
Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here. Section C. Computation of Public Support Forcentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, chand stop here. The organization qualifies as a publicly supported organization 16 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part in P		
7 Amounts from line 4 8 Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, chand stop here. The organization qualifies as a publicly supported organization 16 b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part		
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here. Section C. Computation of Public Support Forcentage 14 Public support percentage from 2007 Sciedule A, Part IV-A, line 26f 15 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, chand stop here. The organization qualifies as a publicly supported organization 16 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part	(e) 2008	(f) Total
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loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here Section C. Computation of Public Support Forcentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, che and stop here. The organization qualifies as a publicly supported organization 15 b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more box and stop here. The organization qualifies as a publicly supported organization 16 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part		
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 b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part 	eck this box	
box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part		▶□
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part	re, check this	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part		▶ □
- Control of the Cont		
organization mosts the "facts and circumstances" test. The organization qualifies as a publicly supported organization		▶ □
		▶ ⊔
b 10%-facts-and-circumstances test—2007If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10.		
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		······ [
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see i	instructions	P L

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sec	(Complete only if you che tion A. Public Support		on line 9 of Par	t I.)	, 		-
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,243,466	1,518,057	1,459,966	1,334,328	1,343,204	6,899,021
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,581,715	7,069,221	7,420,485	9,852,608	11,607,786	40,531,815
3	Gross receipts from activities that are not an unrelated trade or business under section 513	:					_
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	5,825,181	8,587,278	8,880,451	11,186,936	12,950,990	47,430,836
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000			SEC.)"		
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	5,825,181	8,587,278	8,880,451	11,186,936	12,950,990	47,430,836
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	5,825,181	8,587,278	8,880,451	11,186,936	12,950,990	47,430,836
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	490,815	1,002,137	1,269,725	575,392	648,022	3,986,091
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	4					
c	Add lines 10a and 10b	490,815	1,002,137	1,269,725	575,392	648,022	3,986,091
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	106,534	217,160		-		323,694
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	9,337	42,036	, 21,460	162,176	218,064	453,073
13	Total support. (Add lines 9, 10c, 11,	6,431,867	9,848,611	10,171,636	11,924,504	13,817,076	
	and 12.)			<u> </u>			52,193,694
14	First five years. If the Form 990 is for the organization, check this box and stop here	•		•		(3) 	.
Sec	tion C. Computation of Public Su				;	1	
15	Public support percentage for 2008 (line 8						90.8746 %
16	Public support percentage from 2007 Sche				<u> </u>		87.7000 %
	tion D. Computation of Investme					11	
17	Investment income percentage for 2008 (li						7.6371 %
18	Investment income percentage from 2007	Schedule A, Part IV	-A, line 27h	4			9.1600 %
19a	33 1/3 % support tests—2008. If the organ						▶ [X
r_	17 is not more than 33 1/3 %, check this b		-				🚩 🖆
þ	33 1/3 % support tests—2007. If the organine 18 is not more than 33 1/3 %, check the						⊾ □
20			=				······ 【 ├
<u>20</u>	Private foundation. If the organization did	HOLCHECK & DOX ON	mie 14, 198 or 190	o, check this box a	ing see mendenons	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2008	Geologica	al Society	of America	a, Inc.	13-1659623	Page 4
Part IV	Part II, line 17a or	rmation. Comp 17b; or Part III,	lete this part to line 12. Provide	e any other addi	ianation req tional inform	uired by Part II, line 10 ation. (see instructions	; 3)
Part :	III, Line 12 -	Other Inc	ome Detai	1			
Other	income		\$	453,0	73		
							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						······	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

13-1659623 Geological Society of America, Inc. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** |X| For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2008) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Page	1	of	1	of Part
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Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2008)		Page 1 of 1 of Part
	rganization ogical Society of America, Inc.		Employer identification number 13-1659623
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
.1	GSA Foundation PO Box 9140 Boulder CO 80301	\$ 473,4	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
2	National Science Foundation 4201 Wilson Blvd Arlington VA 22230	\$ 214,6	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contribution	s Type of contribution
3	US Geological Survey 12202 Sunrise Valley Dr. Reston VA 20192	\$ 55,3	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contribution	s Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contribution	s Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contribution	s Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is

a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047

Name of the organization

Inspection Employer identification number

(Geological Society of America, Inc.		13-1659623
	Part I Organizations Maintaining Donor Advised Furthe organization answered "Yes" to Form 990,	nds or Other Similar Funds or A	Accounts. Complete if
	the organization and the term of the term	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(4,73)	
1			
2		1	
3	00 00 00 00 00 00 00 00 00 00 00 00 00		
4		the coasts held in depar advised	<u> </u>
5	-		Yes No
_	funds are the organization's property, subject to the organization's exclusion	•	Li fes Li No
6	3	•	
	used only for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit? Part II Conservation Easements. Complete if the organization	enization answered "Ves" to Fe	Yes No
			iiii 990, Fait IV, liile 7.
1	Purpose(s) of conservation easements held by the organization (check		montant land area
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically in	-
	Protection of natural habitat	Preservation of certified historic	structure
	☐ Preservation of open space		· · · · ·
2	2 Complete lines 2a–2d if the organization held a qualified conservation of	contribution in the form of a conservation	easement
	on the last day of the tax year.		
			Held at the End of the Year
	a Total number of conservation easements		
	b Total acreage restricted by conservation easements		
	c Number of conservation easements on a certified historic structure includes	The state of the s	
	d Number of conservation easements included in (c) acquired after 8/17/0		2d
3	Number of conservation easements modified, transferred, released, ex	linguished, or terminated by the organiza	ition during
	the taxable year 🕨		
4			
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, violations, and	
	enforcement of the conservation easements it holds?		∐ Yes ∐ No
€	/6 /		
7	, , , , , , , , , , , , , , , , , , , ,		
8	B Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes
ę	In Part XIV, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that o	lescribes
_	the organization's accounting for conservation easements.		
F	Part III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 6.	
1	1a If the organization elected, as permitted under SFAS 116, not to report		
	art, historical treasures, or other similar assets held for public exhibition		t public service,
	provide, in Part XIV, the text of the footnote to its financial statements the	nat describes these items.	
		;	
	b If the organization elected, as permitted under SFAS 116, to report in its	· · · · · · · · · · · · · · · · · · ·	The state of the s
	historical treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	blic service,
	provide the following amounts relating to these items:	"	
	(i) Revenues included in Form 990, Part VIII, line 1		🏲 💲
	(ii) Assets included in Form 990, Part X		> \$
2	2 If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pr	ovide the
	following amounts required to be reported under SFAS 116 relating to t	hese items:	
	a Revenues included in Form 990, Part VIII, line 1		> \$
	b Assets included in Form 990, Part X		

011							
Sche		l Society of					Page 2
Рε	rt III Organizations Maintaining	Collections of Art, I	<u>listorical Treas</u>	ures, or Other	Similar Assets (continued	<u>d)</u>
3	Using the organization's accession and other items (check all that apply):	ecords, check any of the f	ollowing that are a s	ignificant use of its o	collection		
а	X Public exhibition	d \land	r exchange program	ıs			
b	Scholarly research	e Other		.5			
	Preservation for future generations	e 🗀 Oulei					
С	_						
4	Provide a description of the organization's coll Part XIV.	ections and explain how th	ney further the organ	ization's exempt pui	pose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of th	ne organization's col	lection?	<u>,,,,</u> _	Yes 2	No 2
Pa	rt IV Trust, Escrow and Custodi				ed "Yes" to Forr	n 990,	
	Part IV, line 9, or reported a						
1a	Is the organization an agent, trustee, custodial included on Form 990, Part X?	n or other intermediary for			🗆	Yes	No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	table:				
	-					Amount	
С	Beginning balance				1c		
	Additions during the year						
	Distributions during the year						
f							
	Did the organization include an amount on For	m 990 Part X line 21?			· · · · · 	Yes	No
	If "Yes," explain the arrangement in Part XIV.	111 000, 1 dit X, 1110 211				163	_ 140
****	irt V Endowment Funds. Comple	te if organization ar	swered "Yes" t	o Form 990 Pa	rt IV line 10		
<u> </u>	Endownient Linds: Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	ars back
4-	Basissing of was balance	17,382,740	(b) Her year			(-,,,-	
	Beginning of year balance	17,302,710					
	Contributions	-3,793,197					V 40 V V 10
	Investment earnings or losses	-3,133,131					
	Grants or scholarships						<u>kan Tan Isla</u> Kabupatèn
е	Other expenditures for facilities	1 400 000					
	and programs	1,480,000				<u> </u>	
f	Administrative expenses	10 100 543					
g	End of year balance	12,109,543	<u> </u>				<u> </u>
2	Provide the estimated percentage of the year						
а	Board designated or quasi-endowment	%					
	Permanent endowment ▶_ <u>32.08</u> %						
C	Term endowment ▶_ <u>67.92</u> %						
3a	Are there endowment funds not in the possess	sion of the organization tha	it are held and admi	nistered for the			
	organization by:					Ye	s No
	(i) unrelated organizations					3a(i)	X
	415					3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sche	dule R?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3b	
4	Describe in Part XIV the intended uses of the						
P	art VI Investments—Land, Building), Part X, line 10).		
	Description of investment	(a) Cost or other basis	(b) Cost or oth		preciation	(d) Book val	ue
	•	(investment)	basis (other	1 ''			
1.	Land	 		,065	2.5	428	,065
	Land		3,839		927,138	1,912	
D	Buildings					1,314	, 051
С	Leasehold improvements		89	,557	89,557		

1,528,192

Schedule D (Form 990) 2008

1,182,395

345,797

2,686,713

e Other

d Equipment

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (including name of security) (b) Book value (c) Method of value	
(including name of security) Cost or end-of-year of the financial products Closely-held equity interests	
Financial derivatives and other financial products Closely-held equity interests	market value
Closely-held equity interests	
Other	
	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	
Part VIII Investments—Program Related. See Form 990, Part X, line 13.	alustian
(a) Description of investment type (b) Book value (c) Method of value Cost or end-of-year	
out of our of your	market value
	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets. See Form 990, Part X, line 15.	(b) Book value
(a) Description	(b) Book value
	-
4	····
	· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities. See Form 990, Part X, line 25.	
(a) Description of liability (b) Amount	
Line of Credit 300,000	그 전 10 12 12 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15
Due to/from Sections & Divisions 4,604	
Gift certificates payable 3,048	
Self funded med insurance liability 2,590	
Tax-exempt bond liabilities	
Bond Interest Payable	
- 1	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for	

	edule D (Form 990) 2008 Geological Society of America, Inc. 13-16		Page 4
Pε	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen		
1	/ · · · · · · · · · · · · · · · · · · ·		6,242,224
2	Total expenses (Form 990, Part IX, column (A), line 25)		7,685,515
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-1,443,291
4	Net unrealized gains (losses) on investments	4	-5,683,89 <u>1</u>
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	-5,683,891
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-7,127,182
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements		2,912,509
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a -5,683	<u>,891</u>	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	-5,683,891
3	Subtract line 2e from line 1		8,596,400
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		
b	Other (Describe in Part XIV) 4b -2,354	,176	
С	Add lines 4a and 4b	4c	-2,354,176
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	6,242,224
Рε	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements		10,039,691
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
	Other (Describe in Part XIV)	1,34,	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,039,691
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Pan VIII, line 7b		
b	Other (Describe in Part XIV) 4b -2,354	,176	
	Add lines 4a and 4b	4c	-2,354,176
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	7,685,515
Pa	art XIV Supplemental Information		
Com	plete 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	12.11
	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
	Part III, Line 4 - Collections and Relation to Exempt Pu	rpose	
_	Mb. Danners rellegation is to be held in permetuity for e		rogenrah
_	The Penrose collection is to be held in perpetuity for e	<u>*************************************</u>	research,
	education, and as a memorial to R.A.F. Penrose, Jr		
_			· = =
-			
	Part V, Line 4 - Intended Uses for Endowment Funds		.
_		Organia	etion
_	The endowment funds support the exempt activities of the	Dramiz	a
			.
_		· · · — —	· – – –

Schedule D (Form 990) 2008 Geological Society of America, Inc. 1 Part XIV Supplemental Information (continued)	3-1659623	Page 5
_Part XI, Line_8 - Reconcilation_of Changes - Other _		
_Cost of Goods Sold	\$ _ 2,35	<u>1,176</u>
_Cost of_Goods_Sold	<u> </u>	<u>1,176</u>
_Part XII, Line 4b - Revenue Amounts Included on Retu		
_Cost of Goods Sold	\$2,354	<u>1,176</u>
Part XIII, Line 4b - Expense Amounts Included on Ret	urn - Other _	
	\$2,354	1 176
_Cost of Goods Sold		
	· - · - ·	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Open to Public 2008

Inspection

OMB No. 1545-0047

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

× ŝ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on **Employer identification number** non-cash assistance (g) Description of 13-1659623 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed Hnc (c) IRC section if applicable Geological Society of America, General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization Enter total number of other organizations or government Name of the organization Part II Part

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S	

Assistance Form 990	ce to Individuals in the United if additional space is needed (b) Number of recipients ca	needed. (c) Amount of cash grant	plete if the organizat (d) Amount of non-cash assistance	Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (d) Amount of (e) Method of valuation (book, non-cash assistance FMV, appraisal, other)	rm 990, Part IV, line 22. (f) Description of non-cash assistance
ails on File		1,167,465			
	Ó				
		1			
		Ş			
		33			
ental Information. Co	mplete this part to p	provide the information	on required in Part I,	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	onal information.
d			35		
				Ź	
				S	
					Schedule I (Form 990) 2008

SCHEDULE J

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Geological Society of America, Inc.

Questions Regarding Compensation

Employer identification number 13-1659623

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			10 m
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
_	provision of all of the expenses described above? If "No," complete Part III to explain	1b	200711.0	1 april 1251
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?	2		
		333		1 10
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	(£.	ŧ	
	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	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 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
а		5a		х
b	The organization? Any related organization?	5b		X
-	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:			
а	The organization?	6a		х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
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 Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Port III	ا م ا		l x

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

Schedule J (Form 990) 2008

Page 2

13-1659623 Schedule J (Form 990) 2008 Geological Society of America, Inc.

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

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.

	muchless (a)	of W-2 and/or 1000-MISC Supersonation	Companeation	(C) Deferred	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name	(i) Base compensation		(iii) Other reportable compensation	compensation	benefits	(B)(I)–(D)	reported in prior Form 990 or Form 990-EZ
John Hess	196,241	0.0	0	16,944	0	213,185	0 0
(i) (i)							
(1)							
(i) (ii)	(0						
(n) (n)	(0	3					
(1)	(0	4					
(1)	(0						
(1)							
(1)							
(ii) (ii)	(1)						
(ii)	0			3			
(t) (t)	0			$\langle \bigcirc \rangle$			
(ii) (ii)	(t						
((j) (())							
(u) (0)	0						
(tp) (tp)	(1)						
						Schedul	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

PA PA

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization 13-1659623 Geological Society of America, Inc. Form 990, Part III, Line 4d - All Other Achievements Scholarships for research and study of geology to various recipients awarded by independent selection. Most awards are \$2,000 or less. Form 990, Part VI, Line 7a - Election of Members and Their Rights Members elect the governing body of the Organization. Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Members are provided with ballots to approve the decisions of the governing body. Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 The Board has designated the Controller and Executive Director to review the Form 990. Form 990, Part VI Line 12c - Enforcement of Conflicts Policy GSA councilors are required to disclose annually interests that could give rise to conflicts, the Executive Director's office maintains these files. GSA staff all have a conflict of interest on file and they update them when necessary. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Excecutive Director's compensation is reviewed and approved by a formal

process based on the overall budget of the Organization.

Name of the organization Geological Society of America, Inc.	Employer identification number 13-1659623
Form 990, Part VI, Line 15b - Compensation Process for C	fficers
All Officer compensation is reviewed and approved using	a formal process
based upon the overall budget of the Organization.	
Form 990, Part VI, Line 19 - Governing Documents Disclos	ure Explanation
The governing documents, financial statements and confli	ct of interest
policy are available from the Organization's website.	<u></u>
,	
<u></u>	
	ř,

SCHEDULE R (Form 990)	Related Organ	Related Organizations and Unrelated Partnerships	related Partner	ships		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions.	organizations that answered "Ye. ► See separate instructions.	ered "Yes" to Form 990, ructions.	Part IV, line 33, 34, 35,	36, or 37.	Open to Public Inspection
Name of the organization	Geological Society of America, Inc.				Employer identific 13-1659623	Employer identification number 13-1659623
Part I Identifica	arded Entities					
Na	(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
	* ,					
		8				
Part II Identifica	Identification of Related Tax-Exempt Organizations		Ŝ			
Nai	(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
The GSA Foundation PO Box 9140 Boulder	10n 74-2156871 CO 80301	Foundation	00	501c3	6	
				0		
						-
		80 to 11				
For Privacy Act and Paper DAA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	.000			Sche	Schedule R (Form 990) 2008

Page 2

Schedule R (Form 990) 2008 Geological Society of America, Inc. 13-1659623

Identification of Related Organizations Taxable as a Partnership

Part III

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
	C						Yes		NO NO
	37	A							
			3						
			100						
Part IV Identification of Related Organizations Taxable as a Corporation or Trust	ons Taxable as	a Corp	oration or Tr	ust					
(A) Name, address, and EIN of related organization	(B) Primary activity	91 g	(C) Legal domicile (state or foreign country)	(5) Direct conrolling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) e of Percentage rassets ownership) ntage ship
					BU				
DAA		-						Schedule R (Form 990) 2008	90) 2008

Schedule R (Form 990) 2008 Geological Society of America, Inc. 13-1659623

Page 3

Transactions With Related Organizations Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV. 1. During the tax year, did the paramization engage in any of the following transactions with one or more related organizations listed in Parts II—IV?		Yes No
a Receipt of (ii) interest (iii) annuities (iii) royalties (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)		Tp X
c Gift, grant, or capital contribution from other organization(s)		1c ×
		1d X
		1e ×
f Sale of assets to other organization(s)		1f X
ation(s)		1g X
Exchange of assets		1h X
		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
Performance of services or membership or fundraising solicitations by other organi		1- X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
		1n X
		10 X
Reimbursement paid by other organization for expenses		Tp X
q Other transfer of cash or property to other organization(s)		×
r Other transfer of cash or property from other organization(s)		1r A
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	on thresholds.	
(A)	_	(C)
Name of other organization(s)	type (a-r)	
(1) GSA Foundation Inc	ט	644,136
(2) GSA Foundation Inc	E	113,688
(3) GSA Foundation Inc	ρ	54,636
(4) GSA Foundation Inc	ט	200,677
(5)		
(9)		
	Schedul	Schedule R (Form 990) 2008

Page 4

13-1659623 Geological Society of America, Inc. Schedule R (Form 990) 2008

Unrelated Organizations Taxable as a Partnership

Part VI

2011

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.

or gloss revenue) mai was nor a relateu organization. See instructions regarding excussion to certain investment parties in parties	idsion for certain inves	Surrent partitionality					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile	(D) Are all partners	(E) Share of	(F) Disproportionate	(G) Code V—UBI	(H) General or
	,	(state or foreign country)	section 501(c)(3)	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?
			Yes No		Yes No	(000)	Yes No
	3						
	4						
χ.		3					
				S			
						Schedule R (F	Schedule R (Form 990) 2008

Filing Instructions

Geological Society of America, Inc.

Exempt Organization Business Tax Return

Taxable Year Ended June 30, 2009

Date Due:

May 15, 2010

Remittance:

None is required. Your Form 990-T for the tax year ended 6/30/09 shows a total

overpayment of \$6,846, all of which is to be credited to your estimated tax

liability for the coming year.

Mail To:

Department of the Treasury

Internal Revenue Service Center

Ogden, UT 84201-0027

If a private delivery service is used, mail to:

OSPC

1973 N. Rulon White Blvd.

Ogden, UT 84404

Signature:

The return should be signed and dated on Page 2 by an officer representing the

organization.

Name

Geological Society of America, Inc.

Address

PO Box 9140

City, State, Zip

Boulder

CO 80301

Fiscal Year End

6/30/10

Payment Due Date

Telephone number

303-357-1019

Federal Tax Deposit Coupon Information

Form 8109

THIS CANNOT BE USED AS A DEPOSIT COUPON

2 **Amount Due** 5,954

TYPE OF TAX 990-T

TAX PERIOD 1st Quarter

EIN

13-1659623

Name

Payment Due Date 12/15/09

Address

Geological Society of America, Inc. PO Box 9140

Boulder

CO 80301

Fiscal Year End 6/30/10

Telephone number

City, State, Zip

303-357-1019

Federal Tax Deposit Coupon Information

Form 8109

THIS CANNOT BE USED AS A DEPOSIT COUPON

3 **Amount Due** 6,400

TYPE OF TAX 990-T

TAX PERIOD

EIN

13-1659623

1st Quarter

Payment Due Date 3/15/10

Name

Geological Society of America, Inc.

Address City, State, Zip PO Box 9140

Boulder

CO 80301

Fiscal Year End 6/30/10

Telephone number

303-357-1019

Federal Tax Deposit Coupon Information

Form 8109

THIS CANNOT BE USED AS A DEPOSIT COUPON

4

Amount Due

6,400

TYPE OF TAX 990-T

TAX PERIOD 1st Quarter

EIN

13-1659623

Payment Due Date 6/15/10

Name

Geological Society of America, Inc.

Address

PO Box 9140

CO 80301

Fiscal Year End

City, State, Zip

Boulder

6/30/10

Telephone number

303-357-1019

Federal Tax Deposit Coupon Information Form 8109

THIS CANNOT BE USED AS A DEPOSIT COUPON

Form	990-T			nd proxy	tax under s	ectio	n 6033	(e))			OMB No. 1545-0687
Depart	ment of the Treasury I Revenue Service		For calendar ye								pen to Public Inspection
$\overline{}$	Revenue Service Check box if							rate instructi			i01(c)(3) Organizations Only
A L B Ex	address changed		Name of organization	(Check	box if name char	nged and	i see instru	ctions.)	1		tification number ee instructions for Block D
	cempt under section 501(C)(3)	Print	 Geological	l Socie	ety of Z	mer	ica.	Inc.	on page 9.)		ee instituctions for block D
===	408(e) 220(e)	1	Number, street, and room o						13-1		623
	408A 530(a)	Type	PO Box 914		o. box, see page o	moudence	113.				ness activity codes
	529(a)	',,,,	City or town, state, and						_		for Block E on page 9.)
СВ	ook value of all assets	1	Boulder		CC	80	301		5418		541800
at	end of year	F G	roup exemption numb	er (See instr	uctions for Blo	ck F on	page 9.)	<u> </u>			
	21,370,151	G CI	heck organization type	×X	501(c) corpora	ation	5	01(c) trust	401(a) tru:	st	Other trust
H D	escribe the organizatio	n's prima	ary unrelated business	activity.							
	· ·		·								
	uring the tax year, was					rent-sub	bsidiary o	ontrolled grou	up?		Yes X No
lf.	"Yes," enter the name	and iden	itifying number of the p	parent corpo	ration.						
	no books are in sore of	ъ т	he Organiza	ation				Tolo	phone number	- 3	03-357-1019
J ⊺i Pai	ne books are in care of		e or Business Inc		·		(A)	Income	(B) Expense		(C) Net
1a	Gross receipts or sale		s or Dusiness inc			\Box	<u> </u>				
b	Less returns and allow			c Balanc	e ▶	1c					
	Cost of goods sold (So		A. line 7)			2					
	Gross profit. Subtract					3)			
	Capital gain net incom					4a					
b	Net gain (loss) (Form	4797, Pa	urt II, line 17) (attach F	orm 4797)		4b					
	Capital loss deduction					4c					
5	Income (loss) from partnerships	s and S corp	orations (attach statement)	See S	Stmt 1	5		-2,338			-2,338
6	Rent income (Schedul	le C)				6					
	Unrelated debt-finance					7					
	Interest, annuities, royaltie					8					
	Investment income of a se					9					
10	Exploited exempt activ					10		275,510	163,	977	111,533
11	Advertising income (S					12		273,310	103,	. 311	111,333
12 13	Other income (See page 11 of Total . Combine lines 3					13		273,172	163,	977	109,195
	rt II Deductio	ns Not	t Taken Elsewhei	re (See pa	age 11 of th		ruction				
·			tributions, deduct								
14	Compensation of offic									14	,
15	Salaries and wages									15	
16	Repairs and maintena	nce								16	
17	Bad debts					<i></i>				17	
18	Interest (attach schedu	ule)								18	
	Taxes and licenses									19	
20	Charitable contribution	ns (See p	page 13 of the instructi	ions for limita	ation rules.)			т		20	
21	Depreciation (attach F Less depreciation clair	orm 456	.2)					21	-	006	o
										22b 23	
23	Depletion	· · · · · · · · ·	noncation plans							24	
24 25	Contributions to defer Employee benefit prog									25	
26	Excess exempt expen									26	
27	Excess readership cos	sts (Sche	edule J)						• • • • • • • • • • • • • • • • • • • •	27	
28	Other deductions (atta	ch sche	dule)			• • • • • • • •				28	
29	Total deductions. Ad	d lines 1	4 through 28							29	
30	Unrelated business ta	xable inc	come before net opera	ting loss dec	duction. Subtra	ct line 2	9 from lir	ne 13		30	109,195
31	Net operating loss dec			-						31	
32	Unrelated business ta				ıbtract line 31 f	rom line	930			32	109,195
33	Specific deduction (Ge									33	1,000
34	Unrelated business t					-					
	32, enter the smaller of	of zero or	r line 32	<u> </u>	, . ,		<u>, , , , , , , , , , , , , , , , , , , </u>			34	108,195

<u>Form</u>	1990-1 (2008) Geological Society of America, Inc. 13-1039023		raye .
Pa	rt III Tax Computation	T as to the T	
35	Organizations Taxable as Corporations. See instructions for tax computation on page 15.		
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)	1 1	
С	Income tax on the amount on line 34	35c	25,446
36	Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on		
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax. See page 16 of the instructions	37	
38	Alternative minimum tax	38	
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	25,446
Pa	art IV Tax and Payments	T T	
40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		
b	Other credits (see page 17 of the instructions)		
С	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 40a through 40d	40e	
41	Subtract line 40e from line 39	41	25,446
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	42	
43	Total tax. Add lines 41 and 42	43	25,446
44a	Payments: A 2007 overpayment credited to 2008 44a 30,792		
b	2008 estimated tax payments		
С	Tax deposited with Form 8868 44c 1,500		
d	Foreign organizations: Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions)		
f	Other credits and payments: Form 2439		
	Form 4136 Other Total ▶ 44f		
45	Total payments. Add lines 44a through 44f	45	32,292
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	6,840
49	Enter the amount of line 48 you want: Credited to 2009 estimated tax ▶ 6,846 Refunded ▶	49	
Pa	art V Statements Regarding Certain Activities and Other Information (see instructions on	page	: 18)
1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial		Yes No
	account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign		
	Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		<u>X</u>
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	it?	х
	If YES, see page 5 of the instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
<u>Sch</u>	nedule A—Cost of Goods Sold. Enter method of inventory valuation ▶		
1	Inventory at beginning of year	6	
2	Purchases 2 7 Cost of goods sold. Subtract line 6 from	1.5	
3	Cost of labor line 5. Enter here and in Part I, line 2	7	
4a	Additional sec. 263A costs (attach sch.) 4a Do the rules of section 263A (with respect to		Yes No
b	Other costs (attach schedule)		
5	Total, Add lines 1 through 4b 5 to the organization?		
	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 belie correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	it, it is true	·
Sig	In L	ay the IF	RS discuss this return with
Hei	re 	e prepar struction	rer shown below (see
	Signature of officer Date Title		X Yes No
	Preparer's VA A A Date Check if	, -1	Preparer's SSN or PTIN
Paid			P00200778
	parer's Firm's name (or JDS PROFESSIONAL GROUP		
Use	e Only yours if self-employed), 5670 GREENWOOD PLAZA BLVD STE 200	EIN	20-801971
	address, and ZIP code GREENWOOD VILLAGE, CO 80111	hone no	o. 303-771-012

Add columns 6 and 11.

Enter here and on page 1,

Part I, line 8, column (B).

Add columns 5 and 10. Enter here and on page 1,

Part I, line 8, column (A).

(3)(4)

Schedule G—investment income of a Section S01(c)(7), (9), or (17) Organization (see instructions on page 21) 1 Description of mome 2 Amount of Income 2 Amount of Income 3 Deductions (intern variedade) 1 Description of mome 2 Amount of Income 2 Amount of Income 3 Deductions (intern variedade) 4 Set-acides (ontern schools) 4 Set-acides (ontern schools) 5 Total deductions ent ent-acides (ontern schools) 5 Total deductions ent-acides (ontern schools) First here and on page 1, Part I, line 9, column (A). 5 Description of orphibide acides (ontern schools) 2 Choose (ontern schools) 2 Choose (ontern schools) 1 Description of orphibide acides (ontern schools) 1 Description of orphibide acides (ontern schools) 1 Description of orphibide acides (ontern schools) 2 Choose (ontern schools) 3 Expanses (ontern schools) (ontern schools) 4 Set-acides (ontern schools) (on	2011 Form 990-T (2008) Geologi	cal Socie	ety of Ameri	ca, Inc.	13-16	59623		Page
1 Description of income 2 Amount of Income 2 Amount of Income 3 Description (ensure schedule) 4 Seheaddes (antiech schedule) 5 Control (ensure schedule) 5 Control (ensure schedule) 6 Control (ensure schedule) 7 Totals 8 Chedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 1 Description of exploited excellent business income from teasor or business income 9 Control (ensure final page 1, fact, factors and page 1, factors and page 1, fact, fact	Schedule G-Investment Inc	come of a Sec	tion 501(c)(7), (9)	or (17) Organiz	zation			
1 Description of income 2 Amount of income 2 Amount of income 3 Control (1997) 4 September 1 Description of exposited excelled (1998) 5 Chedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 1, Part I, line 3, column (3). 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 7 Enter here and on page 1, Part I, line 3, column (3). 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 2 Gross (1998) (i) M/A (ii) Enter here and on page 1, Part I, Income 1, Part II, Income 1, Part	(see instructions on page 2	<u>.</u> 1)						
Enter here and on page 1, Part I, line 9, column (A). Totale Consecution of exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 1 Description of exploited activity 2 Gross income 2 Gross income 2 Column 5 I Through 7.7 Totale 2 Gross income 3 Since income 7 insus 3 Since insure activity 4 Advertising 2 Gross income 3 Since insure activity 3 Since insure activity 4 Advertising 5 Gross income 6 Enter here and on page 1, Part I, Insure 10, cot (8), In	1 Description of income		2 Amount of income	directly connect	ted			and set-asides (col. 3
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2011 Geological Society of America, Inc.

13-1659623

Federal Statements

FYE: 6/30/2009

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	 Gross Income	Direct Deductions (P	-	Net Income
Ironwood Capital Partners LP	\$ -2,338	\$	\$_	-2,338
Total	\$ -2,338	\$	0 \$	-2,338

Filing Instructions

Geological Society of America, Inc.

Form(s) 112-EP - Estimated Tax Payments

Taxable Year Ended June 30, 2010

Instructions: Your required estimated tax payments are shown below. Each payment should

be accompanied by a completed coupon. Make each check payable to Colorado Department of Revenue, and write your Colorado account number and "2009

Form 112-EP" on the check.

Due Dates: 10/15/09 **Remittances:** \$0

12/15/09 \$1,014 3/15/10 \$1,252

6/15/10 \$1,252

Mail To: Colorado Department of Revenue

Denver, CO 80261-0008

Other: Reminders for estimated tax installments will not be sent to you. Therefore you

should establish your own reminder system for making timely deposits.

112EP Corporate Estimated Tax Payment Voucher

(on bottom of page)

(22) 2009 FORM 112EP COLORADO DEPARTMENT OF REVENUE www.TaxColorado.com

Corporate Estimated Tax Payment Voucher

1022

For the calendar year 2009 or the fiscal year: Start Date:

7/01/09 End Date:

70 PAYMENT 2

6/30/10

Return this voucher with check or money order payable to the Colorado Department of Revenue, Denver, Colorado 80261-0008. Write your Colorado Account Number and "2009 Form 112EP" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher. File only if you are making a payment of estimated tax.

Corporation Name Geological Society of America, Inc.	,		Colorado Account Number
Address PO Box 9140		ıt.	Federal Employer Identification Number 13-1659623
City Boulder	State CO	ZIP 80301	Due Date 12/15/09

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM.

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

AMOUNT OF PAYMENT

DO NOT WRITE IN SPACE BELOW

(08)

1,014.00

Corporate Estimated Tax Payment Voucher 112EP

(on bottom of page)

— — CUT HERE — —

2009 FORM 112EP **COLORADO DEPARTMENT OF REVENUE** www.TaxColorado.com

Corporate Estimated Tax Payment Voucher

1022

PAYMENT 3

6/30/10 7/01/09 End Date: For the calendar year 2009 or the fiscal year: Start Date:

Return this voucher with check or money order payable to the Colorado Department of Revenue, Denver, Colorado 80261-0008. Write your Colorado Account Number and "2009 Form 112EP" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher. File only if you are making a payment of estimated tax.

Corporation Name Geological Society of America, Inc.	•		Colorado Account Number
Address PO Box 9140		a	Federal Employer Identification Number 13-1659623
City Boulder	State CO	ZIP 80301	Due Date 3/15/10

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM.

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

AMOUNT OF PAYMENT

DO NOT WRITE IN SPACE BELOW

(08)1,252.00

112EP Corporate Estimated Tax Payment Voucher

(on bottom of page)

(22) 2009 FORM 112EP COLORADO DEPARTMENT OF REVENUE www.TaxColorado.com

Corporate Estimated Tax Payment Voucher

O PAYMENT 4

1022

For the calendar year 2009 or the fiscal year: Start Date: $\frac{7/01/09}{}$ End Date: $\frac{6/30/10}{}$

Return this voucher with check or money order payable to the Colorado Department of Revenue, Denver, Colorado 80261-0008. Write your Colorado Account Number and "2009 Form 112EP" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher. File only if you are making a payment of estimated tax.

Corporation Name Geological Society of America, Inc.			Colorado Account Number
Address PO Box 9140		ų.	Federal Employer Identification Number 13-1659623
City Boulder	State CO	ZIP 80301	Due Date 6/15/10

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM.

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

AMOUNT OF PAYMENT

DO NOT WRITE IN SPACE BELOW

(08) | \$ 1,252_{.00}

Filing Instructions

Geological Society of America, Inc.

Form 112 - Colorado State C Corp Income Tax Return

Taxable Year Ended June 30, 2009

Date Due:

April 15, 2010

Remittance:

None is required. The return shows a total overpayment of \$1,491, all of which

is to be credited to your estimated tax liability for the coming year.

Mail To:

Colorado Department of Revenue

Denver, CO 80261-0006

Signature:

The return should be signed and dated on page 2 by an authorized officer of the

corporation.

1022

DO NOT SEND FEDERAL RETURN, FORMS OR SCHEDULES WITH THIS RETURN.

(23)

2008 Form 112 Colorado State C Corporation Income Tax Return

For the tax year beginning $\frac{7/01/08}{}$, ending $\frac{6/30/09}{}$.

Name	Colorado Accour	Colorado Account Number		
Geological Society of America, Inc.	•			
PO Box 9140	Federal Employe	r Identification Number		
City, State, ZIP Code				
Boulder CO 80301	13-165	9623		
IF YOU DO NOT NEED A CORPORATE TAX BOOKLET MAILED TO YOU NEXT YEAR, CHECK ◆ A. Apportionment of Income. This return is being filed for:	THIS BOX			
(42) A corporation not apportioning income;				
(43) A corporation doing an interstate business apportioning income under the Colorado In				
(44) A corporation doing an interstate business apportioning income under the Multistate T	ax Compact (Attach Schedule B);			
(45) A corporation electing to pay a tax on its gross Colorado sales; X (47) Other, federal form filed 990-T				
B. Separate/Consolidated/Combined Filing. This return is being filed by:)			
X A single corporation filing a separate return;				
An affiliated group of corporations electing to file a consolidated return. (Warning: such ele		your		
election was made in a prior year - enter the year of election here:(Attach Sc An affiliated group of corporations required to file a combined return. (Attach Schedule C);	nedule ();			
An affiliated group of corporations required to file a combined return that includes another a	affiliated, consolidated group. (Att	ach		
Schedule C)				
	ROUND ALL AMOUNTS TO			
1 Federal taxable income from Form 1120	• 1	108,195 .00		
2 Federal taxable income of companies not included in this return	• 2	.00		
3 Net federal taxable income, line 1 minus line 2	3	108,195 .0		
Additions to federal taxable income				
4 Federal net operating loss deduction	• 4	.04		
5 Colorado income tax deduction	• 5	.00		
6 Other additions, attach explanation	• 6	.0.		
7 Total of lines 3 through 6	7	108,195.0		
Subtractions from federal taxable income				
8 Exempt federal interest	• 8	.0		
9 Excludable foreign source income	• 9	.0		
10 Colorado source capital gain (asset acquired on or after 5/9/94, held five years)	● 10	.00		
11 Other subtractions, attach explanation	•11	.00		
12 Total of lines 8 through 11		.0.		
13 Modified federal taxable income, line 7 minus line 12	13	108,195.0		
14 Colorado taxable income before net operating loss deduction		108,195.0		
15 Colorado net operating loss deduction	l	.00		
16 Colorado taxable income, line 14 minus line 15	16	108,195 .0		

DO NOT SEND FEDERAL RETURN, FORMS OR SCHEDULES WITH THIS RETURN.

For	m 112 Geological Society of Am	nerica	a, inc.	13-1659623		гаус	<u> </u>
17	Tax, 4.63% of the amount on line 16				1 7	5,009	.00
	New investment tax credit from Form 112CR				● 18		.00
19	Enterprise zone investment tax credit from Form 112CR				1		.00
20	Enterprise zone employee credits from Form 112CR						.00
21	Enterprise zone contribution credit from Form 112CR						.00
22	Other enterprise zone credits from Form 112CR				1		.00
23	Alternative fuel vehicle credit from Form 112CR				• 23		.00
24	Alternative fuel refueling facility credit from Form 112CR				● 24		.00
25	Gross conservation easement credit from Form 112CR				● 25		.00
26	Other credits from Form 112CR				● 26		.00
27	Total credits, total of lines 18 through 26				27		.00
	Net tax, line 17 minus line 27					5,009	.00
29	Recapture of prior year credits				• 29		.00
30	Total of lines 28 and 29					5,009	.00
31	Estimated tax and extension payments and credits				• 31	6,500	.00
32	Penalty, also include on line 35 if applicable				1		.00
33	Interest, also include on line 35 if applicable			,	• 33		.00
34	Estimated tax penalty, also include on line 35 if applicable				• 34	194	.00
35	If amount on line 30 exceeds amount on line 31, enter amount	unt owed)		• 35		.00
36	Overpayment, line 31 minus line 30				36	1,491	.00
37	Overpayment to be credited to estimated tax	 .			• 37	1,491	.00
38	Overpayment to be refunded				• 38		.00
The Stat	e checks payable to and mail return to the COLORADO DEPARTME State may convert your check to a one time electronic banking transace. If converted, your check will not be returned. If your check is rejected payment amount directly from your bank account electronically.	tion. Your b	oank account ma	y be debited as early as the same day	received by t	he xt	
C.	The corporation's books are in care of:						
Nar	The Organiz		<u> </u>	elephone Number 303-357		T 7/0	
Add	ress PO Box 9140	C	Bould	er	State CO	ZIP 80301	
D. Business code number per federal return ● E. Year corporation began doing business in Colorado ●							
F. Kind of business in detail:							
	Advertising income		*			<u> </u>	
G. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax							
returns at any time during the last four years? Yes X No If Yes, for which year(s)?							
Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports? Yes 🗓 Yes							
Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
		ate		telephone number of person or			
	,		פפ פתד.	OFESSIONAL GROUP			
Titl			_	REENWOOD PLAZA BLVD		0	
			1 -	OOD VILLAGE CO	80111 20110	MA	

1022

Form 205

COMPUTATION OF PENALTY DUE BASED ON UNDERPAYMENT OF COLORADO CORPORATE ESTIMATED TAX

2008

Taxpayer's Name					Colorado account number
Geological Society of Ame	rica, Inc.				
PART 1 EXCEPTION					- -
Enter the 2008 tax liability including any credit relations					F 000
estimated tax and withholding tax payments and	5,009				
	F 000 00				
Statutory exemption	5,000.00				
					•
3. Line 1 minus line 2. If 2 is larger, enter zero and					9
PART 2 REQUIRED ANNUAL PAYME					
4. Enter the 2008 tax liability including any credit r					E 000
estimated tax and withholding tax payments and	d credits				5,009
					2 506
5. Enter 70% of the amount on line 4					3,506
6. Enter the 2007 tax liability including any credit r					^
estimated tax and withholding tax payments and	d credits				0
					2 506
7. Required payment. Enter the smaller of lines 5				<u>\$</u>	3,506
Does the taxpayer qualify as a large corporation		ne federal IRS	code?		
Yes 🗓 No If yes, go to line 9. If no, sk	kip to line 10.				
9. (a) Enter 25% of line 5				<u>\$</u>	
(b) Enter 25% of line 6				<u>\$</u>	
(c) line 9(a) minus line 9(b). If line 9(b) is large	er, enter 0			<u>\$</u>	
Enter the smaller of lines 9(a) or 9(b) on line 11					
Enter the total of lines 9(a) and 9(c) on line 11 in	in column 2.				
Enter the amount from line 9(a) on line 11 in co	olumns 3 and 4.				
PART 3 PENALTY COMPUTATION					
10. Enter payment due dates	10/15/08	12/1	<u>5/08</u>	3/16/09	6/15/09
11. Divide the amount on line 7 by four or enter					
the payments due from line 9 or 29	\$ 87'	7 \$	876	\$ 877	7 \$ 876
12. Amounts paid in estimated or					
withholding tax	\$	\$,_	\$	\$
13. Overpayment (on line 15) from		'			
preceding period	an a Maradi an a law a la Mara	\$		\$	\$
		1			
14. Total of lines 12 and 13	\$	\$		\$	\$
15. Underpayment (line 11 minus line 14) or					
<overpayment> (line 14 minus line 11)</overpayment>	\$ 87'	7 \$	8 <u>76</u>	\$ 877	7 _{\$} 876
16. Date of payment or final day of tax period,	, , , , , , , , , , , , , , , , , , , ,		,		
whichever is earlier	See Wrk				
17. Number of days from due date of payment to					
date on line 16					
18. Underpayment on line 15 times 11% times					
number of days on line 17 divided by 366	\$	s		\$	\$
19. Date of payment or due date of return,	<u> </u>				
whichever is earlier			d		
20. Number of days from final day of tax period		T			
or due date of payment, whichever is later,					
to date on line 19					
21. Underpayment on line 15 times 8% times		1			1
number of days on line 20 divided by 365	\$	ls.		s	 \$
22. Total penalty. Add all amounts on lines 18 and	21 Include this amount of	e estimated to	ay nenalty or		1
					s 194
line 34, Form 112	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u></u>		

1022							
Form 205		O Underpayn the tax year beginnir		imated Tax W	orksheet 0/09		2008
Name				Employer Identificat	ion Number	Colorado Ac	count Number
Geological	Society of	America,	Inc.	13-1659	623		
Due date of estimated Amount of underpaym	. ,	1st Qtr 10/15/08 877		2nd Qtr /15/08 876	3rd Qtr 3/16/ 8'	09 77	4th Qtr 6/15/09 876
Date of payment Amount of payment	1st Руп	nt 21	nd Pymt	3rd Pymt	4th	^D ymt	5th Pymt

Qtr	From	To	Underpayment	Days	Rate	Penalty
1	10/15/08 12/31/08	12/31/08 10/15/09	877 877	77 288	9.00	17 55
2	12/15/08	12/31/08	876	1.6	9.00	3
2 3	12/31/08 3/16/09	10/15/09 10/15/09	876 877	288 213	8.00 8.00	55 41
4 	6/15/09 	10/15/09 	876	1.22	8.00	23
	Total	Penalty				194

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