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

Legislative hearing on H.R. 1604 (Lamborn), Map It Once, Use It Many Times Act and H.R. 916 (Kind), Federal Land Asset Inventory Reform Act of 2013 December 5, 2013

| For Individuals:                                                                                                |
|-----------------------------------------------------------------------------------------------------------------|
| 1. Name:                                                                                                        |
| 2. Address:                                                                                                     |
| 3. Email Address:                                                                                               |
| 4. Phone Number:                                                                                                |
| * * * *                                                                                                         |
| For Witnesses Representing Organizations:                                                                       |
| 1. Name: Jay B. Parrish                                                                                         |
| 2. Name of Organization(s) You are Representing at the Hearing: Association of American State Geologists (AASG) |
| 3. Business Address: [Information redacted for privacy]                                                         |
| 4. Business Email Address: [Information redacted for privacy]                                                   |
| 5. Business Phone Number: [Information redacted for privacy]                                                    |

#### For all Witnesses

Name/Organization: <u>Jay B. Parrish / Association of American State Geologists</u>

Title/Date of Hearing: <u>Legislative hearing on H.R. 1604 (Lamborn)</u>, *Map It Once, Use It Many Times Act* and H.R. 916 (Kind), *Federal Land Asset Inventory Reform Act of 2013 /* December 5, 2013

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.

**ESRI** training

Ph.D., Geophysics, Penn State University

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.

Professional Geologist in Pennsylvania

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.

Professor of Practice, Dept. of Geography, Dutton Institute, Penn State University (2010-2013)

State Geologist of Pennsylvania (2001-2010)

Acting GIO of Pennsylvania (2002-2003)

Director of GIS Department, Lancaster County, PA (1997-2001)

AASG representative to National Geospatial Advisory Committee (2008-2009)

Chair, Pennsylvania Geospatial Information Council (2002)

President, PA Mapping and Geographic Information Consortium (1999)

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

| USGS DIG. BEDROCK TOPO & DRIFT              |      |            |              |
|---------------------------------------------|------|------------|--------------|
| THICKNESS MAP                               | 2009 | 39,844.00  | W28613999900 |
| USGS Digital Bedrock Topo & Drift Thickness | 2009 | 44,428.00  | W28612999900 |
| USGS Digital Bedrock Topo & Drift Thickness | 2009 | 36,100.00  | W28611999900 |
| USGS Digital Bedrock Topo & Drift Thickness | 2009 | 35,000.00  | W28610999900 |
| ARRA PAMAP Lidar Project                    | 2009 | 347,908.83 | W77179999900 |
| ARRA PAMAP Orthoimagery Project             | 2009 | 308,462.83 | W77079999900 |
| USGS Digital Bedrock Topo & Drift Thickness | 2009 | 35,000.00  | W28629999900 |
| USGS Central Pa. High Res Elev Data Process | 2009 | 446,601.00 | W28619999900 |
| USGS Bedrock Mapping                        | 2009 | 224,582.00 | W00219999900 |
| USGS Bedrock Mapping                        | 2010 | 190,862.00 | W00210999900 |
| USGS NATIONAL COAL RESOURCES DATA -         | 2010 | 65,000.00  | W01610999900 |
| USGS Bedrock Mapping in Northern Pa         | 2011 | 186,458.00 | W01212999900 |
| USGS Bedrock Mapping in Northern Pa         | 2011 | 205,699.00 | W01211999900 |
| USGS 2013 State MAP                         | 2013 | 128,601.00 | W01213999900 |

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

none

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

You will note that USGS invested over \$1 million dollars in topographic mapping in Pennsylvania, about half of which was Stimulus (ARRA) money. This was part of the \$24 million dollar PAMAP project. So the USGS investment was returned 23 fold and the majority of the ARRA money went to private industry.

#### **Witnesses Representing Organizations**

Name/Organization: <u>Jay B. Parrish / Association of American State Geologists</u>

Title/Date of Hearing: <u>Legislative hearing on H.R. 1604 (Lamborn)</u>, *Map It Once, Use It Many Times Act* and H.R. 916 (Kind), *Federal Land Asset Inventory Reform Act of 2013 / December 5, 2013* 

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

Association of American State Geologists Mapping Committee Chair AASG Executive Committee, Honorary Representative

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture 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).

USGS \$10,000 1/18/11 USGS \$10,000 6/27/11

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

none

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

none

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

(see attached)

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.

Open to Public Inspection

OMB No. 1545-0047

| A                       | For the 2                               | 010 calendar year, or tax year beginning $JUN~1$ , $2010$ and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ending M      | AY 31, 2011                        |                               |
|-------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------|-------------------------------|
| В                       | Check if applicable:                    | C Name of organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | D Employer identific               | ation number                  |
|                         | Address                                 | ASSOCIATION OF AMERICAN STATE GEOLOGI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STS           | 100                                |                               |
|                         | Name<br>change                          | Doing Business As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 43-60                              | 58913                         |
|                         | Initial return                          | Number and street (or P.O. box if mail is not delivered to street address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Room/suite    | E Telephone number                 |                               |
|                         | Termin-<br>ated                         | 903 WEST TENNESEE STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                    | 591 5174                      |
|                         | Amended                                 | City or town, state or country, and ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | G Gross receipts \$                | 33,439.                       |
|                         | Applica-                                | TALLAHASSEE, FL 32304-7716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | H(a) Is this a group ret           | turn                          |
|                         | pending                                 | F Name and address of principal officer: JONATHAN ARTHUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | for affiliates?                    | Yes X No                      |
| _                       |                                         | 903 WEST TENNESSEE STREET, TALLAHASSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , FL          | H(b) Are all affiliates incl       | uded? Yes No                  |
| 1                       | Tax-exem                                | npt status: X 501(c)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or 527        | If "No," attach a I                | ist. (see instructions)       |
|                         |                                         | ▶ WWW.STATEGEOLOGISTS.ORG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | H(c) Group exemption               | number >                      |
| K                       |                                         | ganization: X Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L Year        | of formation: 1998 M               | State of legal domicile: DE   |
| P                       | art 1 S                                 | Gummary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | . 0           |                                    |                               |
| e                       | 1 Br                                    | iefly describe the organization's mission or most significant activities: ${\underline{	ext{GEOL}}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OGIC E        | EDUCATION                          |                               |
| Activities & Governance | Page -                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                    |                               |
| ern                     | 2 Ch                                    | neck this box 🕨 🔛 if the organization discontinued its operations or dispo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                    |                               |
| 300                     | 3 No                                    | umber of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                    | 51                            |
| 8                       | 4 No                                    | umber of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                                    | 51                            |
| ties                    | 5 To                                    | otal number of individuals employed in calendar year 2010 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                    | 0                             |
| tivit                   | 6 To                                    | otal number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 6                                  | 0                             |
| Ac                      | 7 a To                                  | otal unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                    | 0.                            |
| _                       | b Ne                                    | et unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | 7b                                 | 0.                            |
|                         | 12.0                                    | The state of the s | -             | Prior Year                         | Current Year                  |
| ne                      | 8 C                                     | ontributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | 14,670.                            | 11,700.                       |
| Revenue                 | 9 Pr                                    | rogram service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | 0.                                 | 0.                            |
|                         | 10 In                                   | vestment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *******       | 4,256.                             | 2,823.                        |
|                         |                                         | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | 14,151.                            | 18,916.                       |
| =                       |                                         | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -             | 33,077.                            | 33,439.                       |
|                         |                                         | rants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4,000.        | 14,250.                            |                               |
|                         | 100000000000000000000000000000000000000 | enefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | 0.                                 | 0.                            |
| ses                     | 15 Sa                                   | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | 0.                                 | 0.                            |
| Expenses                | 16a P                                   | rofessional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | 0.                                 | 0.                            |
| Ex                      | 47 0                                    | otal fundraising expenses (Part IX, column (D), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | 34,514.                            | 25,989.                       |
|                         | 17 U                                    | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | mmuni —       | 38,514.                            | 40,239.                       |
|                         |                                         | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | -5,437.                            |                               |
| 700                     | 3 N                                     | evenue less expenses. Subtract line 16 from line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D.            |                                    | -6,800.                       |
| Net Assets or           | 00 T                                    | atal canata (Part V. line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | De            | eginning of Current Year 128, 426. | End of Year<br>121,626.       |
| ASS                     | 20 To                                   | otal assets (Part X, line 16) otal liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *******       | 0.                                 | 0.                            |
| Net                     | 22 N                                    | et assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | 128,426.                           | 121,626.                      |
|                         | art II                                  | Signature Block                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 120,420.                           | 121,020.                      |
|                         |                                         | es of perjury, I declare that I have examined this return, including accompanying schedul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | es and staten | nents, and to the hest of my       | knowledge and helief, it is   |
|                         |                                         | and complete. Declaration of preparer (other than officer) is based on all information of w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | ma like - military                 | Mingrated and posicity if its |
| -                       | 1                                       | and descriptions of purposes forms than alless to be began an annion account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | mon propare   | That any minoring age.             |                               |
| Sig                     | an                                      | Signature of officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | Date                               |                               |
| He                      |                                         | JONATHAN ARTHUR, TREASURER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                    |                               |
|                         |                                         | Type or print name and title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                                    |                               |
| Ŧ                       | F                                       | Print/Type preparer's name Preparer's signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Date Check                         | X PTIN                        |
| Pa                      |                                         | PAUL D ARMOUR Saul Chimou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | 1-16-6012 self-employe             | d                             |
|                         |                                         | irm's name PAUL D ARMOUR CPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | Firm's EIN ▶                       |                               |
| Us                      | and the second second                   | irm's address 4945 142ND PATH WEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                    |                               |
|                         |                                         | APPLE VALLEY, MN 55124-7706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | Phone no. 9                        | 52 322 2490                   |
| Ma                      | ay the IRS                              | discuss this return with the preparer shown above? (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                    | X Yes No                      |
|                         | J. C. W                                 | Company of the control of the contro | v1777         |                                    | E 000 (0040)                  |

| Creek if Schedule Coordains a rescores to any question in this Part III    Sitelly describe the organization's mission:   TO ADVANCE THE SCIENCE AND PRACTICAL APPLICATION OF GEOLOGY AND RELATED BARTH SCIENCES    Did the organization undertake any significant program services during the year which were not listed on the poor Form 990 or 990 EZ?   The profession of the poor Form 990 or 990 EZ?   The profession of the poor Form 990 or 990 EZ?   The profession of the poor Form 990 or 990 EZ?   The profession of the organization of the services on Schedule O.     Did the organization crease conducting, or make significant changes in how it conducts, any program services?   Tyes X No If Yes, 'decorate the exempt purpose achievements for each of the organization's three stagest program services by expenses.   Section 501(3)(3) and 501(6) organizations and section 4947(6)(1) tusts are required to report the amount of grants and allocations to others, the total expenses. In 1,000, including grants of \$ 10,000, (Revenue \$ CONTRACT FOR ENHANCED GOVERNMENTAL AFFAIRS SUPPORT FROM AMERICAN GEOCLENCES INSTITUTE.   Code:   (Eds: 1)(Expenses \$ 3,250, including grants of \$ 3,250, (Revenue \$ PUNDING FOR MERICAN GEOSCIENCES INSTITUTE GOVERNMENT AFFAIRS PROGRAM   Code:   (Eds: 1)(Expenses \$ 1,000, including grants of \$ 1,000, (Revenue \$ PUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP SCHOLARSHIP PROGRAM   (Eds: 1)(Expenses \$ 1,000, including grants of \$ 1,000, (Revenue \$ 1,000, (Re |     | 990 (2010) ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 2                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TO ADVANCE THE SCIENCE AND PRACTICAL APPLICATION OF GROLOGY AND RELATED RARTH SCIENCES AND PRACTICAL APPLICATION OF GROLOGY AND RELATED RARTH SCIENCES  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-427                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Par | t III Statement of Program Service Accomplishments                                                                                                                                                                                                 |
| the prior Form 990 or 990-E27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1   | Briefly describe the organization's mission:  TO ADVANCE THE SCIENCE AND PRACTICAL APPLICATION OF GEOLOGY AND                                                                                                                                      |
| the prior Form 990 or 990-E27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                                                                                                                                                                                                                                                    |
| M *Yes,* describe these changes on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2   | the prior Form 990 or 990-EZ?                                                                                                                                                                                                                      |
| 40 Pascribs the exempt purpose achievements for each of the organizations three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, If any, for each program service reported.  40 (Code: ) (Expenses \$ 10,000. including grants of \$ 10,000.) (Revenue \$ CONTRACT FOR ENHANCED GOVERNMENTAL AFFAIRS SUPPORT FROM AMERICAN GEOSCIENCES INSTITUTE.  4b (Code: ) (Expenses \$ 3,250. including grants of \$ 3,250.) (Revenue \$ ) FUNDING FOR AMERICAN GEOSCIENCES INSTITUTE GOVERNMENT AFFAIRS PROGRAM  4c (Code: ) (Expenses \$ 1,000. including grants of \$ 1,000.) (Revenue \$ ) FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP SCHOLARSHIP PROGRAM  4d Other program services. (Describe in Schedule C) [Expenses \$ including grants of \$ ) (Revenue \$ ) FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP SCHOLARSHIP PROGRAM  4d Other program services. (Describe in Schedule C) [Expenses \$ including grants of \$ ) (Revenue \$ ) FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP SCHOLARSHIP PROGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3   |                                                                                                                                                                                                                                                    |
| 4a (Code: )(Expenses \$ 10,000. including grants of \$ 10,000.)(Revenue \$ )  CONTRACT FOR ENHANCED GOVERNMENTAL AFFAIRS SUPPORT FROM AMERICAN  GEOSCIENCES INSTITUTE.  4b (Code: )(Expenses \$ 3,250. including grants of \$ 3,250.)(Revenue \$ )  FUNDING FOR AMERICAN GEOSCIENCES INSTITUTE GOVERNMENT AFFAIRS PROGRAM  4c (Code: )(Expenses \$ 1,000. including grants of \$ 1,000.)(Revenue \$ )  FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP SCHOLARSHIP PROGRAM  4d (Cher program services. (Describe in Schedule O.) including grants of \$ () (Revenue \$ () (Revenue \$ () () () (Revenue \$ () () () () () () () () () () () () ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4   | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.<br>Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and |
| FUNDING FOR AMERICAN GEOSCIENCES INSTITUTE GOVERNMENT AFFAIRS PROGRAM  4c (Code: )(Expenses \$ 1,000. including grants of \$ 1,000.)(Revenue \$ )  FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP  SCHOLARSHIP PROGRAM  4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ )(Revenue \$ )  4d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ )(Revenue \$ )  4e Total program service expenses ▶ 14,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a  | (Code: ) (Expenses \$ 10,000. including grants of \$ 10,000.) (Revenue \$ )  CONTRACT FOR ENHANCED GOVERNMENTAL AFFAIRS SUPPORT FROM AMERICAN                                                                                                      |
| FUNDING FOR AMERICAN GEOSCIENCES INSTITUTE GOVERNMENT AFFAIRS PROGRAM  4c (Code: )(Expenses \$ 1,000. including grants of \$ 1,000.)(Revenue \$ )  FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP  SCHOLARSHIP PROGRAM  4d Other program services. (Describe in Schedule C.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 14,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |                                                                                                                                                                                                                                                    |
| FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP  SCHOLARSHIP PROGRAM  4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 14,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4b  | (Code:) (Expenses \$3, 250. including grants of \$3, 250. ) (Revenue \$) FUNDING FOR AMERICAN GEOSCIENCES INSTITUTE GOVERNMENT AFFAIRS PROGRAM                                                                                                     |
| FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP  SCHOLARSHIP PROGRAM  4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 14,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                                                    |
| SCHOLARSHIP PROGRAM   dd Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 Total program service expenses ▶ 14,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | (Code:) (Expenses \$1,000 . including grants of \$1,000 . ) (Revenue \$)                                                                                                                                                                           |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 14,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                                                    |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 14,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                                                    |
| 4e Total program service expenses ► 14,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4d  |                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4e  |                                                                                                                                                                                                                                                    |

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                                                | <u></u> |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?                                                   | 2   |                                                  | X       |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |                                                  |         |
|          | public office? If "Yes," complete Schedule C, Part I                                                                             | 3   |                                                  | X       |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |     |                                                  |         |
|          | during the tax year? If "Yes," complete Schedule C, Part II                                                                      | 4   |                                                  | X       |
| 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   |                                                  |         |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to            |     |                                                  |         |
|          | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6   |                                                  | X       |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        |     |                                                  |         |
|          | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7   |                                                  | 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   |                                                  | 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  | ļ                                                | X       |
| 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        | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total      |     |                                                  |         |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                      | 11b |                                                  | X       |
| С        | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total       |     |                                                  |         |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                     | 11c |                                                  | X       |
| d        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in     |     |                                                  |         |
|          | Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                          | 11d | ļ                                                | X       |
|          | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e | ļ                                                | X       |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |     |                                                  |         |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f |                                                  | X       |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |     |                                                  |         |
|          | Schedule D, Parts XI, XII, and XIII                                                                                              | 12a | <u> </u>                                         | X       |
| 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  | ļ                                                | X       |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a |                                                  | X       |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |     |                                                  |         |
| 4-       | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV                          | 14b | ļ                                                | X       |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization        | ,_  |                                                  | 177     |
| 40       | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                      | 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   | ١   |                                                  | 7.7     |
| 4-       | located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                               | 16  | -                                                | X       |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          |     |                                                  | _ v     |
| 40       | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                               | 17  | -                                                | X       |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     |     |                                                  | ₩.      |
| 40       | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                | 18_ |                                                  | X       |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           | 4.0 |                                                  | ~       |
| 20-      | complete Schedule G, Part III                                                                                                    | 19  | 1                                                | X       |
| 20a<br>b |                                                                                                                                  | 20a | <del>                                     </del> | 127     |
| D        | operate one or more hospitals must attach audited financial statements (see instructions)                                        | 20b |                                                  |         |
|          | operate one of more freehitate must attach addition interioral statements (see instructions)                                     |     |                                                  | 1       |

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                                     | 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          |     | _X_      |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |             |     |          |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |             |     |          |
|             | Schedule J                                                                                                                      | 23          |     | _X_      |
| <b>24</b> a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |             |     |          |
|             | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              | ļ.          |     |          |
|             | Schedule K. If "No", go to line 25                                                                                              | 24a         |     | <u>X</u> |
|             | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b         |     |          |
| С           | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |             |     |          |
|             | any tax-exempt bonds?                                                                                                           | 24c         |     |          |
|             | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | <b>24</b> d |     |          |
| 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  |             |     |          |
|             | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26          | ļ   | X        |
| 27          | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |             |     |          |
|             | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete            |             |     |          |
|             | Schedule L, Part III                                                                                                            | 27          |     | X        |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |             |     |          |
|             | instructions for applicable filing thresholds, conditions, and exceptions):                                                     |             |     |          |
|             | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a         |     | X        |
|             | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b         |     | X        |
| С           | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |             |     |          |
|             | director, trustee, or direct or indirect owner? 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, Part I                                                                                           | 31          |     | X        |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |             |     |          |
|             | Schedule N, Part II                                                                                                             | 32          | -   | X        |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |             |     |          |
|             | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                       | 33          |     | X        |
| 34          | Was the organization related to any tax-exempt or taxable entity?                                                               |             |     |          |
|             | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1                                                                 | 34          | X   | l        |
| 35          | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                       | 35          |     | X        |
| а           | , , , , , , , , , , , , , , , , , , ,                                                                                           |             |     |          |
|             | 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          |     | X        |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |             |     | l _      |
|             | 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          | X   |          |

Form **990** (2010)

14a

X

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

|     | Check if Schedule O contains a response to any question in this Part VI                                                          |         |       | X      |  |  |  |  |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------|---------|-------|--------|--|--|--|--|--|
| Sec | tion A. Governing Body and Management                                                                                            |         |       |        |  |  |  |  |  |
|     |                                                                                                                                  |         | Yes   | No     |  |  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                              |         |       |        |  |  |  |  |  |
| b   | Enter the number of voting members included in line 1a, above, who are independent                                               |         |       |        |  |  |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other         |         |       | l      |  |  |  |  |  |
|     | officer, director, trustee, or key employee?                                                                                     | 2       |       | X      |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision            |         |       |        |  |  |  |  |  |
|     | of officers, directors or trustees, or key employees to a management company or other person?                                    | 3       |       | X      |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                 | 4       |       | X      |  |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                       | 5       | ·     | X      |  |  |  |  |  |
| 6   | Does the organization have members or stockholders?                                                                              | 6       |       | X      |  |  |  |  |  |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?      | 7a      |       | x      |  |  |  |  |  |
| b   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                          | 7b      |       | X      |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                  | 15      |       |        |  |  |  |  |  |
| Ŭ   | by the following:                                                                                                                |         |       |        |  |  |  |  |  |
| а   | The governing body?                                                                                                              | 8a      | X     |        |  |  |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?                                                            | 8b      | X     |        |  |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the             | 0.0     |       |        |  |  |  |  |  |
| •   | 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 the Internal Revenue Code.)                 |         |       |        |  |  |  |  |  |
|     |                                                                                                                                  |         | Yes   | No     |  |  |  |  |  |
| 10a | Does the organization have local chapters, branches, or affiliates?                                                              | 10a     |       | Х      |  |  |  |  |  |
|     | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,      |         |       |        |  |  |  |  |  |
|     | and branches to ensure their operations are consistent with those of the organization?                                           | 10b     |       |        |  |  |  |  |  |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?               | 11a     | X     |        |  |  |  |  |  |
| b   | b Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                  |         |       |        |  |  |  |  |  |
| 12a | 12a Does the organization have a written conflict of interest policy? If "No," go to line 13                                     |         |       |        |  |  |  |  |  |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise              |         |       |        |  |  |  |  |  |
|     | to conflicts?                                                                                                                    | 12b     |       |        |  |  |  |  |  |
| С   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe              |         |       |        |  |  |  |  |  |
|     | in Schedule O how this is done                                                                                                   | 12c     |       |        |  |  |  |  |  |
| 13  | Does the organization have a written whistleblower policy?                                                                       | 13      |       | 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 decision?                                |         |       |        |  |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official                                                           | 15a     |       | X      |  |  |  |  |  |
| b   | Other officers or key employees of the organization                                                                              | 15b     |       | X      |  |  |  |  |  |
| 40  | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)                                             |         |       |        |  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a            |         |       |        |  |  |  |  |  |
|     | taxable entity during the year?                                                                                                  | 16a     |       | X      |  |  |  |  |  |
| ь   | 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                  | 401-    |       |        |  |  |  |  |  |
| Soc | exempt status with respect to such arrangements?                                                                                 | 16b     |       |        |  |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed NONE                                                  |         |       |        |  |  |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | for     |       |        |  |  |  |  |  |
| 10  | public inspection. Indicate how you make these available. Check all that apply.                                                  | . 101   |       |        |  |  |  |  |  |
|     | Own website Another's website X Upon request                                                                                     |         |       |        |  |  |  |  |  |
| 19  | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a  | nd fina | ncial |        |  |  |  |  |  |
| .9  | statements available to the public.                                                                                              |         |       |        |  |  |  |  |  |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of the organization.    | tion:   | •     |        |  |  |  |  |  |
| •   | JONATHAN ARTHUR, TREASURER - 850 591 5174                                                                                        |         |       |        |  |  |  |  |  |
|     | 903 WEST TENNESSEE STREET, TALLAHASSEE, FL 32304-7716                                                                            |         |       |        |  |  |  |  |  |
|     |                                                                                                                                  | Form    | aan   | (2010) |  |  |  |  |  |

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

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

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

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

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

| (A)                      | (B)                                                           |                   |                                    |         | <b>)</b> |                                           |    | (D)                                                            | (E)                                                              | (F)                                                                                            |
|--------------------------|---------------------------------------------------------------|-------------------|------------------------------------|---------|----------|-------------------------------------------|----|----------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Name and Title           | Average hours per                                             | /0                | Position<br>(check all that apply) |         |          |                                           | LΑ | Reportable                                                     | Reportable                                                       | Estimated                                                                                      |
|                          | week (describe hours for related organizations in Schedule O) | ustee or director | Institutional trustee              | Officer |          | Highest compensated Compensated Complexes |    | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| VICKI S. MCCONNELL       |                                                               |                   |                                    |         |          |                                           |    |                                                                |                                                                  |                                                                                                |
| PRESIDENT                | 2.00                                                          | X                 |                                    | X       |          |                                           |    | 0.                                                             | 0.                                                               | 0                                                                                              |
| JAMES C. COBB            |                                                               |                   |                                    |         |          |                                           |    |                                                                | _                                                                |                                                                                                |
| PAST PRESIDENT           | 1.00                                                          | X                 | -                                  | X       |          |                                           |    | 0.                                                             | 0.                                                               | 0                                                                                              |
| L. HARVEY THORLEIFSON    | 1 00                                                          |                   |                                    |         |          |                                           |    |                                                                |                                                                  | _                                                                                              |
| PRESIDENT ELECT          | 1.00                                                          | X                 | _                                  | X       |          |                                           |    | 0.                                                             | 0.                                                               | 0                                                                                              |
| ROBERT F. SWENSON        | 1 00                                                          | 37                |                                    | 77      |          |                                           |    |                                                                |                                                                  |                                                                                                |
| VICE PRESIDENT           | 1.00                                                          | A.                |                                    | X       |          |                                           |    | 0.                                                             | 0.                                                               | 0                                                                                              |
| JONATHAN ARTHUR          | 2.00                                                          | v                 |                                    | х       |          |                                           |    | 0.                                                             | 0.                                                               | 0                                                                                              |
| TREASURER<br>JOE GILLMAN | 2.00                                                          | ^                 |                                    | Δ       |          |                                           |    | <b>U.</b>                                                      | U .                                                              | 0                                                                                              |
| SECRETARY                | 1.00                                                          | y                 |                                    | Х       |          |                                           |    | 0.                                                             | 0.                                                               | 0                                                                                              |
|                          |                                                               |                   |                                    |         |          |                                           |    |                                                                |                                                                  |                                                                                                |
|                          |                                                               |                   |                                    |         |          |                                           |    |                                                                |                                                                  |                                                                                                |

|          | (A) Name and title                                                                                                     | (B)<br>Average                                                                               |                   |                       | O)<br>Posi | itior        |                                 |       | <b>(D)</b><br>Reportable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>(E)</b><br>Reportable                                        |      | (F)<br>Estimat                                                             | ed                         |
|----------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------|-----------------------|------------|--------------|---------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------|----------------------------------------------------------------------------|----------------------------|
|          |                                                                                                                        | hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | istee or director | lustitutional trustee | all        | key employee | Highest compensated de employee |       | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | compensation<br>from related<br>organizations<br>(W-2/1099-MIS( |      | amount<br>other<br>compens<br>from th<br>organiza<br>and rela<br>organizat | ation<br>ne<br>tion<br>ted |
|          |                                                                                                                        |                                                                                              |                   |                       |            |              |                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |      |                                                                            |                            |
|          |                                                                                                                        |                                                                                              |                   |                       |            |              |                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |      | ·····                                                                      |                            |
|          |                                                                                                                        |                                                                                              |                   |                       |            |              |                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |      |                                                                            |                            |
|          |                                                                                                                        |                                                                                              |                   |                       |            |              |                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |      |                                                                            |                            |
|          |                                                                                                                        |                                                                                              |                   |                       |            |              |                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |      |                                                                            |                            |
|          |                                                                                                                        |                                                                                              |                   |                       |            |              |                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |      |                                                                            |                            |
|          |                                                                                                                        |                                                                                              |                   |                       |            |              |                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                           |      |                                                                            |                            |
| 1b       | Sub-total                                                                                                              |                                                                                              |                   | <u> </u>              | <u> </u>   |              | <b></b>                         |       | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 | 0.   |                                                                            | 0.                         |
|          | Total (add lines 1b and 1c)                                                                                            |                                                                                              |                   |                       |            |              | <b>&gt;</b>                     |       | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 | 0.   |                                                                            | 0.                         |
|          | Total number of individuals (including but compensation from the organization                                          | not limited to tr                                                                            | ose               | IST                   | ed al      |              | e) wr<br>                       | 10 re | eceived more than \$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ),000 in reportable                                             |      | Yes                                                                        | 0<br>No                    |
| 3        | Did the organization list any former office line 1a? If "Yes," complete Schedule J for                                 | r such individual                                                                            |                   |                       |            |              |                                 |       | ••••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | • • •                                                           | [    | 3                                                                          | х                          |
| 4        | For any individual listed on line 1a, is the and related organizations greater than \$1                                | 50,000? If "Yes,                                                                             | " co              | mpl                   | ete S      | Sch          | edule                           | Jf    | or such individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |      | 4                                                                          | х                          |
| 5<br>Sec | Did any person listed on line 1a receive or rendered to the organization? If "Yes," control is Independent Contractors |                                                                                              |                   |                       |            |              |                                 | elate | ed organization or indiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | idual for services                                              |      | 5                                                                          | X                          |
| 1        | Complete this table for your five highest of the organization.                                                         | compensated in                                                                               | depe              | ende                  | ent c      | ont          | racto                           | rs t  | hat received more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$100,000 of comp                                               | ensa | ation from                                                                 |                            |
|          | (A)<br>Name and busine                                                                                                 | ss address                                                                                   |                   |                       |            |              |                                 |       | <b>(B)</b><br>Description of s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | services                                                        | С    | (C)<br>ompensatio                                                          | on                         |
|          |                                                                                                                        | ***************************************                                                      |                   |                       |            |              |                                 |       | The Management of the Control of the |                                                                 |      |                                                                            |                            |
|          |                                                                                                                        | A A A annilla la                                            |                   |                       |            |              | -                               |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |      |                                                                            |                            |
|          |                                                                                                                        |                                                                                              |                   |                       |            |              |                                 | _     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |      |                                                                            |                            |
|          |                                                                                                                        |                                                                                              |                   |                       |            |              |                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |      |                                                                            |                            |
| 2        | Total number of independent contractors \$100,000 in compensation from the orga                                        | · -                                                                                          | ot li             | mite                  | d to       |              | se li:                          | sted  | above) who received n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nore than                                                       |      |                                                                            |                            |
|          |                                                                                                                        | ****                                                                                         |                   |                       |            |              |                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ······································                          | ~~~  | Form <b>990</b>                                                            | (2010)                     |

| Pa                                                     | rt VII  | Statement of Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                      |                                        |                                         | <u> </u>                                                      |
|--------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|
|                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts |         | Federated campaigns 1a Membership dues 1b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11,700.       |                      |                                        | :                                       |                                                               |
| p,e                                                    |         | Fundraising events 1c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11,700        |                      |                                        |                                         |                                                               |
| rai                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                      |                                        |                                         |                                                               |
| 2,0<br><u>n</u>                                        |         | Related organizations 1d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                      |                                        |                                         |                                                               |
| sin                                                    |         | Government grants (contributions)  All other contributions gifts greats and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                      |                                        |                                         |                                                               |
| her                                                    | ī       | All other contributions, gifts, grants, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                      |                                        |                                         |                                                               |
| i i i                                                  | _       | similar amounts not included above 1f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                      |                                        |                                         |                                                               |
| Son                                                    |         | Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | 11,700.              |                                        |                                         |                                                               |
| _                                                      |         | Total. Add lines Ta-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Business Code | 11,700.              |                                        |                                         |                                                               |
| o l                                                    | 2 a     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Code |                      |                                        |                                         |                                                               |
| Program Service<br>Revenue                             | b       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                      |                                        |                                         |                                                               |
| Ser                                                    | c       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                      |                                        |                                         |                                                               |
| E S                                                    | d       | The state of the s |               |                      |                                        |                                         |                                                               |
| P.G                                                    | e       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                      |                                        |                                         |                                                               |
| P.                                                     |         | All other program service revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                      |                                        |                                         |                                                               |
|                                                        |         | Total. Add lines 2a-2f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>&gt;</b>   |                      |                                        |                                         |                                                               |
|                                                        | 3       | Investment income (including dividends, inter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                      |                                        |                                         |                                                               |
|                                                        | _       | other similar amounts)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | 2,823.               |                                        |                                         | 2,823.                                                        |
|                                                        | 4       | Income from investment of tax-exempt bond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | 27023.               |                                        | *************************************** | 2,023.                                                        |
|                                                        | 5       | Royalties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>&gt;</b>   |                      |                                        |                                         |                                                               |
|                                                        |         | (i) Real                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (ii) Personal |                      |                                        |                                         |                                                               |
|                                                        | 6 a     | Gross Rents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | () ( 0.00710. |                      |                                        |                                         |                                                               |
|                                                        | b       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                      |                                        |                                         |                                                               |
|                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                      |                                        |                                         |                                                               |
|                                                        |         | Net rental income or (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b></b>       |                      |                                        |                                         |                                                               |
|                                                        |         | Gross amount from sales of (i) Securities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (ii) Other    |                      |                                        |                                         | ,                                                             |
|                                                        |         | assets other than inventory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                      |                                        |                                         |                                                               |
|                                                        | b       | Less: cost or other basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                      |                                        |                                         |                                                               |
|                                                        |         | and sales expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                      |                                        |                                         |                                                               |
| i                                                      | С       | Gain or (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                      |                                        |                                         |                                                               |
|                                                        | d       | Net gain or (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b></b>       |                      |                                        |                                         |                                                               |
| Other Revenue                                          | 8 a     | Gross income from fundraising events (not including \$ of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                      |                                        |                                         |                                                               |
| eve                                                    |         | contributions reported on line 1c). See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                      |                                        |                                         |                                                               |
| 표                                                      |         | Part IV, line 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ı [           |                      |                                        |                                         |                                                               |
| the last                                               | b       | Less: direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | )             |                      |                                        |                                         |                                                               |
| ٥                                                      |         | Net income or (loss) from fundraising events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>&gt;</b>   |                      |                                        |                                         |                                                               |
|                                                        | 9 a     | Gross income from gaming activities. See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                      |                                        |                                         |                                                               |
|                                                        |         | Part IV, line 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1             |                      |                                        |                                         |                                                               |
|                                                        | b       | Less: direct expenses t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,             |                      | ·                                      |                                         |                                                               |
|                                                        | С       | Net income or (loss) from gaming activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                      |                                        |                                         |                                                               |
|                                                        | 10 a    | Gross sales of inventory, less returns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                      |                                        |                                         |                                                               |
|                                                        |         | and allowancesa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1             |                      |                                        |                                         |                                                               |
|                                                        | b       | Less: cost of goods sold b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | )             |                      |                                        |                                         |                                                               |
| 1                                                      | С       | Net income or (loss) from sales of inventory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>&gt;</b>   |                      |                                        |                                         |                                                               |
| ļ                                                      |         | Miscellaneous Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Business Code |                      |                                        |                                         |                                                               |
| 1                                                      |         | MEETINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 541900        | 18,259.              | 18,259.                                |                                         |                                                               |
|                                                        | b       | UNREALIZED GAINS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 900099        | 657.                 | 657.                                   |                                         |                                                               |
|                                                        | С       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                      |                                        |                                         |                                                               |
|                                                        | d       | * * * * * * * * * * * * * * * * * * * *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | 10 016               |                                        |                                         |                                                               |
|                                                        |         | Total. Add lines 11a-11d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | 18,916.              | 10 016                                 |                                         | 2 022                                                         |
| 03200                                                  | 12<br>9 | Total revenue. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>&gt;</b>   | 33,439.              | 18,916.                                | 0.                                      | 2,823.                                                        |
| 12-21                                                  | -10     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                      |                                        |                                         | Form <b>990</b> (2010)                                        |

### Part IX Statement of Functional Expenses

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

|         | All other organizations must comp<br>not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                                                                    | (A) but are r (A) Total expenses | (B) Program service expenses | c columns (B), (C), and (D)  (C)  Management and general expenses | ( <b>D)</b><br>Fundraising              |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------|-------------------------------------------------------------------|-----------------------------------------|
| 1       | Grants and other assistance to governments and                                                                                                                                                     |                                  | evhenses                     | general expenses                                                  | expenses                                |
| •       | organizations in the U.C. O D. 4 N.C.                                                                                                                                                              | 14,250.                          | 14,250.                      |                                                                   |                                         |
| 2       | Grants and other assistance to individuals in                                                                                                                                                      | 14,400.                          | 14,430.                      |                                                                   |                                         |
| _       | the U.S. See Part IV, line 22                                                                                                                                                                      |                                  |                              |                                                                   |                                         |
| 3       | Grants and other assistance to governments.                                                                                                                                                        |                                  |                              |                                                                   |                                         |
| •       | organizations, and individuals outside the U.S.                                                                                                                                                    |                                  |                              |                                                                   |                                         |
|         | See Part IV, lines 15 and 16                                                                                                                                                                       |                                  |                              |                                                                   |                                         |
| 4       | Benefits paid to or for members                                                                                                                                                                    |                                  |                              |                                                                   |                                         |
| 5       | Compensation of current officers, directors,                                                                                                                                                       |                                  |                              |                                                                   |                                         |
| •       | trustees, and key employees                                                                                                                                                                        |                                  |                              |                                                                   |                                         |
| 6       | Compensation not included above, to disqualified                                                                                                                                                   |                                  |                              |                                                                   |                                         |
| Ŭ       | persons (as defined under section 4958(f)(1)) and                                                                                                                                                  |                                  |                              |                                                                   |                                         |
|         | persons (as defined under section 4958(c)(3)(B)                                                                                                                                                    |                                  |                              |                                                                   |                                         |
| 7       | Other salaries and wages                                                                                                                                                                           |                                  |                              |                                                                   |                                         |
| 8       | Pension plan contributions (include section 401(k)                                                                                                                                                 |                                  |                              |                                                                   |                                         |
| J       | and section 403(b) employer contributions)                                                                                                                                                         |                                  |                              |                                                                   |                                         |
| 9       | Other employee benefits                                                                                                                                                                            |                                  |                              |                                                                   |                                         |
| 10      | Payroll taxes                                                                                                                                                                                      |                                  |                              |                                                                   | <del></del>                             |
| 11      | Fees for services (non-employees):                                                                                                                                                                 |                                  |                              |                                                                   |                                         |
| ''<br>a | Management                                                                                                                                                                                         |                                  |                              |                                                                   |                                         |
| a<br>b  | Legal                                                                                                                                                                                              | 358.                             |                              | 358.                                                              |                                         |
| c       | Accounting                                                                                                                                                                                         | 1,600.                           |                              | 1,600.                                                            |                                         |
| d       |                                                                                                                                                                                                    | 1,000.                           |                              | 1,000.                                                            |                                         |
| e       | Professional fundraising services. See Part IV, line 17                                                                                                                                            |                                  |                              |                                                                   |                                         |
| f       | Investment management fees                                                                                                                                                                         |                                  |                              |                                                                   |                                         |
| g       | Other                                                                                                                                                                                              |                                  |                              |                                                                   |                                         |
| 12      | Advertising and promotion                                                                                                                                                                          |                                  |                              |                                                                   |                                         |
| 13      | Office expenses                                                                                                                                                                                    | 11.                              |                              | 11.                                                               |                                         |
| 14      | Information technology                                                                                                                                                                             |                                  |                              | <u> </u>                                                          |                                         |
| 15      | Royalties                                                                                                                                                                                          |                                  |                              |                                                                   |                                         |
| 16      | Occupancy                                                                                                                                                                                          |                                  |                              |                                                                   |                                         |
| 17      | Travel                                                                                                                                                                                             | 3,155.                           |                              | 3,155.                                                            |                                         |
| 18      | Payments of travel or entertainment expenses                                                                                                                                                       |                                  |                              | 3,133.                                                            | d                                       |
|         | for any federal, state, or local public officials                                                                                                                                                  |                                  |                              |                                                                   |                                         |
| 19      | Conferences, conventions, and meetings                                                                                                                                                             | 16,795.                          |                              | 16,795.                                                           |                                         |
| 20      | Interest                                                                                                                                                                                           | = 7,7301                         |                              | Ξυγγου.                                                           |                                         |
| 21      | Payments to affiliates                                                                                                                                                                             |                                  |                              |                                                                   |                                         |
| 22      | Depreciation, depletion, and amortization                                                                                                                                                          |                                  |                              |                                                                   | *************************************** |
| 23      | Insurance                                                                                                                                                                                          |                                  |                              |                                                                   |                                         |
| 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.) |                                  |                              |                                                                   |                                         |
|         | EXHIBITS                                                                                                                                                                                           | 2,604.                           |                              | 2,604.                                                            |                                         |
| b       | AWARDS                                                                                                                                                                                             | 874.                             |                              | 874.                                                              |                                         |
| С       |                                                                                                                                                                                                    | 500.                             |                              | 500.                                                              |                                         |
| d       | BANK CHARGES                                                                                                                                                                                       | 92.                              |                              | 92.                                                               |                                         |
| е       |                                                                                                                                                                                                    |                                  |                              |                                                                   |                                         |
| f       | All other expenses                                                                                                                                                                                 |                                  |                              |                                                                   |                                         |
| 25      | Total functional expenses. Add lines 1 through 24f                                                                                                                                                 | 40,239.                          | 14,250.                      | 25,989.                                                           | 0.                                      |
| 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                               |                                  |                              |                                                                   |                                         |

Form **990** (2010)

Total liabilities and net assets/fund balances

Consolidated basis Both consolidated and separate basis

Act and OMB Circular A-133?

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

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.

Form **990** (2010)

За

3b

X

separate basis, consolidated basis, or both:

\_\_\_ Separate basis

#### **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

ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913

| Part I   | Reason f                                                                                                                                                                                | for Public Chari            | ty Status (All organiz                       | ations mus      | st complet        | e this part | .) See inst                             | ructions.          |               |              |                                         |             |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------|-----------------|-------------------|-------------|-----------------------------------------|--------------------|---------------|--------------|-----------------------------------------|-------------|
| he organ | ization is not a                                                                                                                                                                        | private foundation b        | pecause it is: (For lines 1                  | through 1       | 1, check o        | only one b  | ox.)                                    |                    |               |              |                                         |             |
| 1 🔲      | A church, cor                                                                                                                                                                           | nvention of churches        | s, or association of churc                   | ches descr      | ibed in <b>se</b> | ction 170   | (b)(1)(A)(i)                            |                    |               |              |                                         |             |
| 2 🔲      | A school desc                                                                                                                                                                           | cribed in section 17        | <b>0(b)(1)(A)(ii).</b> (Attach Sc            | hedule E.)      |                   |             |                                         |                    |               |              |                                         |             |
| з 🔲      | A hospital or                                                                                                                                                                           | a cooperative hospit        | al service organization of                   | described i     | n section         | 170(b)(1)(  | A)(iii).                                |                    |               |              |                                         |             |
| 4        |                                                                                                                                                                                         |                             | perated in conjunction                       |                 |                   |             |                                         | (b)(1)(A)(ii       | i). Enter the | e hospital'  | s name                                  | ∋,          |
|          | city, and state                                                                                                                                                                         | e:                          |                                              |                 |                   |             |                                         |                    | •             | •            |                                         |             |
| 5        | _                                                                                                                                                                                       |                             | benefit of a college or ur                   | niversity ov    | vned or op        | erated by   | a governr                               | nental uni         | t described   | l in         |                                         |             |
|          |                                                                                                                                                                                         | (b)(1)(A)(iv). (Comple      | •                                            |                 |                   |             |                                         |                    |               |              |                                         |             |
| 6        |                                                                                                                                                                                         |                             | ent or governmental uni                      |                 |                   |             |                                         |                    |               |              |                                         |             |
| 7 📖      | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) |                             |                                              |                 |                   |             |                                         |                    |               |              |                                         |             |
| 8 🔲      | •                                                                                                                                                                                       |                             | ection 170(b)(1)(A)(vi).                     | (Complete       | Dort II \         |             |                                         |                    |               |              |                                         |             |
| 9 X      |                                                                                                                                                                                         |                             |                                              |                 |                   |             |                                         | ا ما مده ما محمد م |               |              | :                                       |             |
| بما و    |                                                                                                                                                                                         |                             | eives: (1) more than 33                      |                 |                   |             |                                         |                    |               |              |                                         |             |
|          |                                                                                                                                                                                         | · ·                         | nctions - subject to certa                   | -               |                   | •           |                                         |                    | • •           | •            |                                         |             |
|          |                                                                                                                                                                                         |                             | axable income (less sect                     | tion 511 ta     | x) from bu        | sinesses a  | acquired b                              | y the orga         | nization aff  | ter June 3   | 0, 197                                  | 5.          |
| $\Box$   |                                                                                                                                                                                         | <b>509(a)(2).</b> (Complete | •                                            |                 |                   | _           |                                         | _                  |               |              |                                         |             |
| 10       |                                                                                                                                                                                         |                             | perated exclusively to te                    |                 |                   |             |                                         |                    |               |              |                                         |             |
| 11 📖     | =                                                                                                                                                                                       |                             | perated exclusively for the                  |                 | •                 |             | -                                       |                    |               | •            |                                         | or          |
|          |                                                                                                                                                                                         |                             | tions described in secti                     |                 |                   |             | 2). See sec                             | ction 509(         | a)(3). Chec   | k the box    | that                                    |             |
|          |                                                                                                                                                                                         |                             | organization and compl                       |                 | _                 |             |                                         |                    |               |              |                                         |             |
|          | a Type I                                                                                                                                                                                |                             |                                              | : Тур           |                   | -           | _                                       |                    |               | Type III - C |                                         |             |
| e        |                                                                                                                                                                                         |                             | t the organization is not                    |                 |                   | -           | -                                       |                    |               |              |                                         | 1           |
|          | foundation m                                                                                                                                                                            | anagers and other t         | han one or more publicly                     | y supporte      | d organiza        | tions des   | cribed in s                             | ection 509         | 9(a)(1) or se | ection 509   | (a)(2).                                 |             |
| f        | If the organiz                                                                                                                                                                          | ation received a writ       | ten determination from t                     | the IRS tha     | at it is a Ty     | pe I, Type  | II, or Type                             | e III              |               |              |                                         |             |
|          | supporting or                                                                                                                                                                           | rganization, check th       | nis box                                      |                 |                   |             |                                         |                    |               |              |                                         |             |
| g        | Since August                                                                                                                                                                            | t 17, 2006, has the c       | rganization accepted ar                      |                 |                   |             |                                         |                    |               |              |                                         |             |
|          | (i) A person                                                                                                                                                                            | n who directly or ind       | irectly controls, either al                  | one or tog      | ether with        | persons o   | lescribed i                             | in (ii) and (      | iii) below,   |              | Yes                                     | No          |
|          | the gove                                                                                                                                                                                | erning body of the su       | upported organization?                       |                 |                   |             |                                         |                    |               | 11g(i)       |                                         |             |
|          | (ii) A family                                                                                                                                                                           | member of a persor          | n described in (i) above?                    |                 |                   |             |                                         |                    |               |              |                                         |             |
|          |                                                                                                                                                                                         |                             | person described in (i)                      |                 |                   |             |                                         |                    |               |              |                                         |             |
| h        |                                                                                                                                                                                         |                             | about the supported or                       |                 |                   |             | • • • • • • • • • • • • • • • • • • • • |                    | •••••         |              |                                         |             |
| •-       |                                                                                                                                                                                         | J                           |                                              | <b>3</b>        | (-)-              |             |                                         |                    |               |              |                                         |             |
| (:) Nome | e of supported                                                                                                                                                                          | (!!) CIN                    | (iii) Type of                                | (iv) is the c   | rganization       | (v) Did you | notify the                              | (yi) ls            | the           | (-22) A-     |                                         |             |
|          | anization                                                                                                                                                                               | (ii) EIN                    | organization                                 | in col. (i) lis |                   |             | ion in col.                             | organizati         | on in col.    | (vii) Am     |                                         |             |
| Org      | anzanon                                                                                                                                                                                 |                             | (described on lines 1-9 above or IRC section |                 | document?         |             | r support?                              | (i) organiz<br>U.S | .?            | Sup          | port                                    |             |
|          |                                                                                                                                                                                         |                             | (see instructions))                          | Yes             | No                | Yes         | No                                      | Yes                | No            |              |                                         |             |
|          |                                                                                                                                                                                         |                             | ,                                            | 1,00            | 110               |             |                                         |                    |               |              |                                         |             |
|          |                                                                                                                                                                                         |                             |                                              |                 |                   |             |                                         |                    |               |              |                                         |             |
|          |                                                                                                                                                                                         |                             |                                              |                 |                   |             |                                         |                    |               |              |                                         |             |
|          |                                                                                                                                                                                         |                             |                                              |                 |                   |             |                                         |                    |               |              |                                         |             |
|          |                                                                                                                                                                                         |                             |                                              |                 |                   |             |                                         |                    |               |              | *************************************** | *********** |
|          |                                                                                                                                                                                         |                             |                                              |                 |                   |             |                                         |                    |               |              |                                         |             |
|          |                                                                                                                                                                                         |                             |                                              |                 |                   |             |                                         |                    |               |              |                                         |             |
|          |                                                                                                                                                                                         |                             |                                              |                 |                   |             |                                         |                    |               |              |                                         |             |
|          |                                                                                                                                                                                         |                             |                                              |                 |                   |             |                                         |                    |               |              |                                         |             |
| Total    |                                                                                                                                                                                         | 1                           | I .                                          | 1               | I                 | l .         | l .                                     | 1                  | 1             |              |                                         |             |

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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### 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        | tion A. Public Support                       |                                         |                     |                      |                     |                                         |             |
|------------|----------------------------------------------|-----------------------------------------|---------------------|----------------------|---------------------|-----------------------------------------|-------------|
| Cale       | ndar year (or fiscal year beginning in)      | (a) 2006                                | <b>(b)</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                 |                                         |                     |                      |                     |                                         |             |
|            | 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                       |                                         | -t                  |                      |                     |                                         | !           |
|            | ndar year (or fiscal year beginning in)      | (a) 2006                                | <b>(b)</b> 2007     | (c) 2008             | (d) 2009            | (e) 2010                                | (f) Total   |
|            | Amounts from line 4                          | (4) 2000                                | (0) 2001            | (0) 2000             | (4) 2000            | (6) 2010                                | (i) rotar   |
| 8          | Gross income from interest,                  |                                         |                     |                      |                     |                                         |             |
| Ū          | dividends, payments received on              |                                         |                     |                      |                     |                                         |             |
|            | securities loans, rents, royalties           |                                         |                     |                      |                     |                                         |             |
|            | and income from similar sources              |                                         |                     |                      |                     |                                         |             |
| 9          | Net income from unrelated business           |                                         |                     |                      |                     |                                         |             |
| Ŭ          | 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        |                                         |                     |                      |                     |                                         |             |
|            | Gross receipts from related activities,      | etc (see instruct                       | ions)               |                      | 1                   | 12                                      |             |
|            | First five years. If the Form 990 is for     |                                         |                     |                      |                     | <u> </u>                                |             |
|            | organization, check this box and stop        |                                         | o mot, oodoma, an   | .a, .oa.a., o. mar e | ar your do a ooorn  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |
| Se         | ction C. Computation of Publi                |                                         | rcentage            |                      |                     |                                         |             |
| 14         | Public support percentage for 2010 (li       | ine 6, column (f) c                     | divided by line 11, | column (f))          |                     | 14                                      | %           |
|            | Public support percentage from 2009          |                                         |                     |                      |                     | 15                                      | %           |
|            | a 33 1/3% support test - 2010. If the or     |                                         |                     |                      |                     | nore, check this bo                     | x and       |
|            | stop here. The organization qualifies        | as a publicly sup                       | ported organizatio  | n                    |                     |                                         | ▶□          |
| k          | 33 1/3% support test - 2009. If the or       |                                         |                     |                      |                     |                                         |             |
|            | and stop here. The organization quali        |                                         |                     |                      |                     |                                         |             |
| 17a        | a 10% -facts-and-circumstances test          |                                         |                     |                      |                     |                                         |             |
|            | and if the organization meets the "fac       | ts-and-circumstai                       | nces" test, check t | this box and stop I  | here. Explain in Pa | art IV how the organ                    | nization    |
|            | meets the "facts-and-circumstances"          |                                         |                     | •                    | •                   | •                                       |             |
| ł          | 10% -facts-and-circumstances test            |                                         |                     |                      |                     |                                         |             |
|            | more, and if the organization meets th       | =                                       |                     |                      |                     |                                         |             |
|            | organization meets the "facts-and-circ       |                                         |                     |                      | •                   |                                         | . $\square$ |
| <u>1</u> 8 | Private foundation. If the organization      |                                         | _                   | · ·                  | • • • •             |                                         |             |
|            |                                              |                                         |                     |                      |                     | adula A (Form 99)                       |             |

032022 12-21-10

# Schedule A (Form 990 or 990-EZ) 2010 ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 3 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 qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                         | sted below, please comp     | 1010 1 411 11.7        |                         |                    |                                       |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------|-------------------------|--------------------|---------------------------------------|-----------|
| Calendar year (or fiscal year beginning                                                                                                                                           | in) (a) 2006                | <b>(b)</b> 2007        | (c) 2008                | (d) 2009           | (e) 2010                              | (f) Total |
| 1 Gifts, grants, contributions, and                                                                                                                                               | 1                           |                        |                         |                    |                                       |           |
| membership fees received. (Do                                                                                                                                                     |                             |                        |                         |                    |                                       |           |
| include any "unusual grants.")                                                                                                                                                    | 67,500.                     | 47,151.                | 14,700.                 | 14,670.            | 11,700.                               | 155,721.  |
| 2 Gross receipts from admissions<br>merchandise sold or services p<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purp | er-<br>e                    | 11,699.                | 18,245.                 | 14,746.            | 18,259.                               | 80,383.   |
| 3 Gross receipts from activities the are not an unrelated trade or business under section 513                                                                                     | [                           |                        |                         |                    |                                       |           |
| 4 Tax revenues levied for the org<br>ization's benefit and either paid<br>or expended on its behalf                                                                               | 1                           |                        |                         |                    |                                       |           |
| 5 The value of services or facilitie<br>furnished by a governmental ur<br>the organization without charge                                                                         | nit to                      |                        |                         |                    |                                       |           |
| 6 Total. Add lines 1 through 5                                                                                                                                                    |                             | 58,850.                | 32,945.                 | 29,416.            | 29,959.                               | 236,104.  |
| 7a Amounts included on lines 1, 2                                                                                                                                                 |                             | 30,0001                |                         | 23 / 1200          |                                       | 100,1016  |
| 3 received from disqualified per                                                                                                                                                  | ' i l                       |                        |                         |                    |                                       | 0.        |
| 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                  | ed                          |                        |                         |                    |                                       | 0.        |
| c Add lines 7a and 7b                                                                                                                                                             |                             |                        |                         |                    | **                                    | 0.        |
| 8 Public support (Subtract line 7c from lin                                                                                                                                       |                             |                        |                         |                    |                                       | 236,104.  |
| Section B. Total Support                                                                                                                                                          |                             | ,                      |                         |                    |                                       |           |
| Calendar year (or fiscal year beginning                                                                                                                                           | in) (a) 2006                | <b>(b)</b> 2007        | (c) 2008                | (d) 2009           | (e) 2010                              | (f) Total |
| 9 Amounts from line 6                                                                                                                                                             |                             | 58,850.                | 32,945.                 | 29,416.            | 29,959.                               |           |
| 10a Gross income from interest,<br>dividends, payments received<br>securities loans, rents, royalties<br>and income from similar source                                           | on<br>S                     | 6,804.                 | 2,181.                  | 4,253.             | 2,823.                                |           |
| b Unrelated business taxable income<br>(less section 511 taxes) from busin<br>acquired after June 30, 1975                                                                        | 1                           |                        |                         |                    |                                       |           |
| c Add lines 10a and 10b                                                                                                                                                           | F 260                       | 6,804.                 | 2,181.                  | 4,253.             | 2,823.                                | 21,321.   |
| 11 Net income from unrelated bus<br>activities not included in line 10<br>whether or not the business is<br>regularly carried on                                                  | iness<br>b,                 |                        |                         |                    |                                       |           |
| 12 Other income. Do not include go or loss from the sale of capital assets (Explain in Part IV.)                                                                                  |                             | •                      |                         |                    |                                       |           |
| 13 Total support (Add lines 9, 10c, 11, an                                                                                                                                        |                             | 65,654.                | 35,126.                 | 33,669.            | 32,782.                               | 257,425.  |
| 14 First five years. If the Form 99                                                                                                                                               | 0 is for the organization's | s first, second, third | I, fourth, or fifth tax | x year as a sectio | n 501(c)(3) organi                    | zation,   |
| check this box and stop here                                                                                                                                                      |                             |                        |                         |                    |                                       | <b>▶</b>  |
| Section C. Computation of                                                                                                                                                         |                             | <del>y</del>           |                         |                    |                                       |           |
| 15 Public support percentage for                                                                                                                                                  |                             |                        | olumn (f))              |                    | 15                                    | 91.72 %   |
| 16 Public support percentage from                                                                                                                                                 |                             |                        | e trita in a second     |                    | 16                                    | 90.86 %   |
| Section D. Computation of                                                                                                                                                         | Investment Income           | e Percentage           |                         |                    | , , , , , , , , , , , , , , , , , , , |           |
| 17 Investment income percentage                                                                                                                                                   |                             |                        |                         |                    | 17                                    | 8.28 %    |
| 18 Investment income percentage                                                                                                                                                   |                             |                        |                         |                    | 18                                    | 9.14 %    |
| 19a 33 1/3% support tests - 2010                                                                                                                                                  |                             |                        |                         |                    |                                       |           |
| more than 33 1/3%, check this b 33 1/3% support tests - 2009                                                                                                                      | . If the organization did n | ot check a box on      | line 14 or line 19a,    | and line 16 is mo  | ore than 33 1/3%,                     | and       |
| line 18 is not more than 33 1/3                                                                                                                                                   |                             |                        |                         |                    |                                       | 1 P       |
| 20 Private foundation. If the orga                                                                                                                                                | nization did not check a    | box on line 14, 19a    | ı, or 19b, check thi    | is box and see ins | structions                            | <b>▶</b>  |

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

Parti

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

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

Open to Public OMB No. 1545-0047 2010 Inspection

0 % ⊠ Employer identification number 43-6058913 (h) Purpose of grant INCREASE FUNDING FOR SOVERNMENT AFFAIRS or assistance Yes PRESEVATION AND STATEMAP, DATA 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. Part II can be duplicated if additional space is needed 1 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash Ö assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ASSOCIATION OF AMERICAN STATE GEOLOGISTS (d) Amount of cash grant 13,250 (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 501(C)(3) 52-0786946 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization AMERICAN GEOSCIENCES INSTITUTE ALEXANDRIA, VA 22302-1502 or government Name of the organization 4220 KING STREET

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. DATA NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN GEOSCIENCES INSTITUTE (H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FUNDING FOR STATEMAP, (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients PRESEVATION AND GOVERNMENT AFFAIRS PROGRAM COLUMN (H): (a) Type of grant or assistance PART II, LINE 1,

Schedule I (Form 990) (2010)

032102 01-13-11

Page 2

43-6058913

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.

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Schedule I (Form 990) (2010)

Part III

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Employer identification number 43-6058913

| FORM 990, PART VI, SECTION B, LINE 11: PDF COPY MADE AVAILABLE           |
|--------------------------------------------------------------------------|
| ELECTRONICALLY                                                           |
|                                                                          |
| FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST SUBMITTED TO |
| TREASURER                                                                |
|                                                                          |
| FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:       |
| VICKI S. MCCONNELL - 800 N E OREGON STREET, SUITE 965                    |
| PORTLAND, OR 97232-2162                                                  |
| JAMES C. COBB - 228 MINING & MINERAL RESOUCES BUILDING                   |
| LEXINGTON, KY 40506-0107                                                 |
| L. HARVEY THORLEIFSON - 2642 UNIVERSITY AVENUE WEST ROOM 104             |
| SAINT PAUL, MN 55114-1057                                                |
| ROBERT F. SWENSON - 3354 COLLEGE ROAD, FAIRBANKS, AK 99709-3707          |
| JONATHAN ARTHUR - 903 WEST TENNESSEE STREET, TALLAHASSEE, FL 32304-7716  |
| JOE GILLMAN - P O BOX 250, ROLLA, MO 65402-0250                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |
|                                                                          |

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

➤ See separate instructions.

2010 Open to Public Inspection

OMB No. 1545-0047

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

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Employer identification number 43-6058913

(g) Section 512(b)(13) controlled entity? Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Ξ Direct controlling entity End-of-year assets status (if section Public charity Total income Exempt Code <u>ত</u> section ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) Primary activity Primary activity 9 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Part II

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

Schedule R (Form 990) 2010

ŝ

Yes

×

SCH A - LINE

501(C)(3)

ALABAMA

PROVIDE FINANCIAL SUPPORT

AASG FOUNDATION INC - 20-8939615

3817 MINERAL POINT ROAD

53705-5100

MADISON, WI

FOR AASG

501(c)(3))

foreign country)

19

43-6058913

Page 2

Schedule R (Form 990) 2010 ASSOCIATION OF AMERICAN STATE GEOLOGISTS

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.) Part III

| (i) (k)  General or Percentage managing ownership partner? Yes No                     |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e related                                                                                                                                                                                                                                                             | (h)<br>Percentage<br>ownership                           |  |  | Schedule R (Form 990) 2010 |
|---------------------------------------------------------------------------------------|--|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|--|----------------------------|
| (j) General or managing partner? Yes No                                               |  |   | - Control of the state of the s | or mo                                                                                                                                                                                                                                                                 |                                                          |  |  | R (Form                    |
| (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)                           |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | scause it had one                                                                                                                                                                                                                                                     | (g) Share of end-of-year assets                          |  |  | <br>Schedule               |
| (h) Disproportionate allocations?                                                     |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t IV, line 34 be                                                                                                                                                                                                                                                      | (f)<br>Share of total<br>income                          |  |  |                            |
| (g) Share of end-of-year assets                                                       |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to Form 990, Par                                                                                                                                                                                                                                                      | (e) Type of entity (C corp, S corp, or trust)            |  |  |                            |
| (f)<br>Share of total<br>income                                                       |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on answered "Yes"                                                                                                                                                                                                                                                     | (d)<br>Direct controlling<br>entity                      |  |  |                            |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lete if the organizati                                                                                                                                                                                                                                                | (c) Legal domicile (state or foreign country)            |  |  | 20                         |
| (d) Direct controlling Prentity                                                       |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ration or Trust (Comp<br>ear.)                                                                                                                                                                                                                                        | (b)<br>Primary activity                                  |  |  |                            |
| (c) Legal domicile (state or foreign                                                  |  | - | 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | us a Corpor                                                                                                                                                                                                                                                           |                                                          |  |  |                            |
| (b)<br>Primary activity                                                               |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ganizations Taxable a rporation or trust durin                                                                                                                                                                                                                        | ∠ د                                                      |  |  |                            |
| (a) Name, address, and EIN of related organization                                    |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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)<br>Name, address, and EIN<br>of related organization |  |  | 032162 12-21-10            |

Page 3

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

| Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.                                                                |                                  |                               |                                                                                                    | ×                          | Yes         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------|----------------------------|-------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | is with one or more re           | lated organizations listed    | in Parts II-IV?                                                                                    |                            |             |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity                                                        |                                  |                               |                                                                                                    | <b>1</b> a                 | ×           |
|                                                                                                                                                       |                                  |                               |                                                                                                    | £                          | ×           |
| Giff grant or capital contribution from other organization(s)                                                                                         |                                  |                               |                                                                                                    | . 2                        | ×           |
|                                                                                                                                                       |                                  |                               |                                                                                                    | ;                          | <b>&gt;</b> |
| d Loans or loan guarantees to or for other organization(s)                                                                                            |                                  |                               |                                                                                                    | <u> </u>                   | 4 :         |
| e Loans or loan guarantees by other organization(s)                                                                                                   |                                  |                               |                                                                                                    | 9                          | 4           |
|                                                                                                                                                       |                                  |                               |                                                                                                    |                            |             |
| f Sale of assets to other organization(s)                                                                                                             |                                  |                               |                                                                                                    | <b>=</b>                   | ×           |
| g Purchase of assets from other organization(s)                                                                                                       |                                  |                               |                                                                                                    | 1g                         | ×           |
| Exchange of assets                                                                                                                                    |                                  |                               |                                                                                                    | 4h                         | X           |
|                                                                                                                                                       |                                  |                               |                                                                                                    | ;=                         | ×           |
|                                                                                                                                                       |                                  |                               |                                                                                                    |                            |             |
| i Lease of facilities, equipment, or other assets from other organization(s)                                                                          |                                  |                               |                                                                                                    | 1                          | ×           |
| k Performance of services or membership or fundraising solicitations for other organization(s)                                                        | ization(s)                       |                               |                                                                                                    | ¥                          | ×           |
| Performance of services or membership or fundraising solicitations by                                                                                 | ization(s)                       |                               |                                                                                                    | =                          | ×           |
|                                                                                                                                                       |                                  |                               |                                                                                                    | ᄩ                          | ×           |
|                                                                                                                                                       |                                  |                               |                                                                                                    | -t                         | ×           |
|                                                                                                                                                       |                                  |                               |                                                                                                    |                            |             |
| o Reimbursement paid to other organization for expenses                                                                                               |                                  |                               |                                                                                                    | 10                         | ×           |
|                                                                                                                                                       |                                  |                               |                                                                                                    | 1p                         | ×           |
|                                                                                                                                                       |                                  |                               |                                                                                                    |                            |             |
| <b>q</b> Other transfer of cash or property to other organization(s)                                                                                  |                                  |                               |                                                                                                    | 19                         | ×           |
| Other transfer of cash or property from other organization(s)                                                                                         |                                  |                               |                                                                                                    | ÷                          | ×           |
| 2 If the answer to any of the above is "Yes," see the instructions for information on w                                                               | who must complete th             | is line, including covered    | mation on who must complete this line, including covered relationships and transaction thresholds. |                            |             |
| (a)<br>Name of other organization                                                                                                                     | (b)<br>Transaction<br>type (a-r) | <b>(c)</b><br>Amount involved | (d) Method of determining amount involved                                                          |                            |             |
| (1)                                                                                                                                                   |                                  |                               |                                                                                                    |                            |             |
|                                                                                                                                                       |                                  |                               |                                                                                                    |                            |             |
| (2)                                                                                                                                                   |                                  |                               |                                                                                                    |                            |             |
| (3)                                                                                                                                                   |                                  |                               |                                                                                                    |                            |             |
| (4)                                                                                                                                                   |                                  |                               |                                                                                                    |                            |             |
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| (5)                                                                                                                                                   |                                  |                               |                                                                                                    |                            |             |
| (9)                                                                                                                                                   |                                  |                               |                                                                                                    |                            |             |
| 032163 12-21-10                                                                                                                                       | 21                               |                               | Schedule                                                                                           | Schedule R (Form 990) 2010 | 30) 2010    |

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)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c/3) organizations? Yes No | (e)<br>Share of end-of-<br>year assets | (f) Disproportionate allocations?  Yes No | (g)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (h) General or managing partner? Yes No |
|--------------------------------------|-------------------------|-----------------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------|
|                                      |                         |                                               |                                                             |                                        |                                           |                                                                         |                                         |
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|                                      |                         |                                               |                                                             |                                        |                                           |                                                                         |                                         |
|                                      |                         |                                               |                                                             |                                        |                                           | Schedule R (Form 990) 2010                                              | 990) 2010                               |

| Schedule R   | (Form 990) 2010                                  | ASSOCIATION O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F AMERICAN                              | STATE                                                                                                           | GEOLOGISTS43-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -6058913                                | Page 5                                |
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| Part VII     | (Form 990) 2010<br>Supplemental Infor            | mation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | _,, 0                                 |
| L            | Complete this part to pro-                       | vide additional information for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or recommend to acce                    | tions or Sch                                                                                                    | nodulo D (ann innterestines)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                       |
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#### 8879-EO

### IRS e-file Signature Authorization for an Exempt Organization

| 21 | 11 | 00 |
|----|----|----|

For calendar year 2010, or fiscal year beginning  $\,\,\mathrm{JUN}\,\,1\,\,$  , 2010, and ending  $\,\,\mathrm{MAY}\,\,31\,\,$  , 20  $\,11\,\,$ 

Type of Return and Return Information (Whole Dollars Only)

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records. See instructions.

Employer identification number

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

43-6058913

Name and title of officer

Part I

JONATHAN ARTHUR

TREASURER

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I

| 33439 |
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#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

| Officer's | PIN: | check | one | box | only | v |
|-----------|------|-------|-----|-----|------|---|
|-----------|------|-------|-----|-----|------|---|

| X I authorize | PAUL | D | ARMOUR | CPA |               | to enter my PIN | 92398             |
|---------------|------|---|--------|-----|---------------|-----------------|-------------------|
|               |      |   |        |     | FRO firm name | Fr              | nter five numbers |

ERU firm name

do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

| As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State  |
| program, I will enter my PIN on the return's disclosure consent screen.                                                                           |

| Part III | Certification and Authentication | n |
|----------|----------------------------------|---|

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41514340769

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Officer's signature

Date > 16 JAN 2012

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 023051

umour

Form 8879-EO (2010)

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)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2011 calendar year, or tax year beginning JUN 1, 2011 and ending MAY 31, 2012 C Name of organization D Employer identification number Check if X Address change ASSOCIATION OF AMERICAN STATE GEOLOGISTS Name change 43-6058913 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1 MONT CHATEAU ROAD 304 594 2331 Amended 46, City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending MORGANTOWN, WV 26508-8079 H(a) Is this a group return Yes X No F Name and address of principal officer: MICHAEL E. HOHN for affiliates? 1 MONT CHATEAU ROAD, MORGANTOWN, 26508-8 H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ WWW.STATEGEOLOGISTS. ORG H(c) Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 1998 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: GEOLOGIC EDUCATION Activities & Governance Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 51 Number of independent voting members of the governing body (Part VI, line 1b) 51 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 11,700 14,400. Revenue Program service revenue (Part VIII, line 2g) 9 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,823. 2,471. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,916. 29,881. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 33,439. 46,752. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14,250. 8,250. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ....... 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25,989. 24.315. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 40,239 32,565. Revenue less expenses. Subtract line 18 from line 12 -6,800. 14,187. Assets or Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 121,626. 135,813. 21 Total liabilities (Part X, line 26) 0 0. Net assets or fund balances. Subtract line 21 from line 20 121,626. 135,813. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here MICHAEL E. HOHN, TREASURER Type or print name and title Preparer's signature Check Print/Type preparer's name caul Cumous 10-13-2012 Paid PAUL D ARMOUR P01327925 Preparer Firm's name PAUL D ARMOUR CPA Firm's EIN 41-1598287 Use Only Firm's address 4945 142ND PATH WEST Phone no. 952 322 2490 APPLE VALLEY, MN 55124-7706

X Yes

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

### Part IV Checklist of Required Schedules

| 1 Is the organization described in section 501(x)(3) or 4947(a)(1) (other than a private foundation)?  1 If Yes, "complete Schedule B, Schedule G, Schedule of Contributors"  2 Is the organization regular of the complete Schedule B, Schedule of Contributors on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part I I Section 501 (v) (4)(6) (organization behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part I I Section 501 (v) (4)(6) (organization behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part I I Section 501 (v) (4)(6) (organization behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part I I I Section 1 I Secti        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Yes          | No    |
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| 2 Is the organization equally of inductor indirect political campains activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part I Section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(ft) election in effect during the tax year? If the organization assertion 501(ft) election or dismissration assertion 501(ft) election in effect during the tax year? If the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such turds or accounts? If "Yes," complete Schedule C, Part II Section 501(ft) election or section of amounts in such turds or accounts for which donors have the right to provide advise on the distribution or investment or amounts in the state of provide advised to provide a section of the organization report an amount in Part X, line 21; seene as a custodian for amounts not listed in Part X; or provide credit consenses of the complete Schedule D, Part IV in the organization advised provide and provide advised provi        | 1   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
| 2 Is the organization equally of inductor indirect political campains activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part I Section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(ft) election in effect during the tax year? If the organization assertion 501(ft) election or dismissration assertion 501(ft) election in effect during the tax year? If the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such turds or accounts? If "Yes," complete Schedule C, Part II Section 501(ft) election or section of amounts in such turds or accounts for which donors have the right to provide advise on the distribution or investment or amounts in the state of provide advised to provide a section of the organization report an amount in Part X, line 21; seene as a custodian for amounts not listed in Part X; or provide credit consenses of the complete Schedule D, Part IV in the organization advised provide and provide advised provi        |     | If "Yes," complete Schedule A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1   | X            |       |
| public office? If "Yes," complete Schedule C, Part I Section 501(R) agrainations. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? II "Yes," complete Schedule C, Part II I the organization as section 501(c)(a), 501(c)(        | 2   | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2   |              | X     |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during that experts? If Yes, 'complete Schedule C, Part III steep 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 havenue Procedure 98-197 If Yes, 'complete Schedule C, Part III Steep organization maintain any donor advised funds or any setting funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, 'complete Schedule D, Part I Did the organization reserve in roll as conservation assesment, including easements to by reserve open space, the environment, historic land areas, or historic structures? If Yes, 'complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide cradit counselling, debt management, credit repair, or debt negotiation services? If Yes, 'complete Schedule D, Part IV Did the organization report an amount for legisted organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If Yes, 'complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part X, III II the organization report an amount for investments - other securities in Part X, line 10? If Yes, 'complete Schedule D, Part X, III Did the organization report an amount for investments - other securities in Part X, line 10? If Yes, 'complete Schedule D, Part X, III Did the organization report an amount for investments - other securities in Part X, line 10? If Yes, 'complete Schedule D, Part X, III Did the organization report an amount for wheelth organization in Part X, line 10? If Yes, 'complete Schedule D, Part X, III Did the organization report an amount for wheelth securities and the part X, li        | 3   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3   |              | x     |
| during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization a section 501 (c)(a), 501 (c)(b) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 93-19? If "Yes," complete Schedule C, Part III.  Old the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III.  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 III.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV.  Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide confect counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  Did the organization report an amount for investments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part V.  Did the organization report an amount for investments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part V.  Did the organization report an amount for other liabilities in Part X, line 10? If Yes, "complete Schedule D, Part X.  Did the organization report an amount for other liabilities in Part X, line 10? If Yes, "complete Schedule D, Part X.  Did the organization report an amount for other liabilities in Part X, line 22? If "Yes," complete Schedule D, Part X.  Did the organization separate or         | 4   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
| 5 is the organization a section \$01(c)(a), \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4   |              | Х     |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  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 assess? If "Yes," complete Schedule D, Part III.  9 Did the organization proport 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.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  12 Did the organization report an amount for investments - organization in Part X, line 19? If "Yes," complete Schedule D, Part VIII.  13 Did the organization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  14 Did the organization report an amount for other assets 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.  15 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 X III.  2 Did the organization report an amount for other inabilities 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,         | 5   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
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| provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part II 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 III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part III.  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.  10 Did the organization, ricerdly or through a related organization, hold assets in temporarily restricted andowments, permanent endowments, or quasi-endowments? If "yes," complete Schedule D, Part VI.  11 If the organization's answer to any of the following questions is "yes," then complete Schedule D, Part XI.  12 If the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VIII.  13 June 14 If the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VIII.  14 Did the organization report an amount for investments - program related in Part X, line 10? the "yes," complete Schedule D, Part XIII.  15 Did the organization report an amount for other assets 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 XIII.  16 Did the organization oreport 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 XIII.  17 June 18 Did the organization and amount for other assets in Part X, line 18? If yes, "complete Schedule D, Part XIII.  18 Did the organization or septial and any line of the track year? If "yes," co        | 6   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
| Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6   |              | Х     |
| 8   X   Schedule D, Part III   9   10   10   10   10   10   10   10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |              |       |
| Schedule D, Part III.  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.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  13 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 VIII.  14 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.  15 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 X.  16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  17 Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X.  18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. III.  19 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule F, Parts III and IV.  19 Di        |     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7   |              | 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 consistential management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V I, III If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I III III X IIII III III III III III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R   |              | x     |
| credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |              | 21    |
| 10 bit the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V   11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9   |              | x     |
| endowments, or quasiendowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12! that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  e 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 VII  11c X  b 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 VIII  b Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X  c Did the organization separate or consolidated financial statements for the tax year complete Schedule D, Part X  11d X  21a Did the organization obtain separate, 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  12c Did the organization aschool described in section 170(b)(1)(A)(R)? If "Yes," complete Schedule E  13                                                                                                                                               | 10  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXI  Did the organization report an amount for other labilities 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 X X. Inte 16? If "Yes," complete Schedule D, Part X X. Inte 16? If "Yes," complete Schedule D, Part X X. Inte 16? If "Yes," complete Schedule D, Part X X. Inte 16? If "Yes," complete Schedule D, Part X X. Inte 17 the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X. III X. X. Interest X. Interest X. Interest X. Interest X. Interest X. III X. X. Interest X. Interest X. III X. X. Interest X. Interest X. III X. X. X. Interest X. III X. X. Interest X. III X. X. Interes        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10  |              | X     |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  E Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X  110 X  111 X  110 X  111 X  111 X  111 X  112 Did the organization in control in a section 170 (b) (1) (A) (ii) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
| Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII e Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11e X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization is bility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional. 12b X 13 Is the organization a school described in section 170(b)(1/A)(li)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report a total of more than \$15,000 of complete Schedule F, Parts II and IV 16 Did the organization report no Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals l     |     | as applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |              |       |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |              |       |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  11d X  12d Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 11e Organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 1, XI, and XIII Is 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 bid the organization maintain an office, employees, or agents outside of the United States? 14a X  15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Did the organization r    |     | Part VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11a |              | X     |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  e Did the organization report an amount for other lashilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11e X  11d X  bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11e X  12o Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, XI, and XIII  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional.  12a X  13 Is the organization an asswered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.  14b X  15 Did the organization maintain an office, employees, or agents outside of the United States?  15 Did the organization maintain an office, employees, or agents outside of the United States?  16 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnets or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate greates or assistance to individuals    | b   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  11c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11b |              | X     |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | С   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
| 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  116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11c |              | X     |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11e X  11f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  111 X  112a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  11b Was the organization included in consolidated, independent audited financial statements for the tax year?  11f "Yes," and if the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional.  11b X  11c X  11c X  11c X  11d X          | d   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 112a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12a X 12b 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 13b the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13b X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15D id the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15D id the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 15D id 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 17D id the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A) Part I  |     | Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |              |       |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11e |              | X     |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  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  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Т   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
| Schedule D, Parts XI, XII, and XIII  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.  Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11f |              | X     |
| 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.  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?  14a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ıza |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 40- |              | ₹.    |
| If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Is the organization answered "No" to line 12a, then completing Schedule E  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Is the organization maintain an office, employees, or agents outside of the United States?  It the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Is Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  Is Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  It 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  It Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1a and 8a? If "Yes," complete Schedule G, Part II  Is 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  Is Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate | h   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12a |              |       |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10h |              | Y     |
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| or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
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| column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 16  |              | X     |
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| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 00  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |              | _ X_  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | u   | in 165 to line 20a, old the organization attach a copy of its addited illiancial statements to this fetum?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | 990 <i>(</i> | 2011\ |

|     | 990 (2011) ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058 t IV Checklist of Required Schedules (continued)                    | 913  | P   | age 4   |
|-----|---------------------------------------------------------------------------------------------------------------------------------|------|-----|---------|
|     |                                                                                                                                 |      | Yes | No      |
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the           |      |     |         |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21   | Х   |         |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,    |      |     |         |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                              | 22   |     | X       |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |      |     |         |
|     | 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  |     | 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  |     |         |
|     | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              | 24u  |     |         |
| 200 | disqualified person during the year? If "Yes," complete Schedule L, Part I                                                      | 05-  |     | v       |
| h   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      | 25a  |     | X       |
| -   | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           |      |     |         |
|     |                                                                                                                                 | 051  |     | v       |
| 26  |                                                                                                                                 | 25b  |     | X       |
| 20  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |      |     | 37      |
| 27  | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26   |     | X       |
| 21  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |      |     |         |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member             |      |     | 37      |
| 20  | of any of these persons? If "Yes," complete Schedule L, Part III                                                                | _27_ |     | X       |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |      |     |         |
| _   | instructions for applicable filing thresholds, conditions, and exceptions):                                                     |      |     |         |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a  |     | X       |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b  |     | X       |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |      |     |         |
| 00  | director, trustee, or direct or indirect owner? 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     |      |     | <u></u> |
|     | contributions? If "Yes," complete Schedule M                                                                                    | 30   |     | X       |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?                                                    |      |     |         |
|     | If "Yes," complete Schedule N, Part I                                                                                           | 31   |     | X       |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |      |     |         |
|     | Schedule N, Part II                                                                                                             | 32   |     | X       |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |      |     |         |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                       | 33   |     | X       |
| 34  | Was the organization related to any tax-exempt or taxable entity?                                                               |      |     |         |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1                                                                 | 34   | X   |         |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                         | 35a  |     | X       |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of       |      |     |         |
|     | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                               | 35b  |     | X       |
| 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   |     | X       |

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X

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

#### Form 990 (2011) 43-6058913 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 account in a foreign country (such as a bank account, securities account, or other financial account)? X **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 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? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities \_\_\_\_\_\_ 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

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14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

X

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

| Sec             | tion A. Governing Body and Management                                                                                               |          |          |          |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
|                 |                                                                                                                                     |          | Yes      | No       |
| 1a              | Enter the number of voting members of the governing body at the end of the tax year1a5                                              | <u>L</u> |          |          |
|                 | If there are material differences in voting rights among members of the governing body, or if the governing                         |          |          |          |
|                 | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                               |          |          |          |
| b               | Enter the number of voting members included in line 1a, above, who are independent                                                  | L        |          |          |
| 2               | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |          |          |          |
|                 | officer, director, trustee, or key employee?                                                                                        | 2        |          | X        |
| 3               | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |          |          |          |
|                 | of officers, directors, or trustees, or key employees to a management company or other person?                                      | 3        |          | X        |
| 4               | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4        |          | Х        |
| 5               | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5        |          | Х        |
| 6               | Did the organization have members or stockholders?                                                                                  | 6        |          | X        |
| 7a              |                                                                                                                                     |          |          |          |
|                 | more members of the governing body?                                                                                                 | 7a       |          | X        |
| b               | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |          |          |          |
|                 | persons other than the governing body?                                                                                              | 7b       |          | 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                |          |          | <u> </u> |
|                 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                             | 9        |          | х        |
| Sec             | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |          |          |          |
|                 |                                                                                                                                     | *******  | Yes      | No       |
| 10a             | Did the organization have local chapters, branches, or affiliates?                                                                  | 10a      |          | Х        |
| b               | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |          |          |          |
|                 | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b      |          |          |
| 11a             | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a      | Х        |          |
| b               | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |          |          |          |
| 12a             | Did the organization have a written conflict of interest policy? If "No," go to line 13                                             | 12a      |          | Х        |
| b               | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b      |          |          |
|                 | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |          |          |          |
|                 | in Schedule O how this was done                                                                                                     | 12c      |          |          |
| 13              | Did the organization have a written whistleblower policy?                                                                           | 13       |          | Х        |
| 14              | Did the organization have a written document retention and destruction policy?                                                      | 14       |          | Х        |
| 15              | Did the process for determining compensation of the following persons include a review and approval by independent                  |          |          |          |
|                 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |          |          |          |
| а               | The organization's CEO, Executive Director, or top management official                                                              | 15a      |          | Х        |
| b               | Other officers or key employees of the organization                                                                                 | 15b      |          | Х        |
|                 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                 |          |          |          |
| 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |          | 3-       |          |
|                 | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |          |          |          |
|                 | exempt status with respect to such arrangements?                                                                                    | 16b      |          |          |
| 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 (Section 501(c)(3)s only)      | availal  | ole      |          |
|                 | for public inspection. Indicate how you made these available. Check all that apply.                                                 |          |          |          |
|                 | Own website  Another's website  X Upon request                                                                                      |          |          |          |
| 19              | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a      | nd fina  | ncial    |          |
|                 | statements available to the public during the tax year.                                                                             |          |          |          |
| 20              | State the name, physical address, and telephone number of the person who possesses the books and records of the organiz             | ation: 🏿 | <b>-</b> |          |
|                 | MICHAEL E. HOHN, TREASURER - 304 594 2331                                                                                           |          |          | ,        |
| 3200            | 1 MONT CHATEAU ROAD, MORGANTOWN, WV 26508-8079                                                                                      |          |          |          |
| 32006<br>11-23- |                                                                                                                                     | Form     | 990      | (2011)   |

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

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

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

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

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

| Check this box if neither the organization r | or any related      | orga                                                         | aniza                 | ation                                                     | cor          | mpei                         | nsat   | ted any current officer. o              | director, or trustee.                   |                                         |
|----------------------------------------------|---------------------|--------------------------------------------------------------|-----------------------|-----------------------------------------------------------|--------------|------------------------------|--------|-----------------------------------------|-----------------------------------------|-----------------------------------------|
| (A)                                          | (B)                 |                                                              |                       |                                                           |              |                              | (D)    | (E) Reportable                          | (F)                                     |                                         |
| Name and Title                               | Average             | (do not check mo<br>box, unless perso<br>officer and a direc |                       | (C)<br>Position                                           |              |                              | 000    |                                         | Reportable                              | Estimated                               |
|                                              | hours per           |                                                              |                       | (do not check more than one box, unless person is both an |              |                              |        | compensation                            | compensation                            | amount of                               |
|                                              | week                |                                                              |                       | and a director/trus                                       |              |                              | Tee)   | from                                    | from related                            | other                                   |
|                                              | (describe hours for | Individual trustee or director                               |                       |                                                           |              | _                            |        | the organization                        | organizations<br>(W-2/1099-MISC)        | compensation<br>from the                |
|                                              | related             | ee or                                                        | stee                  |                                                           |              | nsate                        |        | (W-2/1099-MISC)                         | (***2/1099-141130)                      | organization                            |
|                                              | organizations       | trust                                                        | al tru                |                                                           | yee          | эши                          |        | (** = ********************************* |                                         | and related                             |
|                                              | in Schedule         | vidual                                                       | institutional trustee | , ii                                                      | Key employee | Highest compensated employee | ner    |                                         |                                         | organizations                           |
|                                              | 0)                  | Ē                                                            | Insti                 | Officer                                                   | Key          | 哥哥                           | Former |                                         |                                         |                                         |
| (1) L. HARVEY THORLEIFSON                    |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
| PRESIDENT                                    | 2.00                | X                                                            |                       | X                                                         | <u> </u>     |                              |        | 0.                                      | 0.                                      | 0.                                      |
| (2) VICKI S. MCCONNELL                       |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
| PAST PRESIDENT                               | 1.00                | X                                                            | <u> </u>              | X                                                         |              | <u> </u>                     |        | 0.                                      | 0.                                      | 0.                                      |
| (3) JOHN G. PARISH                           |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
| PRESIDENT ELECT                              | 1.00                | X                                                            |                       | X                                                         |              | <u> </u>                     |        | 0.                                      | 0.                                      | 0.                                      |
| (4) JONATHAN D. ARTHUR                       |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
| VICE PRESIDENT                               | 1.00                | X                                                            | <u> </u>              | X                                                         |              |                              |        | 0.                                      | 0.                                      | 0.                                      |
| (5) JOSEPH A. GILLMAN                        |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
| SECRETARY                                    | 1.00                | X                                                            |                       | X                                                         |              |                              |        | 0.                                      | 0.                                      | 0.                                      |
| (6) MICHAEL E. HOHN                          |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
| TREASURER                                    | 2.00                | X                                                            |                       | X                                                         |              |                              |        | 0.                                      | 0.                                      | 0.                                      |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     | ļ                                                            |                       |                                                           |              |                              |        |                                         | ***                                     |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              | ļ                            |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     | <u> </u>                                                     |                       |                                                           |              |                              |        |                                         |                                         | *************************************** |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     | <u> </u>                                                     |                       |                                                           |              | <u> </u>                     | ļ      |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     | <u> </u>                                                     |                       |                                                           |              | ļ                            |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              | ļ                            |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              | <u> </u>                     |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     | ļ                                                            |                       |                                                           |              |                              |        |                                         | *************************************** |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         |                                         |
|                                              |                     |                                                              |                       |                                                           |              |                              |        |                                         |                                         | E 000 (0011)                            |

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

|                                                        |          |                                                                                                                                                      |                                       |               | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------|----------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|
| Contributions, Gifts, Grants and Other Similar Amounts | b        | Federated campaigns  Membership dues  Fundraising events  Related organizations                                                                      | 1b                                    | 14,400.       |                      |                                        |                                         |                                                               |
| intributions,<br>d Other Sim                           | f        | Government grants (contribut<br>All other contributions, gifts, gran<br>similar amounts not included abor<br>Noncash contributions included in lines | ts, and ve1f                          |               |                      |                                        |                                         |                                                               |
| 등<br>등                                                 | h        | Total. Add lines 1a-1f                                                                                                                               |                                       | <b>&gt;</b>   | 14,400.              |                                        |                                         |                                                               |
| Program Servíce<br>Revenue                             | 2 a<br>b |                                                                                                                                                      |                                       |               |                      |                                        |                                         |                                                               |
| Progran<br>Rev                                         | d<br>e   |                                                                                                                                                      |                                       |               |                      |                                        |                                         |                                                               |
| -                                                      |          | All other program service reve                                                                                                                       | nue                                   |               |                      |                                        |                                         |                                                               |
|                                                        |          | Total. Add lines 2a-2f                                                                                                                               |                                       | <u> </u>      |                      | 3.4                                    |                                         |                                                               |
|                                                        | 3        | Investment income (including other similar amounts)                                                                                                  |                                       | <b>&gt;</b>   | 2,471.               |                                        |                                         | 2,471.                                                        |
|                                                        | 5        | Royalties                                                                                                                                            |                                       | <u> </u>      |                      |                                        |                                         |                                                               |
|                                                        |          |                                                                                                                                                      | (i) Real                              | (ii) Personal |                      |                                        |                                         |                                                               |
|                                                        | 6 a      | Gross rents                                                                                                                                          |                                       |               |                      |                                        |                                         |                                                               |
|                                                        | b        | Less: rental expenses                                                                                                                                |                                       |               |                      |                                        |                                         |                                                               |
|                                                        | С        | Rental income or (loss)                                                                                                                              |                                       |               |                      |                                        |                                         |                                                               |
|                                                        | d        | Net rental income or (loss)                                                                                                                          |                                       | <b>&gt;</b>   |                      |                                        |                                         |                                                               |
|                                                        | 7 a      | Gross amount from sales of assets other than inventory                                                                                               | (i) Securiti                          | es (ii) Other |                      |                                        |                                         |                                                               |
|                                                        | С        | Less: cost or other basis and sales expenses Gain or (loss)                                                                                          |                                       |               |                      |                                        |                                         |                                                               |
| evenue                                                 |          | Net gain or (loss) Gross income from fundraising including \$ contributions reported on line                                                         | of                                    |               |                      |                                        |                                         |                                                               |
| Other Revenu                                           |          | Part IV, line 18  Less: direct expenses  Net income or (loss) from func                                                                              | , , , , , , , , , , , , , , , , , , , | b             |                      |                                        |                                         |                                                               |
|                                                        |          | Gross income from gaming ac<br>Part IV, line 19<br>Less: direct expenses                                                                             |                                       |               |                      |                                        |                                         |                                                               |
|                                                        |          | Net income or (loss) from gam                                                                                                                        |                                       |               |                      |                                        |                                         |                                                               |
|                                                        | 10 a     | Gross sales of inventory, less                                                                                                                       | returns                               |               | 1,                   |                                        |                                         |                                                               |
|                                                        |          | and allowances                                                                                                                                       |                                       | a             |                      | 1 45°                                  |                                         |                                                               |
|                                                        |          | Less: cost of goods sold  Net income or (loss) from sale                                                                                             |                                       | b             |                      |                                        |                                         |                                                               |
| Ļ                                                      |          | Miscellaneous Revenu                                                                                                                                 | e                                     | Business Code | t September          | 197                                    |                                         |                                                               |
|                                                        | 11 a     | MEETINGS                                                                                                                                             |                                       | 541900        | 30,206.              | 30,206.                                |                                         |                                                               |
|                                                        | b        | UNREALIZED LOSS                                                                                                                                      | ES                                    | 900099        | -325.                | -325.                                  |                                         |                                                               |
|                                                        | С        |                                                                                                                                                      |                                       |               |                      |                                        |                                         |                                                               |
|                                                        |          | All other revenue                                                                                                                                    |                                       |               |                      |                                        |                                         |                                                               |
| İ                                                      | е        | Total. Add lines 11a-11d                                                                                                                             |                                       |               | 29,881.              |                                        |                                         |                                                               |
|                                                        | 12       | Total revenue. See instructions.                                                                                                                     |                                       | <b></b>       | 46,752.              | 29,881.                                | 0.                                      | 2,471.                                                        |
| 13200                                                  | 9<br>-12 |                                                                                                                                                      |                                       |               |                      |                                        |                                         | Form <b>990</b> (2011)                                        |

### 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).

|    | Check if Schedule O contains a respon of include amounts reported on lines 6b,               | (A)<br>Total expenses                   | (B)<br>Program service                  | (C)<br>Management and | (D)<br>Fundraising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----|----------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Bb, 9b, and 10b of Part VIII.                                                                |                                         | expenses                                | general expenses      | expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1  | Grants and other assistance to governments and                                               | 0.050                                   |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| _  | organizations in the United States. See Part IV, line 21                                     | 8,250.                                  | 8,250.                                  |                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    | Grants and other assistance to individuals in                                                |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | the United States. See Part IV, line 22                                                      |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Grants and other assistance to governments,                                                  |                                         |                                         | '                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | organizations, and individuals outside the                                                   |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | United States. See Part IV, lines 15 and 16                                                  | *************************************** |                                         |                       | arrana a sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    | Benefits paid to or for members                                                              |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Compensation of current officers, directors,                                                 |                                         |                                         | '                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | trustees, and key employees                                                                  |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Compensation not included above, to disqualified                                             |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | persons (as defined under section 4958(f)(1)) and                                            |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | persons described in section 4958(c)(3)(B)                                                   |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Other salaries and wages                                                                     |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8  | Pension plan accruals and contributions (include                                             |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | section 401(k) and section 403(b) employer contributions)                                    |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Other employee benefits                                                                      |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10 | Payroll taxes                                                                                |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Fees for services (non-employees):                                                           |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| а  | Management                                                                                   |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| b  | Legal                                                                                        | 155.                                    |                                         | 155.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| С  | Accounting                                                                                   | 2,225.                                  |                                         | 2,225.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| d  | Lobbying                                                                                     |                                         |                                         | -                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Professional fundraising services. See Part IV, line 17                                      |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| f  | Investment management fees                                                                   |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Other                                                                                        |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Advertising and promotion                                                                    |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Office expenses                                                                              | 1,970.                                  |                                         | 1,970.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Information technology                                                                       |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Royalties                                                                                    |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Occupancy                                                                                    |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Travel                                                                                       | 2,980.                                  |                                         | 2,980.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Payments of travel or entertainment expenses                                                 |                                         | *************************************** |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | for any federal, state, or local public officials                                            |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Conferences, conventions, and meetings                                                       | 14,304.                                 |                                         | 14,304.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Interest                                                                                     |                                         |                                         | 21,001                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 21 | Payments to affiliates                                                                       | **************************************  | WHO TAKES                               |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Depreciation, depletion, and amortization                                                    |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Insurance                                                                                    |                                         | ············                            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Other expenses. Itemize expenses not covered                                                 |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | above. (List miscellaneous expenses in line 24e. If line                                     |                                         | JAPAN LANG                              |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                                         |                                         | And the second second |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | EXHIBITS                                                                                     | 2,074.                                  |                                         | 2,074.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | AWARDS                                                                                       | 272.                                    |                                         | 272.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | AGI & USGS MEMBERSHIP                                                                        | 250.                                    |                                         | 250.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | BANK CHARGES                                                                                 | 85.                                     |                                         | 85.                   | Construction of the Add Victorian Construction of the Construction |
|    | All other expenses                                                                           | 0.0                                     |                                         | 03.                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Total functional expenses. Add lines 1 through 24e                                           | 32,565.                                 | 8,250.                                  | 24,315.               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    | Joint costs. Complete this line only if the organization                                     | 34,303.                                 | 0,450.                                  | 4±,3±3.               | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    |                                                                                              |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | reported in column (B) joint costs from a combined                                           |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | educational campaign and fundraising solicitation.                                           |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Check here if following SOP 98-2 (ASC 958-720)                                               |                                         |                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Form 990 ( |         |       |
|------------|---------|-------|
| Part X     | Balance | Sheet |

|                             |     |                                                                                 | (A)<br>Beginning of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | (B)<br>End of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------|-----|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             | 1   | Cash - non-interest-bearing                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 2   | Savings and temporary cash investments                                          | 30,588.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2                                       | 40,100.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                             | 3   | Pledges and grants receivable, net                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 4   | Accounts receivable, net                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 5   | Receivables from current and former officers, directors, trustees, key          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             |     | employees, and highest compensated employees. Complete Part II                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             |     | of Schedule L                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 6   | Receivables from other disqualified persons (as defined under section           | A 1,100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             |     | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | e de la companya de l |
|                             |     | employers and sponsoring organizations of section 501(c)(9) voluntary           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             |     | employees' beneficiary organizations (see instructions)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ets                         | 7   | Notes and loans receivable, net                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Assets                      | 8   | Inventories for sale or use                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| •                           | 9   | Prepaid expenses and deferred charges                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | -   | Land, buildings, and equipment: cost or other                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             |     | basis. Complete Part VI of Schedule D                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | h h | Less: accumulated depreciation 10b                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10c                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 11  | Investments - publicly traded securities                                        | 91,038.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11                                      | 95,713.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                             | 12  | Investments - other securities. See Part IV, line 11                            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12                                      | 90,110.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                             | 13  | Investments - program-related. See Part IV, line 11                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 14  | Intangible assets                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 15  | Other assets. See Part IV, line 11                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                       | 121,626.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15                                      | 135,813.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                             | 17  | Accounts payable and accrued expenses                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16                                      | 133,613.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                             | 18  | Grants payable                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 19  | Deferred revenue                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 20  | Tax-exempt bond liabilities                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| S                           | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Liabilities                 | 22  | Payables to current and former officers, directors, trustees, key employees,    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| lg                          |     | highest compensated employees, and disqualified persons. Complete Part II       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ë                           |     |                                                                                 | and the state of t | 00                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 23  | of Schedule L Secured mortgages and notes payable to unrelated third parties    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23<br>24                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 25  | Other liabilities (including federal income tax, payables to related third      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 24                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete Part X of |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             |     | Schedule D                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                             | 26  | Total liabilities. Add lines 17 through 25                                      | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>25</u><br>26                         | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                             |     | Organizations that follow SFAS 117, check here and complete                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ś                           |     | lines 27 through 29, and lines 33 and 34.                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| nce                         | 27  | Unrestricted net assets                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 27                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ala                         | 28  | Temporarily restricted net assets                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| d B                         | 29  | Permanently restricted net assets                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 29                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 'n                          |     | Organizations that do not follow SFAS 117, check here X and                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Jr F                        |     | complete lines 30 through 34.                                                   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ts (                        | 30  | Capital stock or trust principal, or current funds                              | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 30                                      | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| sse                         | 31  | Paid-in or capital surplus, or land, building, or equipment fund                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 31                                      | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Net Assets or Fund Balances | 32  | Retained earnings, endowment, accumulated income, or other funds                | 121,626.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 32                                      | 135,813.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Ne                          | 33  | Total net assets or fund balances                                               | 121,626.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 33                                      | 135,813.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                             | 55  | Total liabilities and net assets/fund balances                                  | 121,626.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                                       | 135,813.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Form **990** (2011)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

### 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

Dpen to Public Inspection

Name of the organization

Employer identification number

| D.   |                                         | Danas                     | ASSOCIA                    | ATION OF AMER                                | RICAN         | STATE        | GEOL                                    | <u>OGIST</u>                   | 'S                 | 43            | <u>-6058</u>                            | <u>913</u> |        |
|------|-----------------------------------------|---------------------------|----------------------------|----------------------------------------------|---------------|--------------|-----------------------------------------|--------------------------------|--------------------|---------------|-----------------------------------------|------------|--------|
|      | ırt I                                   |                           |                            | r <b>ity Status</b> (All organi              |               |              |                                         |                                | tructions.         |               |                                         |            |        |
| The  | organ                                   |                           |                            | because it is: (For lines                    |               |              |                                         |                                |                    |               |                                         |            |        |
| 1    | $\vdash$                                |                           |                            | es, or association of chui                   |               |              | ection 170                              | (b)(1)(A)(i)                   | ).                 |               |                                         |            |        |
| 2    | $\sqsubseteq$                           | A school des              | scribed in section 1       | <b>70(b)(1)(A)(ii).</b> (Attach So           | chedule E.)   |              |                                         |                                |                    |               |                                         |            |        |
| 3    | Ш                                       | A hospital or             | a cooperative hosp         | ital service organization                    | described     | in section   | 170(b)(1)                               | (A)(iii).                      |                    |               |                                         |            |        |
| 4    |                                         | A medical re              | search organization        | operated in conjunction                      | with a hos    | pital desc   | ribed in <mark>se</mark>                | ction 170                      | (b)(1)(A)(i        | ii). Enter th | e hospital                              | 's nam     | ıe,    |
|      |                                         | city, and stat            |                            |                                              |               |              |                                         |                                |                    | •             |                                         |            |        |
| 5    |                                         | An organizat              | ion operated for the       | benefit of a college or u                    | niversity o   | wned or or   | perated by                              | a governi                      | mental un          | it describe   | d in                                    |            |        |
|      |                                         |                           | (b)(1)(A)(iv). (Comp       |                                              | •             | ,            | •                                       | ·                              |                    |               |                                         |            |        |
| 6    |                                         | A federal, sta            | ate, or local governn      | nent or governmental un                      | it describe   | d in sectio  | n 170(h)(                               | 1)( <b>Δ</b> )( <sub>V</sub> ) |                    |               |                                         |            |        |
| 7    |                                         |                           |                            | ceives a substantial part                    |               |              |                                         |                                | or from the        | aneral n      | ublic dosc                              | rihad i    | _      |
|      |                                         |                           | (b)(1)(A)(vi). (Comple     |                                              | T. No oupp    | , or         | 9010                                    | intal anne c                   | 21 110111 tile     | general p     | ubiic desc                              | inped i    | ''     |
| 8    |                                         |                           |                            | section 170(b)(1)(A)(vi).                    | (Complete     | Part II \    |                                         |                                |                    |               |                                         |            |        |
| 9    | X                                       |                           |                            | ceives: (1) more than 33                     |               |              | rom contri                              | hutions n                      | nomborobi          | in food on    | 4 araaa ra                              | aninta :   | f      |
|      |                                         | activities rela           | ated to its exempt fu      | nctions - subject to cert                    | ain excenti   | one and (    | 2) no more                              | +han 22 =                      | 1/20% of ite       | p ices, aik   | rom arosa                               | eibre      | 110111 |
|      |                                         | income and                | unrelated business         | taxable income (less sec                     | tion 511 to   | v) from bu   | einoccoc o                              | nanirad b                      | 1/3/0 UI ILS       | support ii    | om gross                                | invesi     | ment   |
|      |                                         | See section               | <b>509(a)(2).</b> (Complet | e Part III )                                 |               | w) iioiii bu | 31162262                                | acquired b                     | y ine orga         | inization ai  | ter June 3                              | 0, 197     | э.     |
| 10   |                                         |                           |                            | perated exclusively to te                    | et for nubl   | ic cafety 9  | Soo aaatia                              | n E00(a)(                      | 4)                 |               |                                         |            |        |
| 11   | 一                                       |                           |                            | perated exclusively for the                  |               |              |                                         |                                |                    |               |                                         |            |        |
| •    |                                         |                           |                            | ations described in sect                     |               |              |                                         |                                |                    |               |                                         |            | OI .   |
|      |                                         |                           |                            | organization and comp                        |               |              |                                         | .). Oee S <b>e</b> (           | cuon sos(          | a)(3). One    | ok tile box                             | uiai       |        |
|      |                                         | a Type                    |                            | <del>-</del> -                               | с Птоз т      | _            |                                         | tearated                       |                    | a 🗀           | Type III - (                            | )thar      |        |
| е    |                                         |                           |                            | at the organization is not                   |               |              |                                         |                                | r mara die         |               |                                         |            | n      |
|      |                                         |                           |                            | than one or more publicl                     |               |              |                                         |                                |                    |               |                                         |            | "      |
| f    |                                         |                           |                            | tten determination from                      |               |              |                                         |                                |                    | 3(a)(1) 01 30 | 5000000                                 | (a)(Z).    |        |
|      |                                         |                           | rganization, check t       |                                              |               |              | •                                       |                                |                    |               |                                         |            |        |
| g    | l                                       |                           |                            | his box<br>organization accepted a           | ny gift or c  | ontribution  | from any                                | of the fell                    | owing por          |               |                                         |            |        |
| 3    |                                         |                           |                            | directly controls, either a                  |               |              |                                         |                                |                    |               |                                         | V          | NI.    |
|      |                                         |                           |                            | upported organization?                       |               |              |                                         |                                |                    |               | 44 (1)                                  | Yes        | No     |
|      |                                         |                           |                            | n described in (i) above?                    |               |              | • • • • • • • • • • • • • • • • • • • • |                                | •••••              |               | 11g(i)                                  |            |        |
|      |                                         | (iii) A 35%               | controlled entity of a     | a person described in (i)                    | or (ii) abov  | <br>2        | • • • • • • • • • • • • • • • • • • • • | ••••••                         | ••••••             | •••••         | 11g(ii)                                 |            |        |
| h    |                                         | Provide the f             | following information      | about the supported or                       | co (ii) abovi | رد)<br>در    | • • • • • • • • • • • • • • • • • • • • |                                | •••••              | •••••         | 11g(iii)                                | L1         |        |
| •    |                                         |                           | onoming information        | about the supported of                       | gariization   | (5).         |                                         |                                |                    |               |                                         |            |        |
| /i)  | Namo                                    | of supported              | (::) FIN                   | (iii) Type of                                | (iv) le the c | organization | (v) Did you                             | L notify the                   | (vi) Is            | the           |                                         |            |        |
| (1)  |                                         | of supported<br>Inization | (ii) EIN                   | organization                                 |               | sted in your |                                         |                                | organizati         | on in col.    | (vii) Am                                |            | f      |
|      | orgo                                    | anzadon                   |                            | (described on lines 1-9 above or IRC section | governing     | document?    | (i) of your                             | support?                       | (i) organiz<br>U.S | ed in the     | sup                                     | port       |        |
|      |                                         |                           |                            | (see instructions))                          | Yes           | No           | Yes                                     | No                             | Yes                | No            |                                         |            |        |
|      |                                         |                           |                            |                                              |               |              |                                         |                                |                    |               |                                         |            | ····   |
|      |                                         |                           |                            |                                              |               |              |                                         |                                |                    |               |                                         |            |        |
|      |                                         |                           |                            |                                              |               |              |                                         |                                |                    |               |                                         |            |        |
|      |                                         |                           |                            |                                              |               |              |                                         |                                |                    |               |                                         |            |        |
|      |                                         |                           |                            |                                              |               |              |                                         |                                |                    |               |                                         |            |        |
|      |                                         |                           |                            |                                              |               | •            |                                         |                                |                    |               |                                         |            |        |
|      | *************************************** |                           |                            |                                              |               |              |                                         |                                |                    |               |                                         |            |        |
|      |                                         |                           |                            |                                              |               |              |                                         |                                |                    |               |                                         |            |        |
|      |                                         |                           |                            |                                              |               |              |                                         |                                |                    |               |                                         |            |        |
|      |                                         |                           |                            |                                              |               |              |                                         |                                |                    |               |                                         |            |        |
|      |                                         |                           |                            |                                              |               |              |                                         |                                | <u> </u>           |               | *************************************** |            |        |
| Cot: | .1                                      |                           |                            |                                              |               |              | - 74                                    | £. 7.                          | 1                  | 1 2           |                                         |            |        |

132021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

| 4 7 1 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sed      | ction A. Public Support                 |                                           |                                         | -                        |                      | - Augus -           |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|-------------------------------------------|-----------------------------------------|--------------------------|----------------------|---------------------|-------------------------------------------|
| Giffe, grants, contributions, and membership fees received, (Do not include any "unusual grants.")  2 Tax revenues levies 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 profition of total contributions by each preson (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. Setural Ins 8 termins 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total amount shown on line 11, column (f)  8 Oross 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 or capital assets (Explain in Part IV).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  15 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization on stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances test 2011. If the organization qualifies as a publicly supported organization meets the "facts and-circumstances test 2011. The forganization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances test 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances test 2010. If the organization did not               | Cale     | ndar year (or fiscal year beginning in) | (a) 2007                                  | <b>(b)</b> 2008                         | (c) 2009                 | (d) 2010             | (e) 2011            | (f) Total                                 |
| 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 Tetal. Add lines 1 through 3  5 The potion 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 Johnston of line 11, column (f)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, ents, coyalties 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 related activities, etc. (see instructions)  11 Total support percentage for 2010 (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years, if the Form 990 is for the organization if first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  Section C. Computation of Public Support Percentage  Section C. Computation of Public Support Percentage  10 33 17/3 support percentage from 2010 Schedule A, Part II, line 14  19 Public support percentage from 2010 Schedule A, Part II, line 14  19 Public support percentage from 2010 Schedule A, Part II, line 14  19 First five years. If the organization qualifies as a publicly supported organization meets the "facts and circumstances test - 2011, if the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization meatis the "facts and circumstances test - 2011, if the organization did not check a box on line 13, 16a, 6b, or 17a, and line 15 is 10% or more, and if the organization meatis the "facts and circumstances test - 2011, if the organization d | 1        | Gifts, grants, contributions, and       |                                           |                                         |                          |                      |                     |                                           |
| 2 Tax revenues levied for the organization 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 to the organization and the services of the amount shown on line 11, column (f) 6. Public support, Sathwall lines from line 4. 6. Section B. Total Support 6. Public support state of the services of the amount shown on line 11, column (f) 7. Amounts from line 4. 6. Gross income from interest, dividends, payments received on securities loans, ents, cryalities and income from interest, dividends, payments received on securities loans, ents, cryalities and income from interest, dividends, payments received on securities loans, ents, cryalities and income from interest, dividends, payments received on securities loans, ents, cryalities and income from interest, dividends, payments received on securities loans, ents, cryalities and income from interest, dividends, payments received on securities loans, ents, cryalities and income from interest, organization or loans include gain or loss from the sale of capital assets (Explain in Part IV) 11. Total support, Add lines 7 trough 10 12. Gross receipts from related activities, whether or not the business is regularly carried on the business activities, whether or not make a complete section of the sale of capital assets (Explain in Part IV) 12. Total support, Add lines 7 trough 10 13. First five support test 2011. If the organization of ind not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization meets the "facts and-circumstances test - 2011. If the organization qualifies as a publicly supported organization  |          | membership fees received. (Do not       |                                           |                                         |                          |                      |                     |                                           |
| bratton'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 though 3.  5. The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  8. Public support, setted the first see see.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 4.  8. Gross income from interest, dividends, payments received on securities loans, rents, royalises and income from interest, dividends, payments received on securities loans, rents, royalises and income from unrelated business activities, whether or not the business is regularly carried on the business is regularly carried on the business is regularly carried on business activities, whether or not the business is regularly carried on 5.  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)  12. Brist five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage  14. Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15. First five years. If the Form 900 is for the organization of in ort check the box on line 13, fia, or 160, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test - 2011. If the organization of hot check a box on line 13, fia, 16, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2011. The organization on dualifies as a pu  |          | include any "unusual grants.")          |                                           |                                         |                          |                      | ,                   |                                           |
| 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. Setestine 5 through 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 Other income Do not include gain or loss from the sale of capital assess (Explain in Part IV) 11. Total support. Add lines 17 through 10. 12. Gross receipts from related activities, etc. (see instructions) 13. First five years. If the Form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14. Public support percentage from 2010 Schedule A, Part II, line 14. 15. First five years. If the Form 990 is for the organization of line 11, line 14. 16. Public support percentage from 2010 Schedule A, Part II, line 14. 17. First five yeapport test - 2011. If the organization of 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 and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test - 2011. If the organization of line 13, 16a, 161, 17a, 17b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2011. If the organization of line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2011. If the organization of line 13, 16a, 16a, 17a, 17b, hoth this box or more, and if the organization meets the "facts- | 2        |                                         |                                           |                                         |                          |                      |                     |                                           |
| 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. Setestine 5 through 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 Other income Do not include gain or loss from the sale of capital assess (Explain in Part IV) 11. Total support. Add lines 17 through 10. 12. Gross receipts from related activities, etc. (see instructions) 13. First five years. If the Form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14. Public support percentage from 2010 Schedule A, Part II, line 14. 15. First five years. If the Form 990 is for the organization of line 11, line 14. 16. Public support percentage from 2010 Schedule A, Part II, line 14. 17. First five yeapport test - 2011. If the organization of 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 and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test - 2011. If the organization of line 13, 16a, 161, 17a, 17b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2011. If the organization of line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2011. If the organization of line 13, 16a, 16a, 17a, 17b, hoth this box or more, and if the organization meets the "facts- |          | ization's benefit and either paid to    |                                           |                                         |                          |                      |                     |                                           |
| 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. Subrust line 5 ten line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from interest, dividends, payments received on securities loans, rents, royatties 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  2 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)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization  14 Public support percentage from 2010 Schedule A. Part II, line 14  15 9 16a 33 1/3% support test - 2011. 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  15 10 10% Facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization  16 10 10 10 10 10 10 10 10 10 10 10 10 10                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                         |                                           |                                         |                          |                      |                     |                                           |
| 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 several times from line 4 8 Gross income from line 4 8 Gross income from line 4 8 Gross income from ine frest, dividends, payments received on securities loans, rents, royalties and 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 is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2010 Schedule A, Part II, line 14 15 Public support percentage from 2010 Schedule A, Part II, line 14 16 33 1/3% support test: 2011. If the organization did not check the box on line 13, 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 14 10% -facts-and-circumstances test. 2011. If the organization did not check the box on line 13, 16a, 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" test, check this box and stop here. Explain in Part IV how 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" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how th | 3        | The value of services or facilities     |                                           |                                         |                          |                      |                     |                                           |
| 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, Settractine 6 form line 4  8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  9 Net income from interest 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)  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)(3) organization, check this box and stop here. The organization of public Support Percentage  14 Public support percentage from 2010 Schedule A, Part II, line 14  15 Support percentage from 2010 Schedule A, Part II, line 14  16 Support percentage from 2010 Schedule A, Part II, line 14  17 Support percentage from 2010 Schedule A, Part II, line 14  18 Public support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, lin |          | furnished by a governmental unit to     |                                           |                                         |                          |                      |                     |                                           |
| 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, Settractine 6 form line 4  8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  9 Net income from interest 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)  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)(3) organization, check this box and stop here. The organization of public Support Percentage  14 Public support percentage from 2010 Schedule A, Part II, line 14  15 Support percentage from 2010 Schedule A, Part II, line 14  16 Support percentage from 2010 Schedule A, Part II, line 14  17 Support percentage from 2010 Schedule A, Part II, line 14  18 Public support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, line 14  19 Support percentage from 2010 Schedule A, Part II, lin |          |                                         |                                           |                                         |                          | :                    |                     |                                           |
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| b 33 1/3% support test - 2010. 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 10% -facts-and-circumstances test - 2011. 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" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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" test, check this box and stop here. Explain in Part IV how the 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 instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IUa      |                                         |                                           |                                         |                          |                      |                     |                                           |
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| 17a 10% -facts-and-circumstances test - 2011. 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" test. The organization qualifies as a publicly supported organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ų        | and step here. The organization quality | rganization did no<br>fiss as a sublish s | cneck a box on i                        | ine 13 or 16a, and       | l line 15 is 33 1/3% | or more, check th   | nis box                                   |
| 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" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 47-      | and stop here. The organization quair   | nes as a publiciy s                       | upported organiz                        | ation                    |                      |                     | ▶∟                                        |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1/a      |                                         |                                           |                                         |                          |                      |                     |                                           |
| b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | and if the organization meets the "fact | ts-and-circumstand                        | ces" test, check th                     | nis box and stop h       | iere. Explain in Pa  | rt IV how the orgar | nization                                  |
| 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" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                         |                                           |                                         |                          |                      |                     |                                           |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | þ        |                                         |                                           |                                         |                          |                      |                     |                                           |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                         |                                           |                                         |                          |                      |                     |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 40       |                                         |                                           |                                         |                          |                      |                     |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18       | Private foundation. If the organization | ı dıd not check a l                       | oox on line 13, 16                      | a, 160, 1/a, or 17b      |                      |                     |                                           |

# Schedule A (Form 990 or 990-EZ) 2011 ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43 - 6058913 Page 3 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 qualify under the tests listed below, please complete Part II.)

| Se   | ction A. Public Support                                                                                                                                                                | olow, piodeo comp   | ioto i die ii.)      | **********             |                     |                     | - valau               |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|------------------------|---------------------|---------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                                                                                                                                              | (a) 2007            | <b>(b)</b> 2008      | (c) 2009               | (d) 2010            | (e) 2011            | (f) Total             |
| 1    | Gifts, grants, contributions, and                                                                                                                                                      |                     |                      |                        |                     |                     |                       |
|      | membership fees received. (Do not                                                                                                                                                      |                     |                      |                        |                     |                     |                       |
|      | include any "unusual grants.")                                                                                                                                                         | 47,151.             | 14,700.              | 14,670.                | 11,700.             | 14,400.             | 102,621.              |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose | 11,699.             | 18,245.              | 14,746.                | 18,259.             | 30,206.             | 93,155.               |
| 3    | Gross receipts from activities that                                                                                                                                                    |                     |                      |                        |                     | 00,200              | <u> </u>              |
|      | are not an unrelated trade or business under section 513                                                                                                                               |                     |                      |                        |                     |                     |                       |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf                                                                                |                     |                      |                        |                     |                     |                       |
| 5    | The value of services or facilities                                                                                                                                                    |                     |                      |                        |                     |                     | ***                   |
|      | furnished by a governmental unit to the organization without charge                                                                                                                    |                     |                      |                        |                     |                     |                       |
|      | Total. Add lines 1 through 5                                                                                                                                                           | 58,850.             | 32,945.              | 29,416.                | 29,959.             | 44,606.             | 195,776.              |
| 7 a  | Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                               |                     |                      |                        |                     |                     | 0.                    |
| k    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                     |                      |                        |                     |                     | 0.                    |
| ď    | Add lines 7a and 7b                                                                                                                                                                    |                     |                      |                        |                     |                     | 0.                    |
| _8   | Public support (Subtract line 7c from line 6.)                                                                                                                                         |                     |                      |                        |                     | - CANADA            | 195,776.              |
|      | ndar year (or fiscal year beginning in)                                                                                                                                                | (a) 2007            | <b>(b)</b> 2008      | (c) 2009               | (d) 2010            | (e) 2011            | (6) Total             |
|      | Amounts from line 6                                                                                                                                                                    | 58,850.             | 32,945.              | 29,416.                | 29,959.             | 44,606.             | (f) Total<br>195,776. |
|      | a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                              | 6,804.              | 2,181.               | 4,253.                 | 2,823.              | 2,471.              | 18,532.               |
| k    | Unrelated business taxable income                                                                                                                                                      |                     |                      |                        | -                   |                     |                       |
|      | (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                  |                     |                      |                        |                     |                     |                       |
| c    | Add lines 10a and 10b                                                                                                                                                                  | 6,804.              | 2,181.               | 4,253.                 | 2,823.              | 2,471.              | 18,532.               |
| 11   | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on                                                   |                     |                      |                        |                     |                     |                       |
| 12   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                        |                     |                      |                        |                     | A SAMONE            |                       |
|      | Total support (Add lines 9, 10c, 11, and 12.)                                                                                                                                          | 65,654.             | 35,126.              | 33,669.                | 32,782.             | 47,077.             |                       |
| 14   | First five years. If the Form 990 is for                                                                                                                                               | the organization's  | first, second, third | d, fourth, or fifth ta | x year as a section | n 501(c)(3) organiz | ation,                |
| _    | check this box and stop here                                                                                                                                                           |                     |                      |                        |                     | ·                   |                       |
|      | ction C. Computation of Publ                                                                                                                                                           |                     |                      |                        |                     |                     |                       |
|      | Public support percentage for 2011 (I                                                                                                                                                  |                     |                      | olumn (f))             |                     | 15                  | <u>91.35 %</u>        |
|      | Public support percentage from 2010                                                                                                                                                    |                     |                      |                        |                     | 16                  | 91.72 %               |
|      | ction D. Computation of Inves                                                                                                                                                          |                     |                      |                        |                     |                     | According to          |
|      | Investment income percentage for 20                                                                                                                                                    |                     |                      |                        |                     | 17                  | <u>8.65 %</u>         |
|      | Investment income percentage from                                                                                                                                                      |                     |                      |                        |                     | 18                  | 8.28 %                |
| 19   | a 33 1/3% support tests - 2011. If the                                                                                                                                                 |                     |                      |                        |                     |                     |                       |
| k    | more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the                                                                                                               | organization did no | ot check a box on    | line 14 or line 19a,   | , and line 16 is mo | re than 33 1/3%,    | and                   |
|      | line 18 is not more than 33 1/3%, che                                                                                                                                                  |                     |                      |                        |                     |                     |                       |
| 20   | Private foundation, if the organization                                                                                                                                                | n did not check a b | 20 on line 14 19s    | or 19h check th        | ie hay and eas inc  | tructions           | II .                  |

S G

| SCHEDULE I<br>(Form 990)                               |                                                                                                                                                                                                                                                                                     |                                           | Grants and                                                                                              | rants and Other Assistance to Organizations,      | e to Organization                       | Ś.                                                    |                                           | OMB No. 1545-0047                         |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|-------------------------------------------------------|-------------------------------------------|-------------------------------------------|
|                                                        |                                                                                                                                                                                                                                                                                     |                                           | Government                                                                                              | Governments, and Individuals in the United States | in the United Sta                       | ıtes                                                  |                                           | 2                                         |
| Department of the Treasury<br>Internal Revenue Service |                                                                                                                                                                                                                                                                                     | Сошр                                      | Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990. | on answered "Yes" to For<br>➤ Attach to Form 990. | ' to Form 990, Pa<br>m 990.             | rt IV, line 21 or 22.                                 |                                           | Open to Public Inspection                 |
| Name of the organization  Part I General Info          | e organization  ASSOCIATION OF AM General Information on Grants and Assistance                                                                                                                                                                                                      | ON OF AME                                 | AMERICAN STATE                                                                                          | GEOLOGISTS                                        | TS                                      |                                                       |                                           | Employer identification number 43-6058913 |
| 1 Does the organiza                                    | 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?                                                           | to substantiate the stance?               | e amount of the grants                                                                                  | s or assistance, the                              | grantees' eligibilit                    | y for the grants or ass                               | istance, and the select                   | tion Yes X No                             |
| 2 Describe in Part I                                   | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.                                                                                                                                                                       | ocedures for moni                         | toring the use of grant                                                                                 | funds in the United                               | d States.                               |                                                       |                                           |                                           |
| Part II Grants and                                     | 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                                                                                                               | Governments and                           | d Organizations in the                                                                                  | e United States. C                                | omplete if the org                      | anization answered "Y                                 | es" to Form 990, Part                     | IV, line 21, for any                      |
| recipient th                                           | at received more than                                                                                                                                                                                                                                                               | \$5,000. Check this                       | s box if no one recipier                                                                                | nt received more th                               | an \$5,000. Part II                     | can be duplicated if a                                | additional space is nee                   | ded beb                                   |
| 1 (a) Name and ad                                      | 1 (a) Name and address of organization       (b) EIN       (c) IRC section       (d) Amount of rash grant       (e) Amount of non-cash or government       (f) Method of valuation (book, aluation (book, appraisal, assistance other)       (g) Description of non-cash assistance | (b) EIN                                   | (c) IRC section<br>if applicable                                                                        | (d) Amount of<br>cash grant                       | (e) Amount of<br>non-cash<br>assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant or assistance        |
|                                                        |                                                                                                                                                                                                                                                                                     |                                           |                                                                                                         |                                                   |                                         |                                                       |                                           | INCREASE FUNDING FOR                      |
| AMERICAN GEOSCIENCES INSTITUTE 4220 KING STREET        | CES INSTITUTE                                                                                                                                                                                                                                                                       |                                           |                                                                                                         |                                                   |                                         |                                                       |                                           | STATEMAP, DATA<br>PRESEVATION AND         |
| ALEXANDRIA, VA 223                                     | VA 22302-1502                                                                                                                                                                                                                                                                       | 52-0786946                                | 501(C)(3)                                                                                               | 8,250,                                            | 0                                       |                                                       |                                           | GOVERNMENT AFFAIRS                        |
|                                                        |                                                                                                                                                                                                                                                                                     |                                           |                                                                                                         |                                                   |                                         |                                                       |                                           |                                           |
|                                                        |                                                                                                                                                                                                                                                                                     |                                           |                                                                                                         |                                                   |                                         |                                                       |                                           |                                           |
|                                                        |                                                                                                                                                                                                                                                                                     |                                           |                                                                                                         |                                                   |                                         |                                                       |                                           |                                           |
|                                                        |                                                                                                                                                                                                                                                                                     |                                           |                                                                                                         |                                                   |                                         |                                                       |                                           |                                           |
|                                                        |                                                                                                                                                                                                                                                                                     |                                           |                                                                                                         |                                                   |                                         |                                                       |                                           |                                           |
| 2 Enter total numbe                                    | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table                                                                                                                                                                                     | nd government or                          | ganizations listed in the                                                                               | e line 1 table                                    |                                         |                                                       |                                           |                                           |
| -1                                                     | Enter total number of other organizations listed in the line 1 table                                                                                                                                                                                                                | s listed in the line 1                    | table                                                                                                   |                                                   |                                         |                                                       |                                           |                                           |
| LHA For Paperwork F                                    | For Paperwork Reduction Act Notice, see the Instructions for Form 990.<br>SEE PART IV FOR COLUMN (H) ]                                                                                                                                                                              | s, see the Instructions for IV FOR COLUMN | ons for Form 990.<br>LUMN (H) DE.                                                                       | orm 990.<br>(H) DESCRIPTIONS<br>16                | ro.                                     |                                                       |                                           | Schedule I (Form 990) (2011)              |
|                                                        |                                                                                                                                                                                                                                                                                     |                                           |                                                                                                         |                                                   |                                         |                                                       |                                           |                                           |

Page 2 (f) Description of non-cash assistance 43-6058913 (e) Method of valuation (book, FMV, appraisal, other) 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. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. DATA NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN GEOSCIENCES INSTITUTE (H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FUNDING FOR STATEMAP, (d) Amount of non-cash assistance ASSOCIATION OF AMERICAN STATE GEOLOGISTS (c) Amount of cash grant (b) Number of recipients PRESEVATION AND GOVERNMENT AFFAIRS PROGRAM COLUMN (H): (a) Type of grant or assistance LINE 1, Schedule I (Form 990) (2011) PART II, Part III

Schedule I (Form 990) (2011)

132102 01-27-12

### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Employer identification number

| TIPESCETTION OF AMERICAN STATE GEOLOGISTS 45-6058913                       |
|----------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 11: PDF COPY MADE AVAILABLE             |
| ELECTRONICALLY                                                             |
|                                                                            |
| FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST SUBMITTED TO   |
| TREASURER                                                                  |
|                                                                            |
| FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:         |
| L. HARVEY THORLEIFSON - 2642 UNIVERSITY AVENUE WEST ROOM 104               |
| SAINT PAUL, MN 55114-1057                                                  |
| VICKI S. MCCONNELL - 800 N E OREGON STREET SUITE 965                       |
| PORTLAND, OR 97232-2162                                                    |
| JOHN G. PARISH - 801 K STREET MS 12-30, SACRAMENTO, CA 95814-3500          |
| JONATHAN D. ARTHUR - 903 WEST TENNESSEE STREET, TALLAHASSEE, FL 32304-7716 |
| JOSEPH A. GILLMAN - P O BOX 250, ROLLA, MO 65402-0250                      |
| MICHAEL E. HOHN - 1 MONT CHATEAU ROAD, MORGANTOWN, WV 26508-8079           |
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|                                                                            |
|                                                                            |

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

# Related Organizations and Unrelated Partnerships

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

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

See separate instructions.

2011 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 43-6058913

| Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)                                                                                              | plete if the organization answered "Yes | " to Form 990, Part IV, line 33                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                               |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------|---------------------------------------|
| (a)<br>Name, address, and EIN<br>of disregarded entity                                                                                                                                                                  | (b)<br>Primary activity                 | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (e) End-of-year assets                           |                               | (f)<br>Direct controlling<br>entity   |
|                                                                                                                                                                                                                         |                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                               |                                       |
|                                                                                                                                                                                                                         |                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                               |                                       |
|                                                                                                                                                                                                                         |                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                               |                                       |
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| Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) | izations (Complete if the organization  | answered "Yes" to Form 990,                         | Part IV, line 34 bec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ause it had one o                                | r more related tax-exen       |                                       |
| (a) Name, address, and EIN of related organization                                                                                                                                                                      | (b)<br>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 | Section 5/2(b)(13) controlled entity? |
| AASG FOUNDATION INC - 20-8939615<br>257 ACADEMY STREET<br>NEWARK, DE 19716                                                                                                                                              | PROVIDE FINANCIAL SUPPORT<br>FOR AASG   | ALABAMA                                             | S01(C)(3) 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SCH A - LINE                                     | N/A                           | , ,                                   |
|                                                                                                                                                                                                                         |                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                               |                                       |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 990.                                                                                                                                                  | ions for Form 990.                      | **************************************              | and the second s |                                                  | Schedule R (I                 | Schedule R (Form 990) 2011            |

Schedule R (Form 990) 2011 ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Page 2

43-6058913 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.)

| General or Percentage managing ownership                                              |  |  | re related                                                                                                                                                                                                                                                            | (h)<br>Percentage<br>ownership                           |        |  | 990) 2011                  |
|---------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------|--|----------------------------|
| General or<br>managing<br>partner?                                                    |  |  | or mo                                                                                                                                                                                                                                                                 |                                                          |        |  | Form                       |
| Code V-UBI can amount in box m 20 of Schedule EK-1 (Form 1065) W-1                    |  |  | se it had one                                                                                                                                                                                                                                                         | (g)<br>Share of<br>end-of-year<br>assets                 |        |  | Schedule R (Form 990) 2011 |
| (h) Disproportion- ate allocations?  Yes No K-1 (                                     |  |  | V, line 34 becau                                                                                                                                                                                                                                                      | (f)<br>Share of total<br>income                          |        |  |                            |
| (g) Share of Di end-of-year ate assets                                                |  |  | to Form 990, Part I                                                                                                                                                                                                                                                   | (e) Type of entity (C corp, S corp, or trust)            | tani v |  |                            |
| (f)<br>Share of total<br>income                                                       |  |  | on answered "Yes"                                                                                                                                                                                                                                                     | (d) Direct controlling entity                            |        |  |                            |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |  |  | te if the organizatic                                                                                                                                                                                                                                                 | Legal domicile (state or foreign country)                |        |  | 20                         |
| (d)  Direct controlling Prediction (rection)                                          |  |  | ation or Trust (Comple                                                                                                                                                                                                                                                | <b>(b)</b><br>Primary activity                           |        |  |                            |
| (c) Legal domicile (state or foreign                                                  |  |  | s a Corpor<br>g the tax ye                                                                                                                                                                                                                                            |                                                          |        |  |                            |
| (b)<br>Primary activity                                                               |  |  | anizations Taxable as<br>ooration or trust during                                                                                                                                                                                                                     | 7                                                        |        |  |                            |
| (a) Name, address, and EIN of related organization                                    |  |  | 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)<br>Name, address, and EIN<br>of related organization |        |  | 132162 01-23-12            |

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

| Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.                                                                                       |                                  |                                                            |                                           | 207                            | 2      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|-------------------------------------------|--------------------------------|--------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         | ns with one or more I            | related organizations listed                               | l in Parts II-IV?                         |                                |        |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity                                                                                |                                  |                                                            |                                           | <u>_</u>                       | ×      |
| <b>b</b> Giff, grant, or capital contribution to related organization(s)                                                                                                      |                                  |                                                            |                                           | 무                              | ×      |
| c Gift, grant, or capital contribution from related organization(s)                                                                                                           |                                  |                                                            |                                           | 2                              | ×      |
| d Loans or loan guarantees to or for related organization(s)                                                                                                                  |                                  |                                                            |                                           | 7                              | ×      |
| e Loans or loan guarantees by related organization(s)                                                                                                                         |                                  |                                                            |                                           | <u>+</u>                       | ×      |
|                                                                                                                                                                               |                                  |                                                            |                                           |                                |        |
| f Sale of assets to related organization(s)                                                                                                                                   |                                  |                                                            |                                           | 14                             | ×      |
| g Purchase of assets from related organization(s)                                                                                                                             |                                  |                                                            |                                           | 1g                             | ×      |
| h Exchange of assets with related organization(s)                                                                                                                             |                                  |                                                            |                                           | 4                              | ×      |
| i Lease of facilities, equipment, or other assets to related organization(s)                                                                                                  |                                  |                                                            |                                           | =                              | ×      |
| i Lassa offacilities actificment or other assats from related organization(s)                                                                                                 |                                  |                                                            |                                           | •                              | Þ      |
| k Performance of services or membership or fundraising solicitations for related organization(s)                                                                              | anization(s)                     |                                                            |                                           | <br> -<br>  <del> </del><br> - | < >    |
|                                                                                                                                                                               | anization(s)                     |                                                            |                                           | ¥ =                            | < ×    |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                                                                               | ion(s)                           |                                                            |                                           | . E                            | ×      |
| n Sharing of paid employees with related organization(s)                                                                                                                      |                                  |                                                            |                                           | ŧ                              | ×      |
|                                                                                                                                                                               |                                  |                                                            |                                           |                                |        |
| o Reimbursement paid to related organization(s) for expenses                                                                                                                  |                                  |                                                            |                                           | 10                             | ×      |
| p Reimbursement paid by related organization(s) for expenses                                                                                                                  |                                  |                                                            |                                           | 10                             | ×      |
| Other transfer of and a constant to the solution (s)                                                                                                                          |                                  |                                                            |                                           | -                              | ;      |
| Other transfer of onch or account from a lateral organization (s)                                                                                                             |                                  |                                                            |                                           | ᆜ-                             | ∢:     |
|                                                                                                                                                                               |                                  |                                                            |                                           | 1-                             | ×      |
| 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 | who must complete t              | his line, including covered                                | relationships and transaction thresholds. |                                |        |
| ( <b>a)</b><br>Name of other organization                                                                                                                                     | (b)<br>Transaction<br>type (a-r) | <b>(c)</b><br>Amount involved                              | (d) Method of determining amount involved |                                |        |
| (1)                                                                                                                                                                           |                                  |                                                            |                                           |                                |        |
| 8                                                                                                                                                                             |                                  |                                                            |                                           |                                |        |
|                                                                                                                                                                               |                                  |                                                            |                                           |                                |        |
| (3)                                                                                                                                                                           |                                  |                                                            |                                           |                                |        |
| (4)                                                                                                                                                                           |                                  |                                                            |                                           |                                |        |
| (5)                                                                                                                                                                           |                                  |                                                            |                                           |                                |        |
| (9)                                                                                                                                                                           |                                  |                                                            |                                           |                                |        |
| 132163 01-23-12                                                                                                                                                               | 21                               | AAAAA Kara ka maana ka | Schedul                                   | Schedule R (Form 990) 2011     | ) 2011 |

# Schedule R (Form 990) 2011 ASSOCIATION OF AMERICAN STATE GEOLOGISTS

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)                                 | (p) (c) (q)      | (0)                                             | (a) (b)                                                                               | ω      | (6)                         | (H)                                   |                                                                                                                    | 8                                       | (4)                     |
|-------------------------------------|------------------|-------------------------------------------------|---------------------------------------------------------------------------------------|--------|-----------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------|
| Name, address, and EIN<br>of entity | Primary activity | Legal domicile<br>(state or foreign<br>country) | Predominant income parties se. (related, unrelated, 501(c)(3) excluded from tax ougs? | છ _ ∵= | Share of end-of-year assets | Dispropor-<br>tionate<br>allocations? | Disproportion Code V-UBI General or Percentage to the amount in box 20 managing ownership of Schedule K-1 partner? | General or<br>managing<br>partner?      | Percentage<br>ownership |
|                                     |                  |                                                 |                                                                                       |        |                             | 22                                    |                                                                                                                    | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |                         |
|                                     |                  |                                                 |                                                                                       |        |                             |                                       |                                                                                                                    |                                         |                         |
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Schedule R (Form 990) 2011

| Schedule R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Form 990) 2011                          | ASSOCIATION                             | OF      | AMERICAN                                | STATE                                   | GEOLOGISTS43-60               | 58913 Page 5 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|---------|-----------------------------------------|-----------------------------------------|-------------------------------|--------------|
| Part VII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Form 990) 2011<br>Supplemental Inf      | ormation                                |         |                                         |                                         | <u> </u>                      | JUJIJ ruged  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | provide additional information          | forr    | roononone ta aviant                     | C.h                                     | andrila D (ann in standalina) |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Complete this part to p                  | novide additional information           | 1 101 1 | esponses to quest                       | ions on Sch                             | ledule R (see instructions).  |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                         |         |                                         |                                         |                               |              |
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### Form 8879-EO

# IRS e-file Signature Authorization

| for an    | Exempt C | rganization |        |    |   |
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OMB No. 1545-1878

Department of the Treasury

Do not send to the IRS. Keep for your records. See instructions.

| Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Name of exempt organizat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ASSOCIATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-88-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  Return the entry PIN Department of the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization. I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Difficer's signature  Date  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-s | Name of exempt organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Employer identification number                                                                                                                                                                                             |
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| Marchard III of officer  MICHABLE HORN  TREASURER  Part II Type of Return and Return Information (whole Dollars Only)  Check the box for the return for which you are using this Form 8879/EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5 witchever is applicable, blank (do not enter -0.) But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete morthan 1 line in Part I.  1 a Form 990 Check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ASSOCIATION OF AMERICAN STATE GEOLOGISTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13-6058013                                                                                                                                                                                                                 |
| Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line tho, 2b, 58, 4b, or 4 whichever is applicable, blank (do not enter-0-). But, if you entered-0- on the return, then enter-0- on the applicable line below. Do not complete moth than 1 line in Part I.  1a Form 990 check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name and title of officer  MICHAEL E HOHN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 43 0030913                                                                                                                                                                                                               |
| Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line tho, 2b, 58, 4b, or 4 whichever is applicable, blank (do not enter-0-). But, if you entered-0- on the return, then enter-0- on the applicable line below. Do not complete moth than 1 line in Part I.  1a Form 990 check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part I Type of Return and Return Information (Whole Dollars Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                            |
| 2a Form 990-EZ check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the                                                                                                                                                                                                                                                                       | was blank then leave line thingh 3h 4h or 5h                                                                                                                                                                               |
| 2a Form 190-EZ check here b b Total tax (Form 1120-POL, line 29) 3b 3b 36 Form 1120-POL, line 29 b Total tax (Form 1120-POL, line 22) 3b 3b 3d Form 1120-POL, line 22) b Total tax (Form 1120-POL, line 22) 3b 3b 3d 5a Form 180-POL, line 22) b Total tax (Form 1120-POL, line 22) 3b 3b 3d 5a Form 180-POL, line 26 b b Total tax (Form 1120-POL, line 22) 3b 5a Form 8868 check here b b Total tax (Form 1120-POL, line 22) 5b 5b 5a 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5b 5a 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5b 5a 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5b 5a 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5b 5a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2) 1b 46752                                                                                                                                                                                                                |
| As Form 980-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 8868 check here b b Balance Due (Form 8868, Part I, line 8c) 5b 5a Form 896, Part III                                                                                                                                                                                                                                                                                                                                                                                               | 2a Form 990-EZ check here D Total revenue, if any (Form 990-EZ, line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2b                                                                                                                                                                                                                         |
| b Tax based on investment income (Form 990-PP, Part VI, line 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sa Form 1120-POL check here b L b Total tax (Form 1120-POL, line 22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3b                                                                                                                                                                                                                         |
| Part II   Declaration and Signature Authorization of Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | b Tax based on investment income (Form 990-PF, Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | /I, line 5) 4b                                                                                                                                                                                                             |
| Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's return to the IRS and to receive from the IR (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any daily in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (circleb)) entry to the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of traxes to receive confidential information necessary to answer jurises and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  ERO firm name  ERO firm name  The organization's consent that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co | 5a Form 8868 check here ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5b                                                                                                                                                                                                                         |
| Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IR (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for alleytin or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debt) entry to the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-88-353-453 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the processing of the electronic funds withdrawal.  Officer's PIN: check one box only  ■ TRO firm name  ■ RRO firm name  ■ RRO firm name  ■ RRO firm name  ■ As an officer of the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  ■ As an officer of the organization, I will enter my PIN as my signature on the organization's tax  | Part II Declaration and Signature Authorization of Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                            |
| ER0 firm name  Enter five numbers do not enter all zeros as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Officer's signature  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization for Authorized IRS e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | debit) entry to the financial institution account indicated in the tax preparation software for payment of tretum, and the financial institution to debit the entry to this account. To revoke a payment, I must conta 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the processing of the electronic payment of taxes to receive confidential information necessary to answer in payment. I have selected a personal identification number (PIN) as my signature for the organization's eorganization's consent to electronic funds withdrawal. | initiate an electronic funds withdrawal (direct the organization's federal taxes owed on this act the U.S. Treasury Financial Agent at e financial institutions involved in the province and resolve issues related to the |
| as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Officer's signature  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  41514369407  do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization for Authorized IRS e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X lauthorize PAUL D ARMOUR CPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | to enter my PIN 92398                                                                                                                                                                                                      |
| is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Officer's signature  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  41514369407  do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ERO firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Enter five numbers, be<br>do not enter all zeros                                                                                                                                                                           |
| Indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Date  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  41514369407  do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ed within this return that a copy of the return<br>n, I also authorize the aforementioned ERO to                                                                                                                           |
| Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  41514369407  do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | indicated within this return that a copy of the return is being filed with a state agency(ies) requ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | year 2011 electronically filed return. If I have<br>lating charities as part of the IRS Fed/State                                                                                                                          |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  41514369407  do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Officer's signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>&gt;</b>                                                                                                                                                                                                                |
| number (EFIN) followed by your five-digit self-selected PIN.  do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Part III Certification and Authentication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                            |
| do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ERO's EFIN/PIN. Enter your six-digit electronic filing identification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |
| confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            |
| ERO's signature ► Sauf Chemoure Date ► 13 Out 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | turn for the organization indicated above. I<br>e-File (MeF) Information for Authorized IRS                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ERO's signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 13 Oct 2012                                                                                                                                                                                                                |

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 123051 12-01-11

Form 8879-EO (2011)

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

| Δ                              | For th               | ne 2012 calendar year, or tax year beginning $$ JUN $1$ , $$ 2012 $$ and endin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | - XCX TZ 24 001:                                  |                                             |
|--------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|
|                                | Check i              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g MAY 31, 2013<br>D Employer identi               |                                             |
|                                | applica              | ble:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D Employer identi                                 | ncation number                              |
|                                | Addi                 | ASSOCIATION OF AMERICAN STATE GEOLOGISTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                             |
|                                | Nam                  | ge Doing Business As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 43-6                                              | 5058913                                     |
|                                | Initia               | Number and street (or P.O. box if mail is not delivered to street address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                             |
|                                | Term<br>ated         | 1 MONT CHATEAU ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   | 594 2331                                    |
| <u>_</u>                       | retur                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G Gross receipts \$                               | 44,523.                                     |
| L                              | Appl<br>tion<br>pend | MONGANIOWN, WV 20308-8079                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | H(a) Is this a group                              | return                                      |
|                                | pene                 | F Name and address of principal officer:MICHAEL ED. HOHN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | for affiliates?                                   | Yes X No                                    |
|                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\frac{3-8}{1}$ <b>H(b)</b> Are all affiliates in | cluded? Yes No                              |
|                                |                      | xempt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 527 If "No," attach a                             | a list. (see instructions)                  |
|                                |                      | ite: ► WWW.STATEGEOLOGISTS.ORG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | H(c) Group exemption                              |                                             |
|                                |                      | of organization: X Corporation Trust Association Other ► L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Year of formation: 1998                           | <b>M</b> State of legal domicile: <b>DE</b> |
| L                              | art I                | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                             |
| S                              | 1                    | Briefly describe the organization's mission or most significant activities: <b>GEOLOGIC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C EDUCATION                                       |                                             |
| пап                            |                      | Charlettin have be 17 th 18 th |                                                   |                                             |
| Governance                     | 3                    | Check this box if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·             | 1                                           |
| ဗွ                             | 4                    | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3                                                 | 51                                          |
| න්<br>ග                        | 5                    | Total number of individuals employed in calendar year 2012 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5                                                 | 51                                          |
| itie                           | 6                    | Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6                                                 | 0 0                                         |
| Activities                     |                      | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7a                                                | 0.                                          |
| ď                              | b                    | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7a                                                | 0.                                          |
|                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prior Year                                        | Current Year                                |
| a                              | 8                    | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14,400.                                           | 28,407.                                     |
| ä                              | 9                    | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.                                                |                                             |
| Revenue                        | 10                   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2,471.                                            |                                             |
| Œ                              | 11                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 29,881.                                           |                                             |
|                                | 12                   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 46,752.                                           | 44,523.                                     |
|                                | 13                   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8,250.                                            | 21,750.                                     |
|                                | 14                   | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.                                                | 0.                                          |
| es                             | 15                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0.                                                | 0.                                          |
| Expenses                       |                      | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.                                                | 0.                                          |
| X                              | II.                  | Total fundraising expenses (Part IX, column (D), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                             |
|                                |                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24,315.                                           | 19,277.                                     |
|                                | i                    | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 32,565.                                           | 41,027.                                     |
| _ ss                           | 19                   | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14,187.                                           | 3,496.                                      |
| Net Assets or<br>Fund Balances | 00                   | Total assets (Dest V. line 10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Beginning of Current Year                         | End of Year                                 |
| Bai                            | 20                   | Total assets (Part X, line 16) Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 135,813.                                          | 139,309.                                    |
| und                            | 22                   | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 135,813.                                          | 0.<br>139,309.                              |
|                                | irt II               | Signature Block                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 133,013.                                          | 139,309.                                    |
| Jnde                           | er pena              | lties of perjury, I declare that I have examined this return, including accompanying schedules and sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | atements, and to the best of my                   | v knowledge and helief, it is               |
|                                |                      | t, and complete. Declaration of preparer (other than officer) is based on all information of which prep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | , morning and bonon, it is                  |
|                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                             |
| Sigr                           | 1                    | Signature of officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                                              |                                             |
| lere                           |                      | MICHAEL ED. HOHN, TREASURER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                             |
|                                |                      | Type or print name and title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                             |
|                                |                      | Print/Type preparer's name Preparer's signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Check                                        | X PTIN                                      |
| aid                            |                      | PAUL ARMOUR Saul Chimoin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10-14-2013 if self-employe                        | P01327925                                   |
|                                | arer                 | Firm's name PAUL D ARMOUR CPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Firm's EIN                                        | 41-1598287                                  |
| lse                            | Only                 | Firm's address 4945 142ND PATH WEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                             |
|                                |                      | APPLE VALLEY, MN 55124-7706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone no. 9!                                      | 52 322 2490                                 |
| /lay                           | the IF               | S discuss this return with the preparer shown above? (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | X Yes No                                    |

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|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------------|
| 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                                                     |     | t   |              |
|     | 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   |     | X            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                            |     |     |              |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                         | 6   |     | Х            |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                            |     |     |              |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                 | 7   |     | Х            |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                         |     |     |              |
|     | Schedule D, Part III                                                                                                                                                                 | 8   |     | Х            |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for                                                        |     |     |              |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                                                            |     |     |              |
|     | If "Yes," complete Schedule D, Part IV                                                                                                                                               | 9   |     | X            |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent                                                        |     |     |              |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                               | 10  |     | X            |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X                                                          |     |     |              |
|     | as applicable.                                                                                                                                                                       |     |     |              |
| а   | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                              |     |     |              |
|     | Part VI                                                                                                                                                                              | 11a |     | X            |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total                                                          |     |     |              |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                          | 11b |     | X            |
| C   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                                                           |     |     |              |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                         | 11c |     | X            |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in                                                         |     |     |              |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                              | 11d |     | _ <u>X</u> _ |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                | 11e |     | X            |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                              |     |     | **           |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                               | 11f |     | X            |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                     |     |     | 37           |
| h   | Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?                                              | 12a |     | <u>X</u>     |
| b   | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                | 401 |     | Х            |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                    | 12b |     | X            |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                          | 14a |     | X            |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                              | 144 |     |              |
| ~   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                           |     |     |              |
|     | or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                               | 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                                                            | 140 |     |              |
|     | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                                                                          | 15  |     | Х            |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals                                                       |     |     |              |
|     | located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                                                                                   | 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  |     | X            |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                               |     |     |              |
|     | complete Schedule G, Part III                                                                                                                                                        | 19  |     | X            |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                          | 20a |     | X            |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                         | 20b |     |              |

Form **990** (2012)

| 0.4 |                                                                                                                                                                                                                        | ļ          | Yes | No       |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the                                                                                                  |            |     |          |
| 22  | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                            | 21         | X   | -        |
| LL  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,                                                                                           |            |     | 47       |
| 23  | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                         | 22         |     | X        |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                                                                                         |            |     |          |
|     | Schedule J                                                                                                                                                                                                             |            |     | 37       |
| 24a | Schedule J                                                                                                                                                                                                             | 23         | -   | X        |
|     | 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                                                                                                                                                                                     | 04=        |     | X        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                      | 24a<br>24b | 1   | <u> </u> |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                                                   | 240        | 1   |          |
|     | 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                                                                                                     | 210        |     |          |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                                             | 25a        |     | Х        |
| 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                                                                                                  |            |     | l        |
|     | Schedule L, Part I                                                                                                                                                                                                     | 25b        |     | Х        |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified                                                                                        |            |     |          |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                                                                                                | 26         |     | X        |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial                                                                                                   |            |     |          |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member                                                                                                    |            |     |          |
|     | of any of these persons? If "Yes," complete Schedule L, Part III                                                                                                                                                       | 27         |     | X        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                                                                                                      |            |     |          |
| _   | instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                            |            |     |          |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                | 28a        |     | _X       |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                             | 28b        |     | X        |
| C   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV |            |     |          |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                               | 28c        |     | X        |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                                            | 29         |     | X        |
|     | contributions? If "Yes," complete Schedule M                                                                                                                                                                           | 20         |     | v        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?                                                                                                                                           | 30         |     | <u> </u> |
|     | 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                                                                                                       | -01        |     |          |
|     | 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         |     | X        |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                                                                              |            |     |          |
|     | Part V, line 1                                                                                                                                                                                                         | 34         | X   |          |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                | 35a        |     | X        |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                                                                              |            |     |          |
|     |                                                                                                                                                                                                                        | 35b        |     |          |
|     | 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         |     | <u>X</u> |
|     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                       |            |     |          |
| 20  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                                           | 37         |     | <u>X</u> |
|     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                                                                                                         |            |     |          |
|     | Note. All Form 990 filers are required to complete Schedule O                                                                                                                                                          | 38         | X   |          |

O12) ASSOCIATION OF AMERICAN STATE GEOLOGISTS
Statements Regarding Other IRS Filings and Tax Compliance Part V

|     | Check if Schedule O contains a response to any question in this Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | *************************************** |         |     |                                         |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------|-----|-----------------------------------------|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |         | Yes | No                                      |
| 18  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1a                                      | 1       |     |                                         |
| k   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1b                                      | 0       |     |                                         |
| C   | Did the organization comply with backup withholding rules for reportable payments to vendors and re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | portable gaming                         |         |     |                                         |
|     | (gambling) winnings to prize winners?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ••••••                                  | 1c      | X   |                                         |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |         |     |                                         |
|     | filed for the calendar year ending with or within the year covered by this return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | 0       |     |                                         |
| b   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ns?                                     | 2b      |     |                                         |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | )                                       | 1535433 |     |                                         |
| 3a  | 3 with a state of β and a state of β an |                                         | За      |     | X                                       |
| · b | , provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | 3b      |     |                                         |
| 4a  | y and the organization have an interest in, or a signature or other a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | uthority over, a                        |         |     |                                         |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ccount)?                                | 4a      |     | X                                       |
| b   | If "Yes," enter the name of the foreign country:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |         |     |                                         |
|     | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ccounts.                                |         |     |                                         |
| 5a  | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | 5a      |     | X                                       |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tion?                                   | 5b      |     | Х                                       |
| C   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | 5c      |     |                                         |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | organization solicit                    |         |     |                                         |
|     | any contributions that were not tax deductible as charitable contributions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | 6a      |     | X                                       |
| b   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ons or gifts                            |         |     |                                         |
|     | were not tax deductible?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | 6b      |     |                                         |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |         |     |                                         |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ices provided to the payor?             | 7a      |     | X                                       |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s required                              |         |     |                                         |
|     | to file Form 8282?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | 7c      |     | X                                       |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7d                                      |         |     |                                         |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ntract?                                 | 7e      |     | X                                       |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ct?                                     | 7f      |     | Х                                       |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | m 8899 as required?                     | 7g      |     | X                                       |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on file a Form 1098-C?                  | 7h      |     | X                                       |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | the supporting                          |         |     |                                         |
| _   | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ny time during the year?                | 8       |     |                                         |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |         |     |                                         |
| а   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | 9a      |     |                                         |
|     | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | 9b      |     | *************************************** |
| 0   | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ı                                       |         |     |                                         |
| a   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0a                                      |         |     |                                         |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0b                                      |         |     |                                         |
| 1   | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I                                       |         |     |                                         |
| a   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1a                                      |         |     |                                         |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |         |     |                                         |
| o - |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1b                                      |         |     |                                         |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 041?                                    | 12a     |     |                                         |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2b                                      |         |     |                                         |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |         |     |                                         |
| а   | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | 13a     |     | 700077777                               |
| I-  | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |         |     |                                         |
|     | Enter the amount of reserves the organization is required to maintain by the states in which the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                       |         |     |                                         |
| _   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3b                                      |         |     |                                         |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3c                                      |         |     |                                         |
|     | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | 14a     |     | X                                       |
| ט   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | )                                       | 14b     |     |                                         |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X 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 ...... 51 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ..... 51 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a 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 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.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website \_\_\_\_ Another's website ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization; MICHAEL ED. HOHN, TREASURER - 304 594 2331 MONT CHATEAU ROAD, MORGANTOWN, WV 26508-8079

Form 990 (2012)

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

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

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

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

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

| (A)                       | (B)               |                                |                       | _ (         | C)           |                              |          | (D)                                   | (E)             | (F)                      |
|---------------------------|-------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|----------|---------------------------------------|-----------------|--------------------------|
| Name and Title            | Average           | (dn                            | not r                 | Pos<br>heck | itior        | า<br>e than                  | one      | Reportable                            | Reportable      | Estimated                |
|                           | hours per         | box                            | , unle                | ss pe       | erson        | is bot                       | h an     | compensation                          | compensation    | amount of                |
|                           | week              | <del></del>                    | T                     | nd a c      | Irecto       | or/trus                      | itee)    | from                                  | from related    | other                    |
|                           | (list any         | irecto                         |                       |             |              |                              |          | the                                   | organizations   | compensation             |
|                           | hours for related | ord                            | ag .                  |             |              | sated                        |          | organization                          | (W-2/1099-MISC) | from the                 |
|                           | organizations     | nstee                          | trus                  |             | 99           | ubdu                         |          | (W-2/1099-MISC)                       |                 | organization and related |
|                           | below             | lual th                        | tiona                 |             | oldu         | st con                       | _        |                                       |                 | organizations            |
|                           | line)             | Individual trustee or director | Institutional trustee | Officer     | Key employee | Highest compensated employee | Богтег   |                                       |                 | organizations            |
| (1) L. HARVEY THORLEIFSON | 2.00              |                                |                       |             |              |                              |          |                                       |                 |                          |
| PRESIDENT                 |                   | X                              |                       | X           |              | <u> </u>                     |          | 0.                                    | 0.              | 0                        |
| (2) VICKI S. MCCONNELL    | 1.00              |                                |                       |             |              |                              |          |                                       |                 |                          |
| PAST PRESIDENT            |                   | X                              |                       | X           |              |                              |          | 0.                                    | 0.              | 0                        |
| (3) JOHN G. PARISH        | 1.00              |                                |                       |             |              |                              |          |                                       |                 |                          |
| PRESIDENT ELECT           |                   | X                              | L                     | X           |              |                              |          | 0.                                    | 0.              | 0                        |
| (4) JONATHAN D. ARTHUR    | 1.00              |                                |                       |             |              |                              |          | _                                     |                 |                          |
| VICE PRESIDENT            |                   | X                              |                       | X           | <u> </u>     | ļ                            |          | 0.                                    | 0.              | 0                        |
| (5) JOSEPH A. GILLMAN     | 1.00              |                                |                       |             |              |                              |          | _                                     |                 |                          |
| SECRETARY                 |                   | X                              |                       | X           |              |                              |          | 0.                                    | 0.              | 0                        |
| (6) MICHAEL ED. HOHN      | 2.00              |                                |                       |             |              |                              |          | _                                     | _               |                          |
| TREASURER                 |                   | X                              |                       | X           |              |                              |          | 0.                                    | 0.              | 0 .                      |
|                           |                   |                                |                       |             |              |                              |          |                                       |                 |                          |
|                           |                   | -                              |                       |             |              |                              |          |                                       |                 |                          |
|                           |                   |                                |                       |             |              |                              |          |                                       |                 |                          |
|                           |                   |                                |                       | _           |              |                              |          |                                       |                 |                          |
|                           |                   |                                |                       |             |              |                              |          |                                       |                 |                          |
|                           |                   |                                |                       |             |              |                              |          |                                       |                 |                          |
|                           |                   |                                |                       |             |              |                              |          |                                       |                 |                          |
|                           |                   |                                |                       |             |              |                              | -        | · · · · · · · · · · · · · · · · · · · | ~~~~            |                          |
|                           |                   |                                |                       |             |              |                              |          |                                       |                 |                          |
|                           |                   | -                              |                       |             |              |                              | -        |                                       |                 |                          |
|                           |                   |                                |                       |             |              |                              | ŀ        |                                       |                 |                          |
|                           |                   |                                |                       | -           |              |                              |          |                                       |                 |                          |
|                           |                   |                                | ĺ                     |             |              |                              |          |                                       |                 |                          |
|                           |                   |                                |                       | -           |              |                              |          |                                       |                 |                          |
|                           |                   |                                |                       |             |              |                              |          |                                       |                 |                          |
|                           |                   | $\neg$                         |                       |             |              |                              | _        |                                       |                 |                          |
|                           |                   |                                |                       |             |              |                              |          |                                       |                 |                          |
|                           |                   | $\neg$                         |                       | -           |              |                              | $\dashv$ |                                       | *****           |                          |
|                           |                   |                                |                       |             |              |                              |          |                                       |                 |                          |
|                           |                   | $\dashv$                       |                       | $\neg$      |              |                              |          |                                       |                 |                          |
|                           |                   |                                |                       |             |              |                              |          |                                       |                 |                          |

Form 990 (2012)

232008 12-10-12

|                                                           |          | Check if Schedule O con                                         | tains a respon | se to any question | in this Part VIII (A) Total revenue               | (B) Related or exempt function revenue                       | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded from tax under sections 512, 513, or 514                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------|----------|-----------------------------------------------------------------|----------------|--------------------|---------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ts ts                                                     | 1 a      | Federated campaigns                                             | 1a             |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| irar                                                      |          | Membership dues                                                 |                | 16,200.            |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| S, G                                                      |          | Fundraising events                                              |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |          | Related organizations                                           |                | 12,207.            |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| iğ,                                                       |          | Government grants (contribut                                    |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| tior<br>S S                                               | f        | All other contributions, gifts, gran                            | nts, and       |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ibn                                                       |          | similar amounts not included abo                                | ve <b>1f</b>   |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| d tr                                                      | g        | Noncash contributions included in lines                         | s 1a-1f: \$    |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <u>8</u> €                                                | h        | Total. Add lines 1a-1f                                          | *********      |                    | 28,407.                                           |                                                              | viika kaina ka                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |          |                                                                 |                | Business Code      |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ö                                                         | 2 a      | ***************************************                         |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| er A                                                      | b        |                                                                 |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Program Service<br>Revenue                                | С        | ·                                                               |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Re                                                        | d        |                                                                 |                | -                  |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| o_lo                                                      | е        |                                                                 |                |                    |                                                   |                                                              |                                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| L                                                         | f        | , 5                                                             |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |          | Total. Add lines 2a-2f                                          |                |                    |                                                   |                                                              | figurial in it. It alian<br>-           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | 3        | Investment income (including                                    |                |                    | 1,810.                                            | 1,810.                                                       |                                         | ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                           | 4        | other similar amounts)                                          |                |                    | 1,010.                                            | 1,010.                                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ĺ                                                         | -        | Royalties                                                       |                | •                  |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | 5        | noyalites                                                       | (i) Real       | (ii) Personal      |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | 6 a      | Gross rents                                                     | (I) Flear      | (II) Fersonal      |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| İ                                                         | b        |                                                                 |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | C        | - · · · · · · · · · · · · · · · · · · ·                         |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |          | Net rental income or (loss)                                     |                | <u> </u>           |                                                   | 10 Section (December 2011) Surregion for Explored and the    |                                         | 10.05 0.05 0.05 0.05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                           |          | Gross amount from sales of                                      | (i) Securities |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | • -      | assets other than inventory                                     |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | b        | Less: cost or other basis                                       |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |          | and sales expenses                                              |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | С        | Gain or (loss)                                                  |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | d        | Net gain or (loss)                                              |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <u>u</u>                                                  | 8 a      | Gross income from fundraisin                                    | g events (not  |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| enn                                                       |          | including \$                                                    | of             |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Je Je                                                     |          | contributions reported on line                                  | 1c). See       |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other Revenu                                              |          | Part IV, line 18                                                |                | а                  |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 됩                                                         | b        |                                                                 |                | b                  |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| _                                                         | С        | ` '                                                             |                | ·                  |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | 9 a      | Gross income from gaming ac                                     |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |          | Part IV, line 19                                                |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |          | Less: direct expenses                                           |                | b                  |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |          | Net income or (loss) from gam<br>Gross sales of inventory, less | _              |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | iu a     | and allowances                                                  |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | h        | Less: cost of goods sold                                        |                | b                  |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           |          | Net income or (loss) from sale                                  |                |                    | gareja, karist grounder i i i er strommer filmste | १८५ स.च ण, सुरावश्यासम्बद्धाः (१,८५,४१४ वर्षेत्रा वर्षेत्राव |                                         | is in the reference of the control of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ŀ                                                         | <u> </u> | Miscellaneous Revenu                                            |                | Business Code      |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| r                                                         | 11 a     | MEETINGS                                                        |                | 541900             | 14,710.                                           | 14,710.                                                      |                                         | and the second second of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s |
|                                                           |          | UNREALIZED LOSS                                                 | ES             | 900099             | -404.                                             | -404.                                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | c        |                                                                 |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | d        | All other revenue                                               |                |                    |                                                   |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1                                                         |          | Total. Add lines 11a-11d                                        |                |                    | 14,306.                                           |                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                           | 12       | Total revenue. See instructions.                                |                | _                  | 44,523.                                           | 16,116.                                                      | 0.                                      | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 232009<br>12-10-                                          | 12       |                                                                 |                |                    |                                                   |                                                              |                                         | Form <b>990</b> (2012)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Seci       | tion 501(c)(3) and 501(c)(4) organizations must comp<br>Check if Schedule O contains a respon         |                       |                                        | ompiete column (A).             |                         |
|------------|-------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|---------------------------------|-------------------------|
| Do         | not include amounts reported on lines 6b,                                                             |                       | (B) Program service                    | (C)                             | (D)                     |
|            | 8b, 9b, and 10b of Part VIII.                                                                         | (A)<br>Total expenses | Program service<br>expenses            | Management and general expenses | Fundraising<br>expenses |
| 1          | Grants and other assistance to governments and                                                        |                       |                                        |                                 |                         |
|            | organizations in the United States. See Part IV, line 21                                              | 21,750.               | 21,750.                                |                                 |                         |
| 2          | Grants and other assistance to individuals in                                                         |                       |                                        |                                 |                         |
|            | the United States. See Part IV, line 22                                                               |                       |                                        |                                 |                         |
| 3          | Grants and other assistance to governments,                                                           |                       |                                        |                                 |                         |
|            | organizations, and individuals outside the                                                            |                       |                                        |                                 |                         |
|            | United States. See Part IV, lines 15 and 16                                                           |                       |                                        |                                 |                         |
| 4          | Benefits paid to or for members                                                                       |                       |                                        |                                 |                         |
| 5          | Compensation of current officers, directors,                                                          |                       |                                        |                                 |                         |
| _          | trustees, and key employees                                                                           |                       | ······································ |                                 |                         |
| 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                                                                              |                       |                                        |                                 |                         |
| 8          | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)    |                       |                                        |                                 |                         |
| 0          | Other employee benefits                                                                               |                       |                                        |                                 |                         |
| 9          | Payroll taxes                                                                                         |                       |                                        |                                 |                         |
| 10<br>11   | Fees for services (non-employees):                                                                    |                       | <del> </del>                           |                                 | W                       |
| ''<br>a    |                                                                                                       |                       |                                        |                                 |                         |
| b          | Legal                                                                                                 | 25.                   |                                        | 25.                             |                         |
| c          |                                                                                                       | 1,375.                |                                        | 1,375.                          |                         |
| d          |                                                                                                       | 1,5,5                 |                                        | 2/3/3.                          |                         |
| e          | Professional fundraising services. See Part IV, line 17                                               |                       |                                        |                                 |                         |
| f          | Investment management fees                                                                            |                       |                                        |                                 |                         |
| g<br>g     |                                                                                                       | •                     |                                        |                                 |                         |
| 9          | column (A) amount, list line 11g expenses on Sch O.)                                                  |                       |                                        |                                 |                         |
| 12         | Advertising and promotion                                                                             |                       |                                        |                                 |                         |
| 13         | Office expenses                                                                                       | 459.                  |                                        | 459.                            |                         |
| 14         | Information technology                                                                                |                       |                                        |                                 |                         |
| 15         | Royalties                                                                                             |                       |                                        |                                 |                         |
| 16         | Occupancy                                                                                             |                       |                                        |                                 |                         |
| 17         | Travel                                                                                                | 1,247.                |                                        | 1,247.                          |                         |
| 18         | Payments of travel or entertainment expenses                                                          |                       |                                        |                                 |                         |
|            | for any federal, state, or local public officials                                                     |                       |                                        |                                 |                         |
| 19         | Conferences, conventions, and meetings                                                                | 12,675.               |                                        | 12,675.                         |                         |
| 20         | Interest                                                                                              |                       |                                        |                                 |                         |
| 21         | Payments to affiliates                                                                                |                       |                                        |                                 |                         |
| 22         | Depreciation, depletion, and amortization                                                             |                       |                                        |                                 |                         |
| 23         | Insurance                                                                                             |                       |                                        |                                 |                         |
| <b>2</b> 4 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line |                       |                                        |                                 |                         |
|            | 24e amount exceeds 10% of line 25, column (A)                                                         |                       |                                        |                                 |                         |
|            | amount, list line 24e expenses on Schedule 0.)                                                        | 0 000                 |                                        | 0 000                           |                         |
| а          | EXHIBITS                                                                                              | 2,075.                | ***                                    | 2,075.                          |                         |
| b          | AWARDS                                                                                                | 786.                  |                                        | 786.                            |                         |
| C          | AGI & USGS MEMBERSHIP                                                                                 | 550.                  |                                        | 550.                            |                         |
| d          | BANK CHARGES                                                                                          | 85.                   |                                        | 85.                             |                         |
| e          | All other expenses                                                                                    | 41,027.               | 21,750.                                | 19,277.                         | 0.                      |
| 25         | Total functional expenses. Add lines 1 through 24e                                                    | 41,04/•               | 41,/3U.                                | 13,411.                         | <u>U•</u>               |
| 26         | Joint costs. Complete this line only if the organization                                              |                       |                                        |                                 |                         |
|            | reported in column (B) joint costs from a combined                                                    |                       |                                        |                                 |                         |
|            | educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)    |                       |                                        |                                 |                         |
|            | Check here if following SOP 98-2 (ASC 958-720)                                                        |                       |                                        |                                 |                         |

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 1 Savings and temporary cash investments ..... 2 40,100 2 38,999. Pledges and grants receivable, net ..... 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net ..... 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 95,713. 100,310. 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 135,813. 139,309. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 30 30 0. 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 135,813. 139,309. Retained earnings, endowment, accumulated income, or other funds ......... 32 32 135,813. 139,309. 33 Total net assets or fund balances 33 <u>135,813</u>. 139,309. Total liabilities and net assets/fund balances 34

Form 990 (2012)

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

Form **990** (2012)

### **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

Employer identification number ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913

| Part I   | Reason                  | for Public Cha        | <b>arity Status</b> (All organ           | izations m   | ust comple   | ete this pa                             | art.) See in:                            | structions           | ),                |              |           |        |
|----------|-------------------------|-----------------------|------------------------------------------|--------------|--------------|-----------------------------------------|------------------------------------------|----------------------|-------------------|--------------|-----------|--------|
| The orga |                         |                       | n because it is: (For lines              |              |              |                                         |                                          |                      |                   | ·····        |           |        |
| 1 🗀      |                         |                       | es, or association of chu                |              |              |                                         |                                          | ri).                 |                   |              |           |        |
| 2        |                         |                       | 170(b)(1)(A)(ii). (Attach S              |              |              |                                         | -(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-) | .,,.                 |                   |              |           |        |
| з 🗌      |                         |                       | pital service organization               |              |              | n 170(b)(                               | ηζΔΥείίη                                 |                      |                   |              |           |        |
| 4        |                         |                       | n,operated in conjunction                |              |              |                                         |                                          | O(b)(1)(A)           | (iii) Ente        | r the hosnit | al's na   | me     |
|          | city, and sta           | ate:                  |                                          |              |              |                                         |                                          | O(D)( 1)(/-i)        |                   | the hooph    | ·         | 110,   |
| 5        | _                       |                       | e benefit of a college or i              |              |              | perated b                               | ov a govern                              | nmental u            | nit descri        | bed in       | -         |        |
|          |                         | 0(b)(1)(A)(iv). (Comp |                                          | <b>,</b>     |              | poraco <b>a</b> .                       | , a go.o                                 | imoritar a           | 400011            | bou iii      |           |        |
| 6        | 7                       |                       | ment or governmental ur                  | nit describe | ed in secti  | on 170(h)                               | (4)(A)( <sub>4</sub> )                   |                      |                   |              |           |        |
| 7        |                         |                       | ceives a substantial part                |              |              |                                         |                                          | or from th           | o gonora          | l public dos | aribad    | in     |
|          |                         | (b)(1)(A)(vi). (Compl |                                          | i oi ita aup | port nom a   | a governii                              | icitiai uilii                            | or morn u            | ie genera         | i public des | scribed   | 111    |
| 8        | 7                       |                       | section 170(b)(1)(A)(vi).                | (Complet     | o Part II \  |                                         |                                          |                      |                   |              |           |        |
| 9 X      |                         |                       | ceives: (1) more than 33                 |              |              | fram aant                               | vila utiama                              |                      | -: <b>f</b>       |              |           | ·      |
| عدد      |                         |                       | unctions - subject to cert               |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         | 509(a)(2). (Complet   | taxable income (less sec                 | 5110113111   | ax) irom bu  | ısınesses                               | acquirea                                 | by the org           | janization        | atter June   | 30, 19    | /5.    |
| 10       | 7                       |                       | ,                                        | ant for audi | lin onfat.   | 0                                       | F00/-)/                                  |                      |                   |              |           |        |
| 11       |                         |                       | pperated exclusively to to               |              |              |                                         |                                          |                      |                   |              |           |        |
| '''      |                         |                       | pperated exclusively for t               |              |              |                                         |                                          |                      |                   |              |           | or     |
|          |                         |                       | rations described in sect                |              |              |                                         | (2). See <b>se</b>                       | ction 509            | <b>(a)(3).</b> Cr | eck the bo   | x that    |        |
|          |                         |                       | g organization and cómp                  |              |              |                                         |                                          | . — _                |                   |              |           |        |
| - [      | a ∐ Type<br>By checking |                       |                                          |              | unctionally  |                                         |                                          |                      |                   | n-functiona  |           |        |
| e        |                         |                       | at the organization is no                |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       | than one or more public                  |              |              |                                         |                                          |                      | )9(a)(1) or       | section 50   | 19(a)(2). |        |
| f        |                         |                       | itten determination from                 |              | -            |                                         |                                          |                      |                   |              |           |        |
|          |                         | organization, check t | ***************************************  |              |              |                                         |                                          |                      |                   |              |           | . Ш    |
| 9        |                         |                       | organization accepted a                  |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       | directly controls, either a              |              |              |                                         |                                          |                      |                   |              | Yes       | No     |
|          |                         |                       | supported organization?                  |              |              |                                         |                                          |                      |                   |              | <u> </u>  |        |
|          | (ii) A family           | member of a perso     | n described in (i) above?                | ?            |              |                                         |                                          |                      |                   | 11g(ii       | )         |        |
|          |                         |                       | a person described in (i)                |              |              |                                         |                                          |                      |                   | 11g(iii      | )         |        |
| h        | Provid <b>e</b> the f   | following information | about the supported or                   | ganization   | ı(s).        |                                         |                                          |                      |                   |              |           |        |
|          |                         | 1                     | T                                        | -T           | ******       |                                         |                                          | r                    |                   |              |           |        |
| (i) Nam  | e of supported          | (ii) EIN              | (iii) Type of organization               |              | organization |                                         | u notify the                             | (vi) l<br>organizati | s the             | (vii) Amour  | nt of mo  | netary |
| org      | ganization              |                       | (described on lines 1-9                  |              | sted in your |                                         | tion in col.                             | (i) organiz          | zed in the l      |              | pport     |        |
|          |                         |                       | above or IRC section (see instructions)) | governing    | document?    | (1) 01 you                              | r support?                               | U.S                  | 5.?               |              |           |        |
|          |                         |                       | (000 mondono))                           | Yes          | No           | Yes                                     | No                                       | Yes                  | No                |              |           |        |
|          |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |
| -        |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              | *************************************** |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              | <del></del>                             |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |
|          |                         |                       |                                          |              |              |                                         |                                          |                      |                   |              |           |        |

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

| Part II      | Support | Schedule | for Organizations | Described in Sections | 170(b)(1)(A)(iv) and | 170(b)(1)(A)(vi) |
|--------------|---------|----------|-------------------|-----------------------|----------------------|------------------|
| A-5051A-5551 | , ,     |          | <b>~</b>          | = = =                 | 1 /1 /1 /1 /         |                  |

(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  | tion A. Public Support                       |                        |                    |                                              |                      |                      |                                         |
|------|----------------------------------------------|------------------------|--------------------|----------------------------------------------|----------------------|----------------------|-----------------------------------------|
| Cale | ndar year (or fiscal year beginning in) 🔊    | (a) 2008               | <b>(b)</b> 2009    | (c) 2010                                     | (d) 2011             | (e) 2012             | (f) Total                               |
|      | 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. |                        |                    | 2.00 (15 (15 (15 (15 (15 (15 (15 (15 (15 (15 |                      |                      |                                         |
|      | ction B. Total Support                       |                        |                    |                                              |                      |                      |                                         |
|      | ndar year (or fiscal year beginning in)      | (a) 2008               | <b>(b)</b> 2009    | (c) 2010                                     | · (d) 2011           | (e) 2012             | (f) Total                               |
|      | 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             |                        |                    |                                              | 4                    |                      |                                         |
|      | assets (Explain in Part IV.)                 |                        |                    |                                              |                      |                      |                                         |
| 11   | Total support. Add lines 7 through 10        |                        |                    |                                              |                      |                      | 0.0000000000000000000000000000000000000 |
| 12   | Gross receipts from related activities       | etc. (see instruction  | ons)               |                                              |                      | 12                   |                                         |
|      | First five years. If the Form 990 is for     |                        |                    |                                              |                      | n 501(c)(3)          |                                         |
|      | organization, check this box and stor        | here                   |                    |                                              |                      |                      | <b>&gt;</b>                             |
| Sec  | ction C. Computation of Publ                 | ic Support Per         | rcentage           |                                              |                      |                      |                                         |
|      | Public support percentage for 2012 (         |                        |                    | column (f))                                  |                      | 14                   | %                                       |
| 15   | Public support percentage from 2011          | Schedule A, Part       | II, line 14        | *********                                    |                      | 15                   | %                                       |
| 16a  | 33 1/3% support test - 2012. If the          | organization did no    | t check the box o  | n line 13, and line                          | 14 is 33 1/3% or n   | nore, check this box | and                                     |
|      | stop here. The organization qualifies        | as a publicly supp     | orted organizatior | າ                                            |                      |                      | <b>&gt;</b>                             |
| b    | 33 1/3% support test - 2011. If the          | organization did no    | t check a box on   | line 13 or 16a, and                          | l line 15 is 33 1/3% | or more, check this  | box                                     |
|      | and stop here. The organization qual         | lifies as a publicly s | supported organiz  | ation                                        |                      |                      |                                         |
| 17a  | 10% -facts-and-circumstances tes             | t - 2012. If the org   | anization did not  | check a box on line                          | e 13, 16a, or 16b, a | and line 14 is 10% o | r more,                                 |
|      | and if the organization meets the "fac       |                        |                    |                                              |                      |                      |                                         |
|      | meets the "facts-and-circumstances"          |                        |                    |                                              |                      |                      |                                         |
| h    | 10% -facts-and-circumstances tes             |                        |                    |                                              |                      |                      |                                         |
| _    | more, and if the organization meets the      |                        |                    |                                              |                      |                      |                                         |
|      | organization meets the "facts-and-circ       |                        |                    |                                              |                      |                      | <b>▶</b> □                              |
| 18   | Private foundation. If the organization      |                        |                    |                                              |                      |                      | <b>&gt;</b>                             |
|      | *                                            |                        |                    |                                              |                      | edule A (Form 990 o  | r 990-EZ) 2012                          |

# Schedule A (Form 990 or 990-EZ) 2012 ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 3 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

| Sec  | ction A. Public Support                                                                                                                                                  | pelow, please comp         | лете напти.)          |                 |                   |                                         |                                         |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------|-------------------|-----------------------------------------|-----------------------------------------|
| Cale | endar year (or fiscal year beginning in)                                                                                                                                 | (a) 2008                   | <b>(b)</b> 2009       | (c) 2010        | (d) 2011          | (e) 2012                                | (f) Total                               |
|      | Gifts, grants, contributions, and                                                                                                                                        | 1                          |                       |                 |                   | 100                                     |                                         |
|      | membership fees received. (Do not                                                                                                                                        |                            |                       |                 |                   |                                         |                                         |
| -    | include any "unusual grants.")                                                                                                                                           | 14,700.                    | 14,670.               | 11,700.         | 14,400.           | 28,407.                                 | 83,877.                                 |
| 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 | 18,245.                    | 14,746.               | 18,259.         | 30,206.           |                                         | 96,166.                                 |
| 3    | Gross receipts from activities that                                                                                                                                      |                            |                       |                 |                   |                                         |                                         |
|      | are not an unrelated trade or business under section 513                                                                                                                 |                            |                       |                 |                   |                                         |                                         |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>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                                                                                                                                             | 32,945.                    | 29,416.               | 29,959.         | 44,606.           | 43,117.                                 | 180,043.                                |
| 7a   | Amounts included on lines 1, 2, and                                                                                                                                      |                            |                       |                 |                   |                                         |                                         |
|      | 3 received from disqualified persons                                                                                                                                     |                            |                       |                 |                   |                                         | 0.                                      |
| 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           |                            |                       |                 |                   |                                         | 0.                                      |
| С    | Add lines 7a and 7b                                                                                                                                                      |                            |                       |                 |                   |                                         | 0.                                      |
| 8    | Public support (Subtract line 7c from line 6.)                                                                                                                           |                            |                       |                 |                   |                                         | 180,043.                                |
| Sec  | tion B. Total Support                                                                                                                                                    |                            |                       |                 |                   |                                         |                                         |
| Cale | ndar year (or fiscal year beginning in) ►                                                                                                                                | (a) 2008                   | <b>(b)</b> 2009       | (c) 2010        | (d) 2011          | (e) 2012                                | (f) Total                               |
| 9    | Amounts from line 6                                                                                                                                                      | 32,945.                    | 29,416.               | 29,959.         | 44,606.           | 43,117.                                 | 180,043.                                |
|      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                  | 2,181.                     | 4,253.                | 2,823.          | 2,471.            | 1,810.                                  | 13,538.                                 |
|      | Unrelated business taxable income                                                                                                                                        | - / - 3 - 3                |                       |                 |                   |                                         | 13,330.                                 |
|      | (less section 511 taxes) from businesses                                                                                                                                 |                            |                       |                 |                   |                                         |                                         |
|      | acquired after June 30, 1975                                                                                                                                             |                            |                       |                 |                   |                                         |                                         |
| С    | Add lines 10a and 10b                                                                                                                                                    | 2,181.                     | 4,253.                | 2,823.          | 2,471.            | 1,810.                                  | 13,538.                                 |
|      | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                              |                            | 2,2001                | 2,020           | 2,1,1             | 1,010.                                  | 13/330.                                 |
| 12   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                          |                            |                       |                 |                   |                                         |                                         |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                           | 35,126.                    | 33,669.               | 32,782.         | 47,077.           | 44,927.                                 | 193,581.                                |
| 14   | First five years. If the Form 990 is for                                                                                                                                 |                            |                       |                 | year as a section | 501(c)(3) organiza                      | ation,                                  |
|      | check this box and stop heretion C. Computation of Publi                                                                                                                 |                            | centage               |                 |                   |                                         | <b>&gt;</b>                             |
|      | Public support percentage for 2012 (li                                                                                                                                   |                            | <del></del>           | lumn (f))       |                   | 15                                      | 93.01 %                                 |
|      | Public support percentage from 2011                                                                                                                                      |                            |                       |                 |                   | 16                                      | 91.35 %                                 |
|      | tion D. Computation of Inves                                                                                                                                             |                            |                       |                 |                   |                                         |                                         |
| 17   | Investment income percentage for 20                                                                                                                                      | <b>12</b> (line 10c, colum | n (f) divided by line | 13, column (f)) |                   | 17                                      | 6.99 %                                  |
|      | Investment income percentage from 2                                                                                                                                      |                            |                       |                 |                   | 18                                      | 8.65 %                                  |
|      | 33 1/3% support tests - 2012. If the                                                                                                                                     |                            |                       |                 | _                 |                                         | *************************************** |
|      | more than 33 1/3%, check this box ar                                                                                                                                     |                            |                       |                 |                   |                                         |                                         |
|      | 33 1/3% support tests - 2011. If the                                                                                                                                     |                            |                       |                 |                   |                                         |                                         |
|      | line 18 is not more than 33 1/3%, chec                                                                                                                                   |                            |                       |                 |                   |                                         |                                         |
|      | Private foundation. If the organization                                                                                                                                  |                            |                       |                 |                   | - · · · · · · · · · · · · · · · · · · · | <b>&gt;</b>                             |
|      | 3 12-04-12                                                                                                                                                               |                            |                       |                 |                   | edule A (Form 990                       | or 990 EZ) 2012                         |

# (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

### Schedule of Contributors

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

OMB No. 1545-0047

43-6058913

Name of the organization

Employer identification number

ASSOCIATION OF AMERICAN STATE GEOLOGISTS 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 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, total 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 total 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 Part I, line 2 of its Form 990-PF, to

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) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

## ASSOCIATION OF AMERICAN STATE GEOLOGISTS

43-6058913

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addit | tional space is needed.    |                                                                                 |
|------------|--------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d) Type of contribution                                                        |
| 1          | AASG FOUNDATION  257 ACADEMY STREET  NEWARK, DE 19716                    | \$12,207.                  | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d) Type of contribution                                                        |
|            |                                                                          | \$                         | Person Payroll Oncash Complete Part II if there is a noncash contribution.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d) Type of contribution                                                        |
|            |                                                                          | \$                         | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                     |
|            |                                                                          | \$                         | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                     |
|            |                                                                          | -<br>-<br>\$               | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                     |
|            | •                                                                        |                            | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |

Employer identification number

### ASSOCIATION OF AMERICAN STATE GEOLOGISTS

43-6058913

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is needed.           |                                         |
|------------------------------|-----------------------------------------------------------------|------------------------------------------------|-----------------------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
|                              |                                                                 |                                                |                                         |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
|                              |                                                                 | \$                                             |                                         |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
|                              |                                                                 | \$                                             |                                         |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                       | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
| # 1                          |                                                                 | \$                                             | *************************************** |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                       | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received                    |
|                              |                                                                 | \$                                             |                                         |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received                    |
|                              |                                                                 | \$                                             |                                         |

| Name of org                  | anization                                                                                                                                     | The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co | Employer identification number                                                                                                                     |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| ASSOCI<br>Part III           | IATION OF AMERICAN STATI<br>Exclusively religious, charitable, etc., indivi                                                                   | E GEOLOGISTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 43-6058913<br>(c)(7), (8), or (10) organizations that total more than \$1,000 for the                                                              |
| FIGUE that philosophe degree | year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc  Use duplicate copies of Part III if additiona | e following line entry. For organizati<br>., contributions of <b>\$1,000 or less</b> fo<br>Il space is needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | c)(7), (8), or (10) organizations that total more than \$1,000 for the ions completing Part III, enter or the year. (Enter this information once.) |
| (a) No.<br>from<br>Part I    | (b) Purpose of gift                                                                                                                           | (c) Use of gift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (d) Description of how gift is held                                                                                                                |
|                              |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |
|                              |                                                                                                                                               | (e) Transfer of git                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ft                                                                                                                                                 |
|                              | Transferee's name, address, an                                                                                                                | d ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Relationship of transferor to transferee                                                                                                           |
| (a) No.<br>from<br>Part I    | (b) Purpose of gift                                                                                                                           | (c) Use of gift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (d) Description of how gift is held                                                                                                                |
|                              |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |
|                              |                                                                                                                                               | (e) Transfer of gif                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | /t                                                                                                                                                 |
|                              | Transferee's name, address, and                                                                                                               | d ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Relationship of transferor to transferee                                                                                                           |
|                              |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |
| (a) No.<br>from<br>Part I    | (b) Purpose of gift                                                                                                                           | (c) Use of gift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (d) Description of how gift is held                                                                                                                |
|                              |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |
| -                            |                                                                                                                                               | (e) Transfer of gift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | t                                                                                                                                                  |
| -                            | Transferee's name, address, and                                                                                                               | I ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Relationship of transferor to transferee                                                                                                           |
| (a) No.<br>from<br>Part I    | (b) Purpose of gift                                                                                                                           | (c) Use of gift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (d) Description of how gift is held                                                                                                                |
| -                            |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |
|                              |                                                                                                                                               | (e) Transfer of gift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | t .                                                                                                                                                |
|                              | Transferee's name, address, and                                                                                                               | ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Relationship of transferor to transferee                                                                                                           |
| -                            |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |

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

Name of the organization

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

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

2012

OMB No. 1545-0047

Employer identification number Open to Public Inspection

| ASSOCIATION OF AMERICAN  Part! General Information on Grants and Assistance                                             | ON OF AME                   | RICAN STATE                      | 3 GEOLOGISTS               | TS                                      |                                                       |                                                                                                              | 43-6058913                            |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|----------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance? | to substantiate the stance? |                                  | s or assistance, the       | grantees' eligibility                   | / for the grants or ass                               | the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection          | tion Yes X No                         |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         | ocedures for monit          | toring the use of grant          | t funds in the Unite       | d States.                               |                                                       |                                                                                                              |                                       |
| Part II Grants and Other Assistance to Governments and Organizati                                                       | Governments and             | d Organizations in th            | e United States. C         | complete if the orga                    | anization answered "                                  | ons in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | IV, line 21, for any                  |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed                      | \$5,000. Part II can        | be duplicated if addit           | tional space is need       | ded.                                    |                                                       |                                                                                                              |                                       |
| 1 (a) Name and address of organization or government                                                                    | (b) EIN                     | (c) IRC section<br>if applicable | (d) Amount of cash grant   | (e) Amount of<br>non-cash<br>assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of non-cash assistance                                                                       | (h) Purpose of grant<br>or assistance |
|                                                                                                                         |                             |                                  |                            |                                         |                                                       |                                                                                                              | INCREASE FUNDING FOR                  |
| AMERICAN GEOSCIENCES INSTITUTE                                                                                          |                             |                                  |                            |                                         |                                                       |                                                                                                              | STATEMAP, DATA                        |
| 4220 KING STREET                                                                                                        |                             |                                  |                            |                                         |                                                       |                                                                                                              | PRESEVATION AND                       |
| ALEXANDRIA, VA 22302-1502                                                                                               | 52-0786946                  | 501(C)(3)                        | 18,250.                    | 0                                       |                                                       |                                                                                                              | GOVERNMENT AFFAIRS                    |
|                                                                                                                         |                             |                                  |                            |                                         |                                                       |                                                                                                              |                                       |
|                                                                                                                         |                             |                                  |                            |                                         |                                                       |                                                                                                              |                                       |
|                                                                                                                         |                             |                                  |                            |                                         |                                                       |                                                                                                              |                                       |
|                                                                                                                         |                             |                                  |                            |                                         |                                                       |                                                                                                              |                                       |
|                                                                                                                         |                             |                                  |                            |                                         |                                                       |                                                                                                              |                                       |
| 2 Enter total number of section 501(c)(3) and government organizations                                                  | ind government or           | ganizations listed in the        | listed in the line 1 table |                                         |                                                       |                                                                                                              | <b>A</b>                              |
| 3 Enter total number of other organizations listed in the line 1 table                                                  | s listed in the line        | 1 table                          |                            |                                         |                                                       |                                                                                                              |                                       |

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

Schedule I (Form 990) (2012)

(f) Description of non-cash assistance 43-6058913 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 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. DATA NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN GEOSCIENCES INSTITUTE (H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FUNDING FOR STATEMAP, (d) Amount of non-cash assistance ASSOCIATION OF AMERICAN STATE GEOLOGISTS (c) Amount of cash grant PRESEVATION AND GOVERNMENT AFFAIRS PROGRAM (b) Number of recipients PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance Schedule I (Form 990) (2012) Part III

Page 2

Schedule I (Form 990) (2012)

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913

| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:                          |
|-------------------------------------------------------------------------------|
| FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP           |
| SCHOLARSHIP PROGRAM                                                           |
| EXPENSES \$ 1,000. INCLUDING GRANTS OF \$ 1,000. REVENUE \$ 0.                |
| FORM 990, PART VI, SECTION B, LINE 11: PDF COPY MADE AVAILABLE ELECTRONICALLY |
| FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST SUBMITTED TO      |
| TREASURER                                                                     |
| FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:            |
| L. HARVEY THORLEIFSON - 2642 UNIVERSITY AVENUE WEST ROOM 104                  |
| SAINT PAUL, MN 55114-1057                                                     |
| VICKI S. MCCONNELL - 800 N E OREGON STREET SUITE 965                          |
| PORTLAND, OR 97232-2162                                                       |
| JOHN G. PARISH - 801 K STREET MS 12-30, SACRAMENTO, CA 95814-3500             |
| JONATHAN D. ARTHUR - 903 WEST TENNESSEE STREET, TALLAHASSEE, FL 32304-7716    |
| JOSEPH A. GILLMAN - P O BOX 250, ROLLA, MO 65402-0250                         |
| MICHAEL ED. HOHN - 1 MONT CHATEAU ROAD, MORGANTOWN, WV 26508-8079             |
|                                                                               |
|                                                                               |
|                                                                               |
|                                                                               |

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

Name of the organization

Related Organizations and Unrelated Partnerships

▶ See separate instructions.

2012 Open to Public Inspection OMB No. 1545-0047

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

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

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Employer identification number 43-6058913

(g) Section.512(b)(13) controlled entity? Schedule R (Form 990) 2012 ş × Direct controlling Yes Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) E Direct controlling entity End-of-year assets **e** status (if section Public charity SCH A - LINE 501(c)(3)) Total income Exempt Code ত্ section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ALABAMA PROVIDE FINANCIAL SUPPORT Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. FOR AASG Name, address, and EIN (if applicable) 20-8939615 Name, address, and EIN of related organization of disregarded entity AASG FOUNDATION INC 257 ACADEMY STREET 19716 DE Part NEWARK

232161 12-10-12 LHA

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43-6058913

Schedule R (Form 990) 2012 ASSOCIATION OF AMERICAN STATE GEOLOGISTS

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

| (a) Name, address, and EIN of related organization                                                                                                                                                                                                                    | (b)<br>Primary activity | (c) Legal domicile (state or | (d) Direct controlling entity           | Predomina<br>(related, u               | (e) Predominant income (related, unrelated, | (f)<br>Share of total<br>income       |                                           | a +                   | (h) Disproportion- | (i)<br>Code V-UBI<br>amount in box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | General or F               | (j) (k) General or Percentage managing ownership |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|-----------------------------------------|----------------------------------------|---------------------------------------------|---------------------------------------|-------------------------------------------|-----------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------|
|                                                                                                                                                                                                                                                                       |                         | foreign<br>country)          |                                         | excluded fro<br>sections               | om tax under<br>512-514)                    |                                       | ass                                       |                       | Yes No             | 20 of Schedule<br>K-1 (Form 1065)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes No                     | •                                                |
|                                                                                                                                                                                                                                                                       |                         |                              |                                         |                                        |                                             |                                       |                                           |                       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                  |
|                                                                                                                                                                                                                                                                       |                         |                              |                                         |                                        |                                             |                                       |                                           |                       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                  |
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| 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.) | ganizations Taxable a   | as a Corporate tax           | oration or Trust (Co                    | omplete if th                          | e organization                              | answered '                            | Yes" to Forr                              | n 990, Part IV        | /, line 34 l       | because it had                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | one or more                | related                                          |
| (a)                                                                                                                                                                                                                                                                   |                         |                              | (q)                                     | (0)                                    | (Q)                                         |                                       | (e)                                       | æ                     |                    | (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (F)                        | (3)                                              |
| Name, address, and EIN of related organization                                                                                                                                                                                                                        | <b>≧</b> c              | Prim                         | Primary activity                        | Legal domicife<br>(state or<br>foreign | Direct controlling<br>entity                |                                       | Type of entity (C corp, S corp, or trust) | Share of total income |                    | of<br>ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Percentage<br>ownership    | Section<br>512(b)(13)<br>controlled<br>entity?   |
|                                                                                                                                                                                                                                                                       |                         |                              |                                         | country)                               |                                             |                                       | ,                                         |                       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | Yes No                                           |
|                                                                                                                                                                                                                                                                       |                         |                              |                                         |                                        |                                             | · · · · · · · · · · · · · · · · · · · |                                           |                       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                  |
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| 232162 12-10-12                                                                                                                                                                                                                                                       |                         |                              |                                         | 24                                     |                                             |                                       |                                           |                       |                    | Schedu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Schedule R (Form 990) 2012 | 990) 2012                                        |

# Schedule R (Form 990) 2012 ASSOCIATION OF AMERICAN STATE GEOLOGISTS

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

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactio | ns with one or more n     | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.<br>During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | in Parts II-IV?                       |                                       | Yes            | 2<br>2                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|----------------|-----------------------------------------|
| Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity                                                                                   |                           |                                                                                                                                                                                                                                          |                                       |                                       | , c            | ×                                       |
| Gift, grant, or capital contribution to related organization(s)                                                                                                                |                           |                                                                                                                                                                                                                                          |                                       |                                       | 5 2            | ×                                       |
| Giff, grant, or capital contribution from related organization(s)                                                                                                              |                           |                                                                                                                                                                                                                                          |                                       |                                       | į (            | ×                                       |
| Loans or loan guarantees to or for related organization(s)                                                                                                                     |                           |                                                                                                                                                                                                                                          |                                       |                                       | 2              | ×                                       |
| :                                                                                                                                                                              |                           |                                                                                                                                                                                                                                          |                                       | 1 1                                   |                | ×                                       |
|                                                                                                                                                                                |                           |                                                                                                                                                                                                                                          |                                       |                                       |                |                                         |
| Dividends from related organization(s)                                                                                                                                         |                           |                                                                                                                                                                                                                                          |                                       | -                                     | ų.             | ×                                       |
| Sale of assets to related organization(s)                                                                                                                                      |                           |                                                                                                                                                                                                                                          |                                       | -                                     | 19             | ×                                       |
| Purchase of assets from related organization(s)                                                                                                                                |                           |                                                                                                                                                                                                                                          |                                       | i i i i i i i i i i i i i i i i i i i | - <del>-</del> | ×                                       |
| Exchange of assets with related organization(s)                                                                                                                                |                           |                                                                                                                                                                                                                                          |                                       |                                       | -              | ×                                       |
| Lease of facilities, equipment, or other assets to related organization(s)                                                                                                     |                           |                                                                                                                                                                                                                                          |                                       |                                       | 1000           | ×                                       |
|                                                                                                                                                                                |                           |                                                                                                                                                                                                                                          |                                       |                                       |                |                                         |
| Lease of facilities, equipment, or other assets from related organization(s)                                                                                                   |                           |                                                                                                                                                                                                                                          |                                       | 400                                   | *              | ×                                       |
| Performance of services or membership or fundraising solicitations for related organization(s)                                                                                 | anization(s)              |                                                                                                                                                                                                                                          |                                       |                                       | 1              | ×                                       |
| Performance of services or membership or fundraising solicitations by related org                                                                                              | related organization(s)   |                                                                                                                                                                                                                                          |                                       |                                       | 1m             | ×                                       |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                                                                                  | tion(s)                   |                                                                                                                                                                                                                                          |                                       | -                                     | th             | ×                                       |
| Sharing of paid employees with related organization(s)                                                                                                                         |                           |                                                                                                                                                                                                                                          |                                       | •                                     | 10             | ×                                       |
|                                                                                                                                                                                |                           |                                                                                                                                                                                                                                          |                                       |                                       |                |                                         |
| Reimbursement paid to related organization(s) for expenses                                                                                                                     |                           |                                                                                                                                                                                                                                          |                                       | - Second                              | 10             | ×                                       |
| Reimbursement paid by related organization(s) for expenses                                                                                                                     |                           |                                                                                                                                                                                                                                          |                                       | -                                     | 19             | ×                                       |
| Other transfer of many or proporty to related accommendation                                                                                                                   |                           |                                                                                                                                                                                                                                          |                                       |                                       |                | }                                       |
| Other transfer of cash or property from related organization(s)                                                                                                                |                           |                                                                                                                                                                                                                                          |                                       |                                       | 1-             | ×                                       |
| 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 throughout    | who must complete t       | berevoo onibiiloni enil sic                                                                                                                                                                                                              | relationships and transaction         |                                       | 2              | 4                                       |
| (a)                                                                                                                                                                            | (q)                       | (0)                                                                                                                                                                                                                                      |                                       | Oldes.                                |                |                                         |
| Name of other organization                                                                                                                                                     | Transaction<br>type (a-s) | Amount involved                                                                                                                                                                                                                          | Method of determining amount involved | g amount involve                      | p              |                                         |
|                                                                                                                                                                                |                           |                                                                                                                                                                                                                                          |                                       |                                       |                |                                         |
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# Schedule R (Form 990) 2012 ASSOCIATION OF AMERICAN STATE GEOLOGISTS

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.

| inal was not a related organization. See instructions regarding exclusion for certain investment partnerships. | surctions regarding exciu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sion tor certain inv      | estment partnerships.                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                       |                                                                                                                 |                  |                  |
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| (a) Name address and EIN                                                                                       | (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (c)                       | (d) (e)                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (6)                  | Ē                                     | 9                                                                                                               | 8                | <b>(X</b> )      |
| of entity                                                                                                      | rilliary activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | state or foreign country) | redominan income partners sec. (related, unrelated, 501(c)(3) excluded from tax | Share of total income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Share of end-of-year | Dispropor-<br>tionate<br>allocations? | Dispropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership of Schedule K-1 partner? | General or Perce | entage<br>ership |
|                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | drider section of 2-014) Yes No                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21222                | Yes No                                | (Form 1055)                                                                                                     | Yes No           |                  |
|                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                       |                                                                                                                 |                  |                  |
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Schedule R (Form 990) 2012

| Schedule R (Form 990) 2012                               | ASSOCIATION                 | OF        | AMERICAN          | STATE           | GEOLOGISTS43-6              | 058913 Page 5 |
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| Schedule R (Form 990) 2012  Part VII Supplemental Inform | nation                      |           |                   |                 |                             |               |
| Complete this part to prov                               | ride additional information | n for re  | esponses to quest | ions on Sch     | edule R (see instructions). |               |
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### Form **8879-EO**

# IRS e-file Signature Authorization

| tor an                                           | cxem | ot Org | ganization         |       |     |               |
|--------------------------------------------------|------|--------|--------------------|-------|-----|---------------|
| For calendar year 2012, or fiscal year beginning | JUN  | 1      | , 2012, and ending | _YAM_ | 31_ | ,20 <u>13</u> |

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OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

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| Name of exempt organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Employer identification number                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASSOCIATION OF AMERICAN STATE GEOLOGISTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 43-6058913                                                                                                                                                                                             |
| ASSOCIATION OF AMERICAN STATE GEOLOGISTS  Name and title of officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 43 0030313                                                                                                                                                                                             |
| MICHAEL ED HOHN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |
| TREASURER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                        |
| Part I Type of Return and Return Information (Whole Dollars Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
| Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr | om the return. If you check the box                                                                                                                                                                    |
| on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than 1 line in Part I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | then leave line 1b, 2b, 3b, 4b, or 5b, e line below. Do not complete more                                                                                                                              |
| 1a Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1ь 44523                                                                                                                                                                                               |
| 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2b                                                                                                                                                                                                     |
| 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3b                                                                                                                                                                                                     |
| 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4b                                                                                                                                                                                                     |
| 5a Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5b                                                                                                                                                                                                     |
| Part II Declaration and Signature Authorization of Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                        |
| intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceed the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an debit) entry to the financial institution account indicated in the tax preparation software for payment of the organiz return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reorganization's consent to electronic funds withdrawal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | essing the return or refund, and (c) electronic funds withdrawal (direct ation's federal taxes owed on this . Treasury Financial Agent at institutions involved in the d resolve issues related to the |
| Officer's PIN: check one box only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
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| ERO firm πame                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Enter five numbers, bu<br>do not enter all zeros                                                                                                                                                       |
| as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also autonite enter my PIN on the return's disclosure consent screen.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nis return that a copy of the return that a copy of the return the aforementioned ERO to                                                                                                               |
| As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char program, I will enter my PIN on the return's disclosure consent screen.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | electronically filed return. If I have ities as part of the IRS Fed/State                                                                                                                              |
| Officer's signature ▶ Date ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| Part III Certification and Authentication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                        |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                        |
| number (EFIN) followed by your five-digit self-selected PIN.  41514369407  do not enter all zeros                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
| I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeFe-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ) Information for Authorized IRS                                                                                                                                                                       |
| ERO's signature ▶ Saul Currow Date ▶ 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Oct 2013                                                                                                                                                                                               |
| ERO's signature ► Sau Cumou Date ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V 6/ 7 * · · ·                                                                                                                                                                                         |
| ERO Must Retain This Form - See Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                        |

LHA For Paperwork Reduction Act Notice, see instructions. 223051 11-05-12

Form **8879-EO** (2012)

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