COMMITTEE ON NATURAL RESOURCES

Disclosure Form

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

"Effect of the President's FY 2013 Budget for the U.S. Geological Survey on Private Sector Job Creation, Hazard Protection, Mineral Resources and Deficit Reduction" SUBCOMMITTEE ON ENERGY AND MINERAL RESOURCES March 22, 2012

For Individuals:

- 1. Name: L. Harvey Thorleifson, State Geologist, Professor, and Director
- 2. Address: Minnesota Geological Survey, University of Minnesota, 2642 University Ave W, St Paul, MN 55114-1057 USA
- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: 612-627-4780 [Information redacted for privacy]

* * * * *

For Witnesses Representing Organizations:

- 1. Name: L. Harvey Thorleifson, President Elect, Association of American State Geologists
- 2. Name of Organization(s) You are Representing at the Hearing: Association of American State Geologists
- 3. Business Address: c/o Minnesota Geological Survey, University of Minnesota, 2642 University Ave W, St Paul, MN 55114-1057 USA
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: 612-627-4780 [Information redacted for privacy]

Name/Organization L. Harvey Thorleifson, Association of American State Geologists

Title/Date of Hearing "Effect of the President's FY 2013 Budget for the U.S. Geological Survey on Private
Sector Job Creation, Hazard Protection, Mineral Resources and Deficit Reduction," Subcommittee on Energy
and Mineral Resources, March 22, 2012

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.

Doctor of Philosophy, Geology, University of Colorado, 1989 Master of Science, Geology, University of Manitoba, 1983 Bachelor of Arts, Honours, Geography, University of Winnipeg, 1980 Bachelor of Science, Geography, University of Winnipeg, 1978

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 Geoscientist - 0553, Association of Professional Geoscientists of Ontario

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.

Director, Minnesota Geological Survey, 2003-present Professor, Department of Earth Sciences, University of Minnesota, 2003-present Research Scientist, Geological Survey of Canada, 1986 – 2003

Chair, Minnesota Center for Mineral Resource Education, 2009-present Vice Chair, Society for Mining, Metallurgy, & Exploration, Minnesota Section, 2010-present Chair, Society for Mining, Metallurgy, & Exploration, Twin Cities Subsection, 2008-2011 President, Canadian Federation of Earth Sciences; 2004-2006 President, Geological Association of Canada, 2003-2004 Chair, Canadian Institute of Mining & Metallurgy, Ottawa Branch, 2002-2003

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

My agency, the Minnesota Geological Survey (the state geological survey and a research and public service unit of the University of Minnesota) has been funded each year from the STATEMAP component of the National Cooperative Geologic Mapping Program of the U.S. Geological Survey (USGS), as follows:

7/01/11 to 6/30/12, \$111,275 in federal funds; 7/01/10 to 6/30/11, \$149,799 in federal funds; 7/01/09 to 6/30/10, \$162,349 in federal funds;

7/01/08 to 6/30/09, \$148,830 in federal funds;

7/01/07 to 6/30/08, \$158,804 in federal funds;

In addition, my agency has also been funded by USGS to conduct other projects as follows:

Great Lakes Geological Mapping, 7/01/11 to 6/30/12, \$33,726 in federal funds;

Great Lakes Geological Mapping, 7/01/10 to 6/30/11, \$27,796 in federal funds;

CO2 sequestration capacity, 7/01/10 to 6/30/11, \$25,000

Data preservation, 7/01/09 to 6/30/10, \$7,858

Data preservation, 7/01/07 to 6/30/8, \$5,000

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

None.

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

None.

Name/Organization <u>L. Harvey Thorleifson</u>, Association of American State Geologists

Title/Date of Hearing "Effect of the President's FY 2013 Budget for the U.S. Geological Survey on Private
Sector Job Creation, Hazard Protection, Mineral Resources and Deficit Reduction," Subcommittee on Energy
and Mineral Resources, March 22, 2012

In addition, for witnesses representing organizations:

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

President Elect, 2011-2012; Vice President, 2010-2011; Treasurer 2008-2010; Committee Chair, 2006-2010; Conference Program Coordinator 2008, 2011; Statistician 2006-2009

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

To the best of my knowledge, the Association of American State Geologists has not received any grants or contracts from the Department of Interior during the last five years. However, the U.S. Geological Survey has provided some support (less than \$30,000 per year, although I am not sure about the exact amounts) to individual state geological surveys to support the annual meeting of the Association. The Association itself has no paid staff and functions through the volunteer efforts of individual state geologists and their staffs. Each year, one state geological survey volunteers to host the Association's annual meeting. The U.S. Geological Survey is a major participant in these meetings and often holds satellite meetings of its leadership in conjunction with the Association's meeting.

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

None.

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

None.

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

These are submitted for the Association of American State Geologists.

Form **990**

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.

2010 Open to Public

Open to Public Inspection

2010 JUN 1. and ending MAY 31, 2011 A For the 2010 calendar year, or tax year beginning Check if C Name of organization D Employer identification number Address change ASSOCIATION OF AMERICAN STATE GEOLOGISTS Name 43-6058913 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Termin-ated 850 591 5174 903 WEST TENNESEE STREET Amended return G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-TALLAHASSEE, FL 32304-7716 H(a) Is this a group return pending F Name and address of principal officer: JONATHAN ARTHUR Yes X No for affiliates? 903 WEST TENNESSEE STREET, TALLAHASSEE, FL H(b) Are all affiliates included? Yes No. I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.STATEGEOLOGISTS.ORG **H(c)** Group exemption number ▶ Other > K Form of organization: X Corporation Trust Association 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 Governance Check this box \(\bigcup \) if the organization discontinued its operations or disposed of more than 25% of its net assets. 51 3 Number of voting members of the governing body (Part VI, line 1a) <u>51</u> Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Ō 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ō. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 14,670. 11,700. Contributions and grants (Part VIII, line 1h) Revenue o. 0. Program service revenue (Part VIII, line 2g) 4.256. 2,823. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,916. 14.151.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,439. 33,077. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,000. 14,250. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. 14 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) O. Π. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 34,514. 25,989. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 38,514. 40,239. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -5,437. -6,800. 19 Revenue less expenses. Subtract line 18 from line 12 20 Beginning of Current Year End of Year 128,426. 121,626. 20 Total assets (Part X, line 16) 0. Total liabilities (Part X, line 26) 128,426. 121,626. 22 Net assets or fund balances. Subtract line 21 from line 20 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 JONATHAN ARTHUR, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature PAUL D ARMOUR Paid self-employed Firm's name PAUL D ARMOUR CPA Preparer Firm's EIN Firm's address 🔪 4945 142ND PATH WEST Use Only APPLE VALLEY, MN 55124-7706 Phone no. 952 322 2490 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

032002 12-21-10

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
•	public office? If "Yes," complete Schedule C, Part I	3		l 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		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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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	ļ	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			٠,,
	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			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	IIa		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	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		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			T
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? 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			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	_		٦,
47	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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	4-4		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>^</u> _
10	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,"	-19		+
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		T	l
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	L	
				(0.04.0)

Form **990** (2010)

Pa	rt IV Checklist of Required Schedules (continued)		,	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? 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
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	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):			٠,,
	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		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in norreash contributions <i>in res, complete schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 25
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
٠.	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 301.7701-37 If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?		 	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	 	<u> </u>
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	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ _v ,
00	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?	30	l x	

Form 990 (2010) ASSOCIATION OF AMERICAN STATE GEOLOGISTS [Part V] Statements Regarding Other IRS Filings and Tax Compliance

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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 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. 14b		Check if Schedule O contains a response to any question in this Part V			Ш
be Enter the number of Forms W-26 included in line 1a. Enter 0-1/1 not applicable or Diff the organization comply with backpu withholding fulse for reportable payments to vendors and reportable garning (garniling) withings to prize withness? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statamorts, field for the calendar year ending with or within the year covered by this nature. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c If the organization have unrelated business gross income of \$1,000 or more during the year? 3c If If Yea, Final filed a Form \$90 Tre the year? If Yea, Provide an application of Stateburg or a signature or other authority over, a financial account of the organization have annihilated an account, and the organization for the provided or the organization for the organization of the provided or the organization for the provided or the organization for the provided or the provided or the organization for the provided or the organization for the provided or the organization receive a complete organization an express statement that such contributions or gifts were not tax deductible? 5c If Yea, If the organization that we not the provided or the provided organization state or the provided organization receive a contribution or quality or indirectly, on a personal benefit co		1 1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
Color to organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamilling) withings to prize withmurs? 2. Enter the number of employees reported on Form W3, Transmittat of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-Me, (see instructions) 3. Did the organization have unrelated business greater than 250, you may be required to e-Me, (see instructions) 3. Did the organization have unrelated business greater than 250, you may be required to e-Me, (see instructions) 3. Did the organization have unrelated business greater than 250, you may be required to e-Me, (see instructions) 3. Did the organization have unrelated business greater than 250, you may be required to e-Me, (see instructions) 3. Did the organization have unrelated business greater than 250, you may be required to e-Me, (see instructions) 3. Did the organization and the space of the space of the space of the submitty over, a financial account, in a foreign country (such as a bank sociount, securities account, or other financial account)? 3. Did the organization from the foreign country (such as a bank sociount, securities account, or other financial account)? 3. Did the organization from the foreign country (such as a bank sociount, securities account, or other financial account)? 4. Did the organization from the organization file form 888617 5. Did the organization have arrived gross receipte that are normally greature than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5. Did the organization have arrived gross receipte that are normally greature than \$100,000, and did the organization solicit any contributions under section 170(c). 5. Did the organization from the during the year of the value of the goods and services provided to the payor? 5. Did the organization receive any funds, directly or i	1a			:	
Gambling Winnings to prize winner? 10 28 10 10 11 12 12 10 11 12 12					
22 Enter the number of employees reported on Form W.S. Transmittat of Wage and Tax Statements, led of the celendar year ending with or within the year covered by this return. 3 The celendar year ending with or within the year covered by this return. 3 The celendar year ending with or within the year covered by this return. 3 The celendar year ending with or within the year of the year of 1,000 or more during the year? 3 The celendar year ending the celendar year, did the organization have an interest in, or a spatiation of the united business gross income of \$1,000 or more during the year? 3 The celendar year of the year? If "No." provide an explanation in Schedule O 3 The celendar year of the year? If "No." provide an explanation in Schedule O 4 At any time the name of the foreign country? 5 The celendar year of the celendar year, did the organization have an interest in, or a spatiative or other authority over, a financial account in a foreign country? 5 See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 Bud in "Yes," to line 5 as of 55, did the organization file Form 8866-77 5 If "Yes," to line 5 as of 55, did the organization file Form 8866-77 6 Does the organization have aroung lores receipted that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," all did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If yes," did the organization necess of \$75 made party as a contribution as party for goods and services provided to the payor? 7 The Cold the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Did the organiz	С				
fibility for the cellendar year ending with or within the year covered by this return	_	[]	1c		ļ
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3		The district Calculate year of dailing war of warm the year covered by this fetalin			
38 X Marker Ma	b		2b		<u> </u>
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4. At any time during the calendar year, oit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (yes, a transcribed account in a foreign country (yes, a financial account). 4. If "Yes," enter the name of the foreign country (yes, a financial account). 5. West the organization a party to a prohibited tax sholter transaction at any time during the tax year? 5. If yes, if the financial accountry of the properties of the organization as party to a prohibited tax sholter transaction at any time during the tax year? 5. If yes, if the financial accountry (yes, a financial accountry). 5. If yes, if the financial accountry (yes, a financial accountry). 5. If yes, if the financial accountry (yes, a financial accountry). 6. If yes, if the progranization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6. If yes, if the the organization include with overy solicitation an express statement that such contributions or gifts were not tax deductible? 7. Organizations that may receive deductible contributions under section 170(c). 8. If Yes, if the organization include with overy solicitation an express statement that such contributions or gifts were not tax deductible? 7. Organizations that may receive deductible contributions under section 170(c). 8. If Yes, if include the number of Forms 8282 filed during the year of the value of the goods or senvices provided? 7. Did the organization notify the donor of the value of the goods or senvices provided? 7. Did the organization received any funds, directly or indirectly, in one personal benefit contract? 7. Yes, if the organization received any funds, directly or indirectly, in one personal benefit contract? 7. Yes, if the organization received and contribution of culaffied intellectual property, did the	0-		0-		v
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	•			
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b Did the organization make a distribution to a donor, donor advisor, or related person? 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 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? 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			00		1
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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 11a 1 1b 1					
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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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. 14b	b		1		
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	1 1			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b]		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)			
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 c Enter the amount of reserves on hand 13c 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. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a I Y 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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 14b		- · · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand	b			1	
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			-	1	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b				<u> </u>	177
				 	 ^
Form 990 (2010)	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(0010)

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

	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 1a 51			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Х	
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		X
	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				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12.44		
~	to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	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?		1	
а		15a		x
	Other officers or key employees of the organization	15b		X
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
.va	taxable entity during the year?	16a		x
b		100		-
IJ	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
18	public inspection. Indicate how you make these available. Check all that apply.	101		
	Own website Another's website Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fin-	nolal	
19		ınu IIne	แบเสเ	
20	statements available to the public.	ution. •		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organize ${\tt JONATHAN}$ ARTHUR, TREASURER - 850 591 5174	uuon: 🕨		
	903 WEST TENNESSEE STREET, TALLAHASSEE, FL 32304-7716			
	200 MEDI IEMMEDDEE DIREEI, IADDANADDEE, FD 32304-//10			

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 (A)	(B)	T	(C)				.cut	(D)	(E)	(F)
Name and Title	Average	ļ		۲۰ Posi				Reportable	Reportable	Estimated
134110 3413 1130	hours per	(c				арр	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	ual trustee or director	Institutional trustee			compensated e		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
VICKI S. MCCONNELL					3		26.25		0	0
PRESIDENT	2.00	X	ļ	Х			**	0.	0.	0
JAMES C. COBB	1 1 00	١,,		٦,				_	٥	
PAST PRESIDENT	1.00	X		Х		<u>. </u>		0.	0.	0
L. HARVEY THORLEIFSON PRESIDENT ELECT	1.00	x		х				0.	0.	0
ROBERT F. SWENSON	1.00	╀≏	-	<u>~</u>				V •	U •	<u> </u>
VICE PRESIDENT	1.00	X		х				0.	0.	0
JONATHAN ARTHUR		 	<u> </u>							
TREASURER	2.00	X		х				0.	0.	0
JOE GILLMAN			1							
SECRETARY	1.00	X		X				0.	0.	0
De de la constant de										
		<u> </u>	<u> </u>							
			-							
								·		

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

\$100,000 in compensation from the organization

LPa	rt VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ifts, grants ir amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations 1a 1b 11,700 1c Related organizations	•			
Contributions, gifts, grants and other similar amounts	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	-			
등림		Noncash contributions included in lines 1a-1f: \$	11,700.			
-		Total. Add lines 1a-1f Business Cod			. I do son a subole domesto.	
ice	2 a	Dusiriess Coo	В			
돌의	b					
E S	C				.	
Rea	d				····	
Program Service Revenue	e f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and		4		
		other similar amounts)	2,823.			2,823.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	·			
		(i) Real (ii) Personal				
	6 a	Gross Rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other	_			
		assets other than inventory	<u> </u>			
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss)				
		Net gain or (loss)				
ane		Gross income from fundraising events (not				
Ş.		including \$ of contributions reported on line 1c). See	·			
~		· '				
Other Reven	h	Part IV, line 18 a Less: direct expenses b	-			
ŏ		Not in some or /loss) from front decision accepts				
		Gross income from gaming activities. See				
	Ja	Part IV, line 19a	1			
	h	Less: direct expenses b	-			
		Net income or (loss) from gaming activities	_			
		Gross sales of inventory, less returns				
	10 a	and allowancesa				
	h	Less: cost of goods sold b			-	
		Net income or (loss) from sales of inventory		,		
	<u> </u>	Miscellaneous Revenue Business Coc	اما		- 	*
	11 0	MEETINGS 541900		18,259.		
	ii a b	UNREALIZED GAINS 900099				
	C	500055		037.		-
		All other revenue	<u> </u>			
		Total. Add lines 11a-11d	18,916.			
	12	Total revenue. See instructions.	33,439.		0	. 2,823
03200				1 20/0200	L	Form 990 (2010)

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).

	All other organizations must comp not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and	14 250	14 250		
_	organizations in the U.S. See Part IV, line 21	14,250.	14,250.		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	·			
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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		*		
11	Fees for services (non-employees):				
а	Management				
b	Legal	358.		358.	
С	Accounting	1,600.		1,600.	
d	Lobbying				
е	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		***************************************		
15	Royalties				
16	Occupancy				
17	Travel	3,155.		3,155.	······································
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,795.		16,795.	
20	Interest				
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.)				
a	EXHIBITS	2,604.		2,604.	
b	AWARDS	874.		874.	
С	AGI & USGS MEMBERSHIP	500.		500.	
d	BANK CHARGES	92.	·	92.	
е					
f	All other expenses	1		8= 222	
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				
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			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	28,045.	2	30,588.
	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			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instructions)		6	
יבוי	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities	100,381.	11	91,038
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	128,426.	16	121,626
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
3	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
LIGOIIILICS		highest compensated employees, and disqualified persons. Complete Part II			
•		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117, check here and complete			
Net Assets of Fund balances		lines 27 through 29, and lines 33 and 34.			
0	27	Unrestricted net assets	****	27	
ב	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Ĭ.		Organizations that do not follow SFAS 117, check here			
,		complete lines 30 through 34.	^		,
2	30	Capital stock or trust principal, or current funds	0.	30	0
ľ.	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĭ	32	Retained earnings, endowment, accumulated income, or other funds	128,426. 128,426.	32	121,626
	33	Total net assets or fund balances		33	121,626
	34	Total liabilities and net assets/fund balances	128,426.	34	121,626

Form **990** (2010)

3b

Form 990 (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c ____ Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (v) Did you notify the (iv) Is the organization (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization organization in col. in col. (i) listed in your organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No Total LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			•			
	include any "unusual grants.")	;					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1				
	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)			1			
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			······································			1
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4		<u> </u>		, ,		
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				***************************************		
	or loss from the sale of capital						
	assets (Explain in Part IV.)			•			
11	Total support. Add lines 7 through 10				<u> </u>	*	
	Gross receipts from related activities,	etc. (see instruct	ions)		***************************************	12	
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			on 501(c)(3)	
	organization, check this box and stop	_			-		>
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2010 (l	ine 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2009					15	%
16a	33 1/3% support test - 2010.If the or						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	on			>
k	33 1/3% support test - 2009.If the or						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					•
	meets the "facts-and-circumstances"					_	
ŀ	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ		,				▶ □
18	Private foundation. If the organization		_				
							0 or 990-FZ) 2010

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.)

360	Alon A. Fublic Support									
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and		-							
	membership fees received. (Do not				1					
	include any "unusual grants.")	67,500.	47,151.	14,700.	14,670.	11,700.	155,721			
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	17,434.	11,699.	18,245.	14,746.	18,259.	80,383			
2	Gross receipts from activities that	17,454	<u> </u>	10,243.	14,740.	10,200.	00,303			
3	are not an unrelated trade or bus-									
	iness under section 513									
	······				· · · · · · · · · · · · · · · · · · ·		<u> </u>			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	84,934.	58,850.	32,945.	29,416.	29,959.	236,104			
	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	Ĭ.					0			
	Public support (Subtract line 7c from line 6.)						236,104			
8 Public support (Subtract line 7c from line 6.)										
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
9	Amounts from line 6	84,934.	(b) 2007 58,850.	(c) 2008 32,945.	29,416.	(e) 2010 29,959.	236,104			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,260.	6,804.	2,181.	4,253.	2,823.	21,321			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
c	: Add lines 10a and 10b	5,260.	6,804.	2,181.	4,253.	2,823.	21,321			
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
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.)	90,194.	65,654.	35,126.	33,669.	32,782.	257,425			
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectic	on 501(c)(3) organi	zation,			
	check this box and stop here	-	***************************************	*******************						
Sec	ction C. Computation of Publi	ic Support Pe	rcentage	J		<u> </u>				
	Public support percentage for 2010 (I			olumn (f))		15	91.72			
16	Public support percentage from 2009					16	90.86			
Se	ction D. Computation of Inves	stment Incom	e Percentage			A				
17	Investment income percentage for 20	10 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	8.28			
18	Investment income percentage from 2					18	9.14			
198	33 1/3% support tests - 2010. If the					33 1/3%, and line	17 is not			
_	more than 33 1/3%, check this box ar						r			
ŀ	33 1/3% support tests - 2009. If the									
_	line 18 is not more than 33 1/3%, che	-								
20	Private foundation. If the organizatio	n did not check a	box on line 14 19s	a, or 19b, check th		structions				

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Section A. Public Support

OMB No. 1545-0047 Grants and Other Assistance to Organizations, Governments, and Individuals in the United States SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service		Compl	Complete if the organizatior	ganization answered "Yes" to Form 990, Part IV, line 21 or 22 ▶ Attach to Form 990.	to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization	on ASSOCIATION	양	AMERICAN STATE	GEOLOGISTS	ı.s			Employer identification number $43-6058913$
Part I General Int	General Information on Grants and Assistance	nd Assistance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of	o substantiate the	amount of the grants	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	
	criteria used to award the grants or assistance?	stance?						Yes 🗴 No
힜	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	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 received more than \$5,000. Check this box if no one recivient received more than \$5,000. Part II can be duplicated if additional space is needed	Governments and	d Organizations in the	United States. C	omplete if the orga	anization answered "Y can be duplicated if a	es" to Form 990, Part additional space is nee	IV, line 21, tor any ded
1 (a) Name and addon or gow	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						Officer		dog outcome go kadour
AMERICAN GEOSCIENCES INSTITUTE	CES INSTITUTE							STATEMAP, DATA
4220 KING STREET								PRESEVATION AND
ALEXANDRIA, VA 223	22302-1502	52-0786946	501(C)(3)	13,250.	0			GOVERNMENT AFFAIRS
							·	
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					A
3 Enter total number	Enter total number of other organizations							0.
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990 SEE PART IV FOR COLUMN (H)	, see the Instructi IV FOR CO	ions for Form 990. LUMN (H) DE;	m 990. H) DESCRIPTIONS	_ل م			Schedule I (Form 990) (2010)
032101 01-13-11				O T				

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. Schedule I (Form 990) (2010)

Part III

(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 LINE 1, COLUMN (H): (a) Type of grant or assistance PART II,

Schedule I (Form 990) (2010)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization **Employer identification number** ASSOCIATION OF AMERICAN STATE GEOLOGISTS 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

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.

➤ See separate instructions. ▶ Attach to Form 990.

2010 Open to Public Inspection

OMB No. 1545-0047

ASSOCIATION OF AMERICAN STATE GEOLOGISTS Name of the organization

Employer identification number 43-6058913

(g) Section 512(b)(13) ŝ × controlled entity? 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.) Œ Direct controlling entity End-of-year assets I/A **e** status (if section CH A - LINE Public charity 501(c)(3)) Total income Exempt Code 9 section 501(C)(3) Ē 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) foreign country) ত ALABAMA PROVIDE FINANCIAL SUPPORT Primary activity Primary activity <u>@</u> FOR AASG AASG FOUNDATION INC - 20-8939615 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 3817 MINERAL POINT ROAD 53705-5100 MADISON, WI Part Part II

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Schedule R (Form 990) 2010

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

43-6058913

Page 2

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.) Schedule R (Form 990) 2010

(j) (k) General or Percentage managing ownership					re related	(h) Percentage ownership	:	
(j) seneral or nanaging partner?	Yes No				or mo	of ear s		
Code V-UBI amount in box n 20 of Schedule 1	(0001 1110	-			use it had one	(g) Share of end-of-year assets		
Co 20 or	<u> </u>				- becar	of total me		
7 8 8 4	o N		·		line 34	(f) Share of total income		
Disprate all	Yes				Part IV,		 	
(g) Share of end-of-year assets					to Form 990, F	(e) Type of entity (C corp, S corp, or trust)		
(f) Share of total income					on answered "Yes"	(d) Direct controlling entity		
(e) Predominant income (related, unrelated, excluded from tax under	(4) (7-2) (4)			: :	if the organizati	(c) Legal domicile (state or foreign country)		
Pred (relge exclud	198				mplete	/ity		
(d) Direct controlling entity					wation or Trust (Corear.)	(b) Primary activity		
(c) Legal domicile (state or foreign	country)				a Corpo the tax y			
(b) Primary activity					janizations Taxable as poration or trust during	Z c		
(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) Name, address, and EIN of related organization		

Schedule R (Form 990) 2010

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	δ
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?	ons with one or more re	elated organizations listed	l in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift. grant. or capital contribution to other organization(s)				1 p		×
c Gift. grant. or capital contribution from other organization(s)				5		×
				1d	- '	×
				-di		×
					_	
				¥	-	k
1 Sale of assets to other organization(s)				= .	-	1 >
g Purchase of assets from other organization(s)		3		1g	1	ا ۵
Exchange of assets				1h	,	×
quipment, or other assets to other organization(s)				Έ		мl
j Lease of facilities, equipment, or other assets from other organization(s)				=		Μl
k Performance of services or membership or fundraising solicitations for other organization(s)	ınization(s)			¥	_	×
	nization(s)			=		X
				18		×
n Sharing of paid employees				두		M
o Reimbursement naid to other organization for expenses				9	 -	×
Reimbursement baid by other organization for expenses	· · · · · · · · · · · · · · · · · · ·			유	ľ	×
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
a Other transfer of cash or property to other organization(s)				19		×
				11	_	×
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 tl	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	1		
(1)						
(2)						ļ
(8)						
(4)						ĺ
(5)						
032163 12-21-10	21		Schedule R (Form 990) 2010	R (Form	990) 20	310

Page 4

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)	(9)	(0)	9	(e)	£	(a)	(h)
	: :) - 1 - V				
Name, address, and EIN	Primary activity	Legal domicile	section 501(c)(3)	S	tionate	Code V-UBI amount in box 20	managing
or entity		(state of Toreign country)	ves No	year assers		of Schedule K-1 (Form 1065)	1 '

	:						
							-
					•		

							_
						Schedule R (Form 990) 2010	n 990) 2010

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Schedule	R (Form 990) 2010	ASSOCIATION OF	AMERICAN	STATE	GEOLOGISTS.	43-6058913	Page 5
Part V	R (Form 990) 2010 Supplemental In	formation					
	Complete this part to	provide additional information for	responses to ques	tions on Sch	edule R (see instructi	ons).	
	· · · · · · · · · · · · · · · · · · ·	the state of the s					
	*						
	•						

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				· · · · · · · · · · · · · · · · · · ·		MANAGEMENT TO THE STATE OF THE	
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<u> </u>							
					-		
				- III			
			· -				

1

FOOTNOTES

STATEMENT

REASONABLE CAUSE FOR LATE FILING

THIS 2010 FORM 990 FOR TAX YEAR ENDING MAY 31, 2011 IS BEING FILED AFTER THE EXTENDED DUE DATE OF JANUARY 17, 2012, BECAUSE THE ELECTRONIC FILE SUBMITTED ON 1/16/2012 WAS REJECTED. THE ORGANIZATION HAS NO RECORD OF NOTIFICATION THAT THE MODERNIZED E-FILE SYSTEM WOULD NOT BE AVAILABLE.

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

A F	or the	e 2009 calendar year, or tax year beginning $$ JUN $$ $$ $$ $$ $$ $$ $$ $$ $$ and ending	MAY 31, 2010	
Вс	heck if	le: Please use IRS C Name of organization	D Employer identific	eation number
X	Addre	use InS	5	
	_Name _chang	type. Doing Business As	43-60	058913
	_Initial _return _Termli ated	0	1	488 9380
	Amen return	ded tions. City or town, state or country, and ZIP + 4	G Gross receipts \$	33,077.
	Application	TALLAHASSEE, FL 32304-7795	H(a) Is this a group re	
	pendi	F Name and address of principal officer: UUNATHAN ARTHUR	for affiliates?	Yes X No
		903 WEST TENNESSEE STREET, TALLAHASSEE, FL	H(b) Are all affiliates inc	luded? Yes No
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		te: ► WWW.STATEGEOLOGISTS.ORG	H(c) Group exemption	
			ear of formation: 1998 N	1 State of legal domicile; ${ m DE}$
Pa	rt I		EDIIGA ETOM	
ce	1	Briefly describe the organization's mission or most significant activities: ${\color{red} \underline{\textbf{GEOLOGIC}}}$	EDUCATION	
Activities & Governance				
veri		Check this box if the organization discontinued its operations or disposed of m	1 1	51
G		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		51
ઝ		Total number of employees (Part V, line 2a)		<u> </u>
itie		Total number of volunteers (estimate if necessary)		51
ctiv	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	14,700.	14,670.
eun	9	Program service revenue (Part VIII, line 2g)		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,181.	4,256.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,448.	14,151.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,329.	33,077.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,300.	4,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	:	
Sen	1	Professional fundraising fees (Part IX, column (A), line 11e)		
Ä	1	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	24,843.	34,514.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,143.	38,514.
		Revenue less expenses. Subtract line 18 from line 12	7,186.	-5,437.
or	<u> </u>	Troversa to too expenses. Capitale into 10 nonthino 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	133,863.	128,426.
ASS	21	Total liabilities (Part X, line 26)	11.1.1.1	
SE.	22	Net assets or fund balances. Subtract line 21 from line 20	133,863.	128,426.
Pa	art II			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled dge	ge and bellef, it is true, correct,
			1	
Sig	n	Signature of officer	Data	
Her	е	1 · -	Date	
•		JONATHAN ARTHUR, TREASURER Type or print name and title		
		I Dott	Check if Prepar	er's Identifying number
Paid	i	Preparer's signature	self- employed ► X	structions)
	parer's	Firm's name (or PATIT, DARMOTTR CPA	EIN >	
Use	Only	self-employed), 4945 142ND PATH WEST	LIIN	
		address, and ZIP+4 APPLE VALLEY, MN 55124-7706	Phone no. ▶ 9	52 322 2490
May	the l	BS discuss this return with the preparer shown above? (see instructions)	1	X Yes No

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	77
2	ls 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			7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			7,7
	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		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X.		l	1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		x
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		L	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1 4a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			\
	located outside the United States? If "Yes," complete Schedule F, Part III	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.40		X
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	 	
10	complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	†	X
	2.1. 1.1. 1.9. Inches of the or many needs of the control of the c		000	(0000)

Form **990** (2009)

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
2 4a	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240	ļ	
ZJa		25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions);			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	İ		١.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		
	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			X
22	Schedule N, Part II	32	ļ	 ^ -
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?	33	-	 ^
07	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	07	 -	
•	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	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		†	1
	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	<u>L</u>
			000	

Form 990 (2009)

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

					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a		<u> </u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		2		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	-				
	(gambling) winnings to prize winners?	i · · · · · · · · · · · · · · · · · · ·		1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a		<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		-			l <u></u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by thi	s return?	3a		X
	•			3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account	t)?	4a		X
b	If "Yes," enter the name of the foreign country:					,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank ar	nd	ļ		
	Financial Accounts.					₹.
					ļ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b	 	_ <u>x</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardance of the control o	-		_		
_	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				x
1.	any contributions that were not tax deductible?			6a	ļ	<u> </u>
a	If "Yes," did the organization include with every solicitation an express statement that such contributives not true deductible?			- Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b	-	
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	annde (and services			
а	provided to the payor?	_		7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
•	to file Form 82827			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year					<u> </u>
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		l			
	benefit contract?			7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as rec	uired?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	-				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	cess bus	siness holdings			ļ
	at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				1	
а	Did the organization make any taxable distributions under section 49667				<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	1 1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		_	1	
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:	[1				
a	Gross income from members or shareholders	11a		\dashv		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1	
40-	amounts due or received from them.)	11b		- 40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10417		12a	+	-
IJ	ii 165, entor the amount of tax-exempt interest received of accided during the year	i IZU		Eorr	2 990	(2009)

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

Sec	tion A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 51			
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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
a	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			
	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	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12 b		
c	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	<u> </u>	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
	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
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		ļ	ļ
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and fina	ancial	
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books are personally at the person of the person who possesses the books and the person of the person who person of the per	ation:	_	
	JONATHAN ARTHUR, TREASURER - 850 488 9350			
	903 WEST TENNESSEE STREET, TALLAHASSEE, FL 32304-7795		200	
		Form	990	(2009)

932006 02-04-10

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

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

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

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

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

X Check this box if the organization did not o	compensate an	у сі	ırrer	nt of	icer	, dire	ecto	r, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,,		Pos				Reportable	Reportable	Estimated
	hours per		neci	(all	that	арр	ly)	compensation from	compensation from related	amount of other
	week	Individual trustee or director						the	organizations	compensation
		ordi	8			ated		organization	(W-2/1099-MISC)	from the
		rustee	Institutional trustee		8	ubdu		(W-2/1099-MISC)		organization
		dualt	afiona	L	l old m	st cor	*			and related
		Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			organizations
DAVID R. WUNSCH		 	-	-		 	-			
PRESIDENT	2.00	X		X			11.	0.	0.	0.
BERRY H. (NICK) TEW										
PAST PRESIDENT	1.00	X		X				0.	0.	0.
JAMES C. COBB	1	l		l						
PRESIDENT ELECT	1.00	Х	L	X		<u> </u>		0.	0.	0.
VICKI S. MCCONNELL VICE PRESIDENT	1 00	x	ŀ	x				_	٨	^
L. HARVEY THORLEIFSON	1.00	<u> </u>	-	Δ.	_	├		0.	0.	0.
TREASURER	1.00	x	1	x	·			0.	0.	0.
ROBERT F. SWENSON	1.00	^	-	<u> </u>				V •	0.	· ·
SECRETARY	1.00	Х	Į	X				0.	0.	0.
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

14,151.

33,077.

d All other revenue

Total revenue. See instructions.

Total. Add lines 11a-11d

С

14,151.

0.

4,256.

Form 990 (2009)

Part IX Statement of Functional Expenses

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

				ete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	4,000.	4,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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 contributions (include section 401(k)		21		
	and section 403(b) employer contributions)		100		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b		25.		25.	
c		2,625.		2,625.	
d					
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	F				
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·		
13	Office expenses	· · · · · · · · · · · · · · · · · · ·			**************************************
14	Information technology				
15					
16	Royalties				
17	Occupancy	2,875.		2,875.	
18	Travel Payments of travel or entertainment expenses	270731		2,073.	
10					
40	for any federal, state, or local public officials Conferences, conventions, and meetings	25,309.		25,309.	,,,
19	Total and the	23,303.		23,303.	<u> </u>
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Insurance Other expenses, Itemize expenses not covered				
24	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below.) EXHIBITS	1,657.		1,657.	
a	JOURNAL-FACT BOOK EDITI	986.	986.	Ι,05/•	
13	AWARDS	506.	900.	506.	· · · · · · · · · · · · · · · · · · ·
C .	AGI & USGS MEMBERSHIP	446.		446.	
C	BANK CHARGES	85.	· · · · · · · · · · · · · · · · · · ·	85.	
e		00.		03•	
f or	All other expenses	38,514.	1 00 <i>c</i>	33,528.	
25	Total functional expenses. Add lines 1 through 24f	30,314.	4,986.	აა,ა∡ა.	0
26	Joint costs. Check here Jif following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Part X | Balance Sheet (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 22,890. 28,045. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net _____ 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation ______ 10b 10c 110,973. 100,381. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 133,863. 128,426. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities. Complete Part X of Schedule D 25 25 Ō. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

X and complete lines 30 through 34. Capital stock or trust principal, or current funds 0 30 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 128,426. 133,863. 32 32 Retained earnings, endowment, accumulated income, or other funds 133,863. 128,426. 33 Total net assets or fund balances 33

128,426. Form **990** (2009)

Total liabilities and net assets/fund balances

133,863.

34

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

Form **990** (2009)

3h

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

Employer identification number 43-6058913

Part I	Reason	for Public Char	ity Status (All organiz						= 3	0030	J _ J	
								tructions.				
			because it is: (For lines	-		•	•					
1			s, or association of chur		ribed in se	ction 170	(b)(1)(A)(ı)	i.	_			
2			0(b)(1)(A)(ii). (Attach Sc	•								
3			tal service organization									
4 📖			operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter the	e hospital	s name	θ,
	city, and stat	•		· · · · · · · · · · · · · · · · · · ·								
5 📖			benefit of a college or ui	niversity o	wned or op	perated by	a governi	mental uni	t described	d in		
		(b)(1)(A)(iv). (Comple										
6		_	ent or governmental uni									
7 📖	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general pu	ıblic desc	ribed ir	า
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	ion that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, and	l gross red	eipts f	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support fr	om gross	investr	ment
	income and u	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization af	ter June 3	0, 197	5.
		509(a)(2). (Complete				~						
10	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11	An organizati	ion organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	out the p	urposes c	f one c	or
			itions described in secti									
			organization and compl					·				
	a Type I		7	; 🔲 тур			egrated		d 🔲 .	Type III - C	Other	
е 🗀	By checking	this box, I certify tha	it the organization is not	controlled	I directly o	r indirectly	by one o	r more disc				า
			han one or more publicly									
f			ten determination from						(-)(-)		(,(,-	
		rganization, check th			-							
g		-	rganization accepted ar									
•			irectly controls, either al			-					Yes	No
			upported organization?							11g(i)	100	
			n described in (i) above?									
			person described in (i)									
h			about the supported or							119(11)		
••	T TOVIGO CHO I		about the supported of	garnzation	ω,							
/!\ Alama	of ournorted	/IIV CINI	(iii) Type of	(iv) is the c	rganization	(v) Did you	notify the	(vi) Is	the			
	of supported anization	(II) EIN	organization	in col. (i) lis	sted in your	organizat		Lorganizatio	n in col.	(vii) Am		
or go	πηζατιστι		(described on lines 1-9 above or IRC section		document?			(i) organiz U.S	ea m me .?	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1.00	110	100		100	110	· · · · · · · · · · · · · · · · · · ·		
				Ì								
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	. 11			-	 							
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. 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 - 2009. 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 b 10% -facts-and-circumstances test - 2008. 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 !V 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

Schedule A (Form 990 or 990-EZ) 2009

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			j			
	include any "unusual grants.")	15,600.	67,500.	47,151.	14,700.	14,670.	159,621.
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	5,611.	17,434.	11,699.	18,245.	14,746.	67,735.
3	Gross receipts from activities that						0.77001
	are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	21,211.	84,934.	58,850.	32,945.	29,416.	227,356.
7a	Amounts included on lines 1, 2, and			11			
	3 received from disqualified persons			9.			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.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)		-			***************************************	227,356.
Sec	ction B. Total Support	<u> </u>					· · · · · · · · · · · · · · · · · · ·
-	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	21,211.	84,934.	58,850.	(d) 2008 32,945.	(e) 2009 29,416.	(f) Total 227,356.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,382.	5,260.	6,804.	2,181.	4,253.	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	4,382.	5,260.	6,804.	2,181.	4,253.	22,880.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)	25,593.	90,194.	65,654.	35,126.	33,669.	250,236.
	First five years. If the Form 990 is for					on 501(c)(3) organi	4
	•	•		·			
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2009 (column (f))		15	90.86 %
16	Public support percentage from 2008					16	90.40 %
	ction D. Computation of Inve						
	Investment income percentage for 20		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 13, column (f))		17	9.14 %
18	Investment income percentage from 2					18	9.60 %
198	a 33 1/3% support tests - 2009. If the					33 1/3%, and line	
•	more than 33 1/3%, check this box a						► ▼
ŀ	33 1/3% support tests - 2008. If the						
•	line 18 is not more than 33 1/3%, che						
20							
		3.3 0.100114		, 2. ,00,000000	 		90 or 990-FZ) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.



Employer identification number Name of the organization ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 FORM 990, PART VI, SECTION B, LINE 11: COPY WILL BE MADE AVAILABLE ELECTRONICALLY FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: DAVID R. WUNSCH - 29 HAZEN DRIVE, CONCORD, NH 03302-0095 TEW - P O BOX 869999, TUSCALOOSA, AL 35486-6999 (NICK) BERRY H. JAMES C. COBB - 228 MINING AND MINERAL RESOURCES, LEXINGTON, KY 40506-0107 VICKI S. MCCONNELL - 800 N E OREGON STREET, SUITE 965, PORTLAND, L. HARVEY THORLEIFSON - 2642 UNIVERSITY AVENUE WEST ROOM 104 SAINT PAUL, MN 55114-1057 ROBERT F. SWENSON - 3354 COLLEGE ROAD, FAIRBANKS, AK 99709-3707

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009 Open to Public Inspection

Employer identification number 43-6058913

▼ See separate instructions. ASSOCIATION OF AMERICAN STATE GEOLOGISTS ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service

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

Part

Direct controlling 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.) End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part

Schedule R (Form 990) 2009 Direct controlling entity N/A SCH A - LINE 7 status (if section Public charity 501(c)(3)) <u>e</u> Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) ALABAMA ROVIDE FINANCIAL SUPPORT Primary activity 9 FOR AASG AASG FOUNDATION INC - 20-8939615 Name, address, and EIN of related organization 3817 MINERAL POINT ROAD 53705-5100 MADISON, WI

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

932161 02-04-10

43-6058913

Page 2

Schedule R (Form 990) 2009 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.)

General or	x managing le partner? 5) Yes No			e related	(h) Percentage ownership			990) 2009
	교였소		·	had one or mor	(g) Share of Fend-of-year assets			Schedule R (Form 990) 2009
(h) Disproportion-	ate allocations?			because it l				 Sch
(g) Share of	end-of-year assets			art IV, line 34	(f) Share of total income			-
				Form 990, P.	(e) Type of entity (C corp, S corp, or trust)	*		
(f) Share of total		***************************************		ed "Yes" to				-
(e) Predominant income	(related, unrelated, excluded from tax under sections 512-514)			tion answer	(d) Direct controlling entity			
 Predomin	(related, excluded fr sections			 he organiza	(c) Legal domicile (state or foreign country)			
Direc				Frust (Complete if t	(b) Primary activity			18
(c) Legal domicile	(state or foreign country)			ooration or vear.)	Prir			
(b) Primary activity				anizations Taxable as a Corp ooration or trust during the tax	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) Name, address, and EIN of related organization			932162 07-21-10

Page 3

Schedule R (Form 990) 2009 ASSOCIATION OF AMERICAN STATE GEOLOGISTS

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

			;	⊢
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	S S
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?	ons listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			<u>1</u> a	×
b Gift grant or capital contribution to other organization(s)			-	×
· (g)			ဍ	×
			77	×
d Edgis of Idaa guestation by other organization(s)			4	×
e Loans of foat guarantees by other organization(s)			2	
			ň	×
t Sale of assets to other organization(s)			=	1
g Purchase of assets from other organization(s)			1g	×
h Exchange of assets			1h	×
			ij	×
i Lease of facilities equipment or other assets from other organization(s)			ij	×
k Performance of services or membership or fundraising solicitations for other organization(s)			¥	×
			=	×
m Sharing of facilities equipment mailing lists, or other assets			£	×
r Charles of Fraid amplitudes			Ę	×
• Daimhurcamant noid to other organization for expenses			9	×
Reimbursement haid by other organization for expenses			2	×
ן ויפוווטטוספוופוג למש טל טוופו טלפוובמוטו וטן כאףפוסכס				
a Other transfer of cash or property to other organization(s)			1a	×
			+	×
If the answer to any of the above is "Yes," see the instruction	covered relationships and transac	tion thresholds.		
	-		(c) Amount involved	, ed
(1)				
(2)				
(3)				
(4)				
(5)				
932163 02-04-10		Schedule	Schedule R (Form 990) 2009	0) 2009

L3 Page 4

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.

inat was not a related organization. Ode instructions regarding exclusion of			1		9	(-)	3
(a)	(a)		Đ,	(e)		(6)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
Or entity			organizations?	yeal assets		of Schedule K-1 (Form 1065)	1 ' 1
		- 2 Profession					
					-		
						•	
					-		
					-		
						Schedule R (Form 990) 2009	n 990) 2009

932164 02-04-10

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning $\underline{JUN~1}$, 2009, and ending $\underline{MAY~31}$,20 $\underline{10}$

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

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

I Employer identification number

Name of ex	empt organization	Employer identification number
	AGGOGTANTON OF AMERICAN GRANE GEOLOGIGMS	42 (050012
Nama and		43-6058913
Name and	JONATHAN ARTHUR	
Part I		
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 return. If you che no line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1t 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. E complete more than 1 line in Part I. 1a Form 990 check here The image is a factor of the image is a factor of the applicable line below. E 2a Form 990-EZ check here The image is a factor of the imag	s blank, then leave line 1b, 2b, 3b,	
-		1b 33077
	Total formally in saily (i state of some of the sound of	
	1120-POL check here b Total tax (Form 1120-POL. line 22)	3b
	990-PF check here b Tax based on investment income (Form 990-PF, Part VI. line 5)	4b
5a Form		
Dort II	Declaration and Signature Authorization of Officer	
I	T	
intermedi (a) an ack processir an electro organizat the U.S. institution issues rel	ate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to inowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset given the transmission, (c) an indication of any refund offset given the u.S. Treasury and its senic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To reasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlements involved in the processing of the electronic payment of taxes to receive confidential information necessated to the payment. I have selected a personal identification number (PIN) as my signature for the organication in the processing of the electronic payment of taxes to receive confidential information necessated to the payment. I have selected a personal identification number (PIN) as my signature for the organication is a selected to the payment.	the IRS and to receive from the IRS at, (c) the reason for any delay in designated Financial Agent to initiate on software for payment of the revoke a payment, I must contact ant) date. I also authorize the financial sary to answer inquiries and resolve
X	Lauthorize PAUL D ARMOUR CPA	to enter my PIN 92998
		Enter five numbers, bu do not enter all zeros
	is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au	
	indicated within this return that a copy of the return is being filed with a state agency(ies) regulating characteristics.	
Officer's s	gnature ▶ Date ▶	
Part II	Certification and Authentication	
ERO's E	The first year and agree in the first of a year in a digital of a discourse in the	
confirm t	nat I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me	· · · · · · · · · · · · · · · · · · ·
ERO's sign	ature ▶ Date ▶	
	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. 923051 03-02-10

Form **8879-EO** (2009)

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For th	ie 2008 calendar year, or tax year beginning $ JUN 1$, $ ZUU8 $ and ending	MAY 31, 2009	
В	Check if applicat	ele: use IRS C Name of organization	D Employer identific	cation number
	Addr chan	ess label or ASSOCIATION OF AMERICAN STATE GEOLOGIST		
	Name Chan	ge Doing Business As	43-6	058913
	Initial retur	n See Number and street (or P.U. box it mail is not delivered to street address) Hoom/si		
	Term ation	in- Specific 2642 UNIVERSITY AVENUE WEST 104	612	627 4780
	Amer	nded tions. City or town, state or country, and ZIP + 4	G Gross receipts \$	36,329.
	Appli	DAINI IACH, IN 33114 1037	H(a) Is this a group re	
	pend	F Name and address of principal officer: HARVEY THORLEIFSON	for affiliates?	Yes X No
		2642 UNIVERSITY AVENUE WEST, SAINT PAUL, M	—- ```,``````	
		tempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		te: ► WWW.STATEGEOLOGISTS.ORG	H(c) Group exemptio	
K	Type of	forganization: X Corporation Trust Association Other ► Ly	ear of formation: 1998 N	1 State of legal domicile: DE
	art I			
ڼ	1	Briefly describe the organization's mission or most significant activities: GEOLOGIC	EDUCATION	
Activities & Governance				
Ĩ	2	Check this box if the organization discontinued its operations or disposed of n	ore than 25% of its assets	S
Š	3	Number of voting members of the governing body (Part VI, line 1a)		51
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		51
es	5	Total number of employees (Part V, line 2a)		
Ξ	6	Total number of volunteers (estimate if necessary)		
Act	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		0.
	b_	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year 14,700.
e	8	Contributions and grants (Part VIII, line 1h)	33,251. 13,900.	14,700.
Revenue	9	Program service revenue (Part VIII, line 2g)	7,296.	2,181.
Be.	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,699.	19,448.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,146.	36,329.
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,349.	4,300.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	74,343.	4,300.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	t	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		······································
ë	1	Professional fundraising fees (Part IX, column (A), line 11e)		
X	1	Total fundraising expenses (Part IX, column (D), line 25)	28,426.	24,843.
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	102,775.	29,143.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-36,629.	7,186.
- S	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total consts (Post V. Hoo 16)	126,677.	133,863.
4ss Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	22070	
E E	22	Net assets or fund balances. Subtract line 21 from line 20	126,677.	133,863.
	in II	Signature Block		
500000		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled	ge and belief, it is true, correct,
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	age.	
Sig	n			
Her		Signature of officer	Date	
		► HARVEY THORLEIFSON, TREASURER		
		Type or print name and title		·
n_:-		Preparer's Date	Check if Prepare (see ins	er's identifying number structions)
Paid		signature Saul Chrone 10-13-09	employed > X	
	oner's	Firm's name (or PAUL D ARMOUR CPA yours if	EIN ►	
OSE	Only	self-employed), 4945 142ND PATH WEST		
		ZIP+4 APPLE VALLEY, MN 55124-7706	Phone no. ▶ 9	52 322 2490
Mav	the l	RS discuss this return with the preparer shown above? (see instructions)	***************************************	X Yes No

Page 3

Form 990 (2008)

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

Par	Statements Regarding Other IRS Filings and Tax Compliance				
		1 1	F0800000000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a	<u> </u>		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		U		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	(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	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	2b	*********	-0000000000000000000000000000000000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				
	Did the organization have unrelated business gross income of \$1,000 or more during the year cover				X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
	Financial Accounts.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			\vdash	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			\vdash	Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
	Tax Shelter Transaction?				177
	Did the organization solicit any contributions that were not tax deductible?		<u>6a</u>	 _	X
	If "Yes," did the organization include with every solicitation an express statement that such contribu				
	were not tax deductible?		6b	**********	
	Organizations that may receive deductible contributions under section 170(c).				·
	Did the organization provide goods or services in exchange for any quid pro quo contribution of mo			\vdash	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		_7b _	$\vdash \vdash$	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it $oldsymbol{v}$				37
	to file Form 8282?		7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year		—		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a				37
	benefit contract?				X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			\vdash	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			\vdash	X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		7h		_ ^
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and se				
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring o				
	excess business holdings at any time during the year?		8		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			£888888888	
	Did the organization make any taxable distributions under section 4966?			H	<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter: N/A	امدا			
	Initiation fees and capital contributions included on Part VIII, line 12		\dashv		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100	\dashv		
	Section 501(c)(12) organizations. Enter: N/A	11			
	Gross income from members or shareholders	11a	\dashv		
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\dots, \mathbb{N}/\mathbb{A}$	12b	ps::::::::::::::::::::::::::::::::::::	4033633	p

Form **990** (2008)

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

Sec	tion A. Governing Body and Management						
				- ES	000000000000000000000000000000000000000	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	e the	circumstances,				
	processes, or changes in Schedule O. See instructions.	1	1	E 1			
1a	Enter the number of voting members of the governing body	1a		51 51			
þ	Enter the number of voting members that are independent	<u>1b</u>	<u> </u>	2 T			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						
	officer, director, trustee, or key employee?			-	2		X
3	Did the organization delegate control over management duties customarily performed by or under the						v
	of officers, directors or trustees, or key employees to a management company or other person?				3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo				4		
5	Did the organization become aware during the year of a material diversion of the organization's asset				5		X
6	Does the organization have members or stockholders?			····· -	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me				_		v
	governing body?				7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year				
	by the following:			8	***************************************	***	,0000000000000000000000000000000000000
а	The governing body?			·····-	8a	X	
b	Each committee with authority to act on behalf of the governing body?			⊢	8b	Х	v
9a	Does the organization have local chapters, branches, or affiliates?			···· -	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with those of the organization?				9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All or					v	l
	describe in Schedule O the process, if any, the organization uses to review the Form 990			····	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re					Х	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		·····		11	Λ	
Sec	tion B. Policies					Yes	Ma
40	Down the state of			Γ.	12a	165	No X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			·····- ├	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou			١.	12b		l
	to conflicts?			·····- -	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If			١.	12c		l
40	in Schedule O how this is done			·····	13		X
13	Does the organization have a written whistleblower policy?			····-	14		X
14	Does the organization have a written document retention and destruction policy?				14	*******	**
15	Did the process for determining compensation of the following persons include a review and approve		naepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			1			X
a	The organization's CEO, Executive Director, or top management official?				<u>15a</u> 15b		X
b	Other officers or key employees of the organization?				LOD		
40	Describe the process in Schedule O. (see instructions)		uith a				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			×.	16a	90000000000	X
	taxable entity during the year?			· · · · · · · · · · · · · · · · · · ·			
Đ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the second of t				16b	3.000000000	,60000000000
0	exempt status with respect to such arrangements?	.,,,,,,,,			IUD		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE						
17	List the states with which a copy of this forth cos is required to so med?	C /501	(a)(3)a aalul aua	ilable fo	nr.		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	1001	(c)(3)s only) ava	navie i	<i>0</i> 1		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request	orella	t of intovoct ==!	ov co-	d fina	noiel	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	Oninc	LOLINTEREST POIL	υy, and	ı ıırıa	ııcıdı	
	statements available to the public.	5 d #4 -	orde of the see	anizati	.		
20	State the name, physical address, and telephone number of the person who possesses the books at HARVEY THORLEIFSON, TREASURER - 612 627 4780	iia (e)	orus or the org	ai iizali(JII. 🏲		
	2642 UNIVERSITY AVENUE WEST, ROOM 104, SAINT PAUL	N	IN 5511	4-10	57		
832006 12-18-		., .					(2008)
12-18-	J8						,,

Form 990 (2008) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

X Check this box if the organization did not (A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours	6		Posi		арр	đω۱	Reportable compensation	Reportable compensation	Estimated amount of
	per week	inector	Institutional frustee			Highest compensated 5 employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
BERRY H (NICK) TEW PRESIDENT	2.00	x		X				0.	0.	0.
CHACKO J JOHN PAST PRESIDENT	1.00	х		Х				0.	0.	0.
DAVID R WUNSCH PRESIDENT ELECT	1.00	x		х				0.	0.	0.
JAMES COBB VICE PRESIDENT	1.00	X		X				0.	0.	0.
HARVEY THORLEIFSON TREASURER	1.00			X		<u> </u>		0.	0.	0.
VICKI S MCCONNELL SECRETARY	1.00	ļ		X				0.	0.	0.
								,		
- No.										<u> </u>
									- 1-	

832007 12-18-08

Form 990 (2008)

8.88	rt VII Section A. Officers, Directors, Tru		mple 	oyee			High	iest				/F3	
	(A) Name and title	(B) Average			ر) Pos	C) ition			(D) Reportable	(E) Reportable		(F) Estima	
	Name and title	hours	(0				app	oly)	compensation	compensation		amoun	
		per week	Inclvidual trustee or director	Institutional trustee	Officer	Keyemployee	Highest compensated errolovee	Former	from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-MI	ıs	othe compens from t organize and rela organize	aation he ation ated
										···			·

	Total			l	l		_	<u> </u>	0.		0.		0.
2	Total number of individuals (including those					tha	n \$1	00,0	000 in reportable				
	compensation from the organization										<u> ▶</u>	. Voc	() No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s									mployee on		Yes	X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	d otl	her compensation from				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization for serv			5	X
Sec	the organization? If "Yes," complete Sched	uie u tor such ,	pers	on .	<u></u>							3	
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of cor	npens	ation from	
	(A) Name and business	address							(B) Description of s	ervices	С	(C) ompensati	on
		-tradeout											
 -													
												<u>. </u>	
2	Total number of independent contractors (i	ncluding those	e in ·	1) wi	no re	eceiv	ved i	mor	e than \$100,000 in com	pensation			
	from the organization	0											

Form 990 (2008)

Revenue Other

including \$

Program Service

3

b Less: cost of goods sold b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 18,245. 18,245 541900 **MEETINGS** 1,203. **b** UNREALIZED GAINS 900099 d All other revenue 19,448. Total. Add lines 11a-11d

12

0.

36,329.

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

Form 990 (2008) ASSOCIATION O Part X Statement of Functional Expenses

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

<u>n</u>		(A)	(B)	ete columns (B), (C), ar (C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	4,300.	4,300.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		•		
	trustees, and key employees				
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 contributions (include section 401(k)				
_	and section 403(b) employer contributions)		v ²	<u> </u>	1
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	İ			
a	3	50.		50.	· · · · · · · · · · · · · · · · · · ·
b	Legal	1,875.		1,875.	
C		1,073.		1,075.	
d	, , ,				
e	,,,				
f	Investment management fees				
9					
12	Advertising and promotion	160.	- marketing to	160.	
13	Office expenses	1001		100.	
14	Information technology				
15 16	Royalties				
17	Occupancy	2,852.		2,852.	- 0
	Travel	2,052.	***	2,002.	
18	Payments of travel or entertainment expenses			4	
40	for any federal, state, or local public officials Conferences, conventions, and meetings	13,482.		13,482.	
19 20		13/1021			-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			····	
23	Insurance	··		-11	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	EXHIBITS	3,019.		3,019.	
b	FACT BOOK EDITING	2,490.	2,490.		
C	AWARDS	430.	<u> </u>	430.	 -
d	AGI & USGS MEMBERSHIP	400.		400.	
е	BANK CHARGES	85.		85.	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	29,143.	6,790.	22,353.	0.
26	Jaint Casts. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

832010 12-18-08

Form 990 (2008)

Pa	пX	Balance Sheet		· · · · · · · · · · · · · · · · · · ·			
				(A) Beginning of year		(B) End of ye	ear
	1	Cash · non-interest-bearing			1		
	2	Savings and temporary cash investments		66,905.	2	22	,890.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, di					
		employees, or other related parties. Complete P	art II of Schedule L		5		*****************
	6	Receivables from other disqualified persons (as	defined under section				
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete				
		Part II of Schedule L			6		
য়	7	Notes and loans receivable, net	***************************************		7	A**	
Assets	8	Inventories for sale or use			8		
₹	9	Prepaid expenses and deferred charges			9		~~~~~
	10a	Land, buildings, and equipment: cost basis	10a				
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	10b		10c		
	11	Investments - publicly traded securities	***************************************	59,772.	11	110	,973.
	12	Investments - other securities. See Part IV, line 1	11		12		
i	13	Investments · program-related. See Part IV, line	11		13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	126,677.	16	133	<u>,863.</u>
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue			19	π	
	20	Tax-exempt bond liabilities			20		
S	21	Escrow account liability. Complete Part IV of Sci	hedule D	***************************************	21		
Ě	22	Payables to current and former officers, director	s, trustees, key employees,				
Liabilities		highest compensated employees, and disqualific of Schedule L			22		
	23	Secured mortgages and notes payable to unrela	ted third parties		23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities. Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		_ 0 .	26		0.
		Organizations that follow SFAS 117, check he	ere 🕨 🔛 and complete				
Se		lines 27 through 29, and lines 33 and 34.					
auc	27	Unrestricted net assets			27		
Bal	28	Temporarily restricted net assets		·- ·-	28		
밀	29		b v		29		
Ţ.		Organizations that do not follow SFAS 117, cl	neck here 🕨 🔼 and				
Net Assets or Fund Balances		complete lines 30 through 34.		0.	90		0.
set	30	Capital stock or trust principal, or current funds		0.	30 31		0.
As	31	Paid-in or capital surplus, or land, building, or eq		126,677.		122	,863.
let	32	Retained earnings, endowment, accumulated in		126,677.			,863.
	33	Total net assets or fund balances		100 077			,863
D.	34 * ¥1	Total liabilities and net assets/fund balances		120,011.	34	155	7000.
Fal	US AND	Financial Statements and Reporting				Ţ	es No
	A =		Cash X Accrual	Other			
1		unting method used to prepare the Form 990: L				2a	X
		the organization's financial statements compiled	- ·				X
b		the organization's financial statements audited b s" to lines 2a or 2b, does the organization have a					
С		s" to lines 2a or 2b, does the organization have a w, or compilation of its financial statements and s					
3~		w, or compliation of its financial statements and s result of a federal award, was the organization rec					-
Jđ		result of a federal award, was the organization rec nd OMB Circular A-133?				1 _ 1	Х
h		s," did the organization undergo the required au					
	12-18-		an or addited				90 (2008)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2008

2008 Open to Public Inspection

Name of the organization

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Employer identification number 43-6058913

95(5)(19)	"		rity Status (All organiz				τ.) (see ins	tructions)				
The organ		•	because it is: (Please ch		_	-						
-1 ├─	,		es, or association of chur			ction 170)(b)(1)(A)(i)).				
2			70(b)(1)(A)(ii). (Attach So	-								
3 📙			oital service organization									
4 📖			operated in conjunction	with a hos	spital desci	ribed in s e	ection 170	(b)(1)(A)(II	ı). Enter th	ie nospitai	's na n	10,
	city, and sta											<u>-</u> -
5 📖	An organizat	tion operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describe	d In		
	section 170)(b)(1)(A)(iv). (Comp	lete Part II.)									
6 🖳		_	nent or governmental uni									
7 📖	An organizat	tion that normally re	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desci	ribed i	n
	section 170	(b)(1)(A)(vi). (Compl	ete Part II.)									
8 🔲	A community	y trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 <u>X</u>	An organizat	ion that normally re	ceives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershij	p fees, and	d gross red	eipts	from
	activities rela	ated to its exempt fu	ınctions - subject to certa	ain excepti	ions, and (2	2) no more	e than 33 1	1/3% of its	support fi	rom gross	invest	ment
			taxable income (less sec									
		509(a)(2). (Complet										
10 🔲	An organizat	ion organized and o	perated exclusively to te	st for publ	lic safety. S	See secti o	on 509(a)(4	4). (see ins	tructions)			
11	An organizat	ion organized and c	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes o	f one	or
			ations described in secti									
			organization and compl									
	a Type	• • • • • •	–		e III • Fund		tegrated		d 🔲	Type III • C	Other	
е 🔲			at the organization is not	controlled	directly o	r indirectly	y by one o	r more disc	qualified p	ersons oth	er tha	ın
			than one or more publicl									
f			itten determination from						·			
			his box									
g		•	organization accepted a									
9			directly controls, either a								Yes	No
			supported organization?							. 11g(i)		
			on described in (i) above?									
		•	a person described in (i)									
h	• •	•	about the organizations									
	T (Ottoo tilo)	ono ming into mano.	, about the enganization									
		///\ E(b)	(III) Type of	(iv) is the (organization	(v) Oid vo	u notify the	(vi) Is	the	(uii) Arr	ount o	æ
	of supported anization	(II) EIN	organization		sted in your		ion in col	organizatio	on in col.	(vii) Am sun	port	"
Uiya	amzation		(described on lines 1-9 above or IRC section		document?		r support?	(I) organiz U.S	.?	000	POIL	
			(see instructions))	Yes	No	Yes	No	Yes	Ño			
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LHA For F	Privacy Act a	nd Paperwork Redi	uction Act Notice, see t	he Instruc	tions for F	orm 990	•	Schedul	e A (Form	990 or 99	(0-EZ)	2008

Page 2 Schedule A (Form 990 or 990-EZ) 2008 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... 4 Total. Add lines 1 - 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. Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2006 (d) 2007 (e) 2008 (f) Total (a) 2004 **(b)** 2005 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

	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		
ı	b 10% -facts-and-circumstances test - 2007. 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		
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	>	\Box

Schedule A (Form 990 or 990-EZ) 2008

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

Schedule A (Form 990 or 990-EZ) 2008 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 1.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 14,100. 14,700. 159,051. include any "unusual grants.") 15,600. 67,500. 47,151. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 61,010. 8,021. 5,611. 17,434. 11,699. 18,245 organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... 32,945. 220,061. 22,121. 21,211. 84,934. 58,850. 6 Total. Add lines 1 · 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 220,061. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 32,945 220,061. 22,121. 21,211 84,934 58,850 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 6,804. 2,181. 23,373. 4,746 4,382 5,260. and income from similar sources ... b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 4,746. 4,382. 5,260 6,804. 2,181. 23,373. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.) 14 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 Section C. Computation of Public Support Percentage 90.4015 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 93.2316 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g. Section D. Computation of Investment Income Percentage 9.60 17 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 6.77 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE 1 (Form 990)		Grants and	Grants and Other Assistance to Organizations,	to Organizations	_		OMB No. 1545-0047	45
		Govеmn	Governments, and Individuals in the U.S.	uals in the U.S.			2008	
Department of the Treasury Internal Revenue Service	▶ Com	 Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990. 	n answered "Yes," on F ► Attach to Form 990.	" on Form 990, Pe n 990.	rt IV, lines 21 or 22.		Open to Public Inspection	u
ະ ເ	ASSOCIATION OF AM	AMERICAN STATE	GEOLOGISTS	LS			Employer identification number 43-6058913	nber 13
Part General Information or	General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount of	n records to substantiate tl	he amount of the grants	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	[
criteria used to award the grants or assistance?	nts or assistance?	the second secon	on the state of the state of	0.444.0			X Yes X	å
Part Grants and Other Assis	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any	nd Organizations in the	United States. Co	omplete if the ords	V" Verseyered "V	es" on Form 990 Part	IV line 24 for any	
- 1	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	is box if no one recipien	t received more tha	an \$5,000. Use Pa	rt IV and Schedule I-	(Form 990) if addition	al space is needed	×
1 (a) Name and address of organization or government	inization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AMERICAN GEOLOGICAL INSTITUTE	TE TE							
ALEXANDRIA, VA 22302-1502	52-0786946	501(C)(3)	3,300.	.0			AGI GOVERNMENT AFFAIRS PROGRAM	
NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS - ONE NORTH COLLEGE	SCIENCE SE	() () () () () () () () () ()	,	c			FIELD GROUP SCHOLARSHIP	đ
		161(2)************************************	,000,1				PROGRAM	
2 Enter total number of section 501(c)(3) and government organizations	501(c)(3) and government	organizations						2.
3 Enter total number of other organizations	ganizations						A	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	vork Reduction Act Notice	e, see the Instructions 1	for Form 990.				Schedule i (Form 990) 2008	2008

Schedule I (Form 990) 2008 (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 832102 12-18-08

Page 2

43-6058913

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Schedule | (Form 990) 2008

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Form 990 or to provide any additional information. Inspection Internal Revenue Service Employer identification number Name of the organization ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: EDITING OF JOURNAL FACT BOOK FORM 990, PART VI, SECTION A, LINE 10: COPY TRANSMITTED ELECTRONICALLY FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: (NICK) TEW - P O BOX 869999 BERRY H TUSCALOOSA, AL 354866999 JOHN - 3079 ENERGY, COAST & ENVIRONMENT BLDG BATON ROUGE, LA 708030100 WUNSCH - 29 HAZEN DRIVE CONCORD, NH 033020095 JAMES COBB - 228 MINING AND MINERAL RESOURCES LEXINGTON, KY 405060107 MCCONNELL - 800 N E OREGON STREET, SUITE 965 VICKI S PORTLAND, OR 97232

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

Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

Open to Public Inspection

OMB No. 1545-0047

▶ See separate instructions.

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Employer identification number 43-6058913

Direct controlling Direct controlling entity entity End-of-year assets Public charity status (if section 501(c)(3)) Œ Exempt Code Total income section e 0 Legal domicile (state or Legal domicile (state or foreign country) foreign country) PROVIDE FINANCIAL SUPPORT Primary activity Primary activity Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities AASG FOUNDATION INC - 20-8939615 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 3817 MINERAL POINT ROAD Part II Parti

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

832161 12-23-08

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Schedule R (Form 990) 2008

SCH A - LINE 7 N/A

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MADISON, WI

Page 2

Schedule R (Form 990) 2008 ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Part III Identification of Related Organizations Taxable as a Partnership

General or managing partner?		
Gene man		
Code V-UBI emount in box mount in box M-1 (Form 1065)		
Sortion attions		
Dispropate alloc		
(G) Share of end-of-year assets	·	
(F) Share of total income		
(E) Predominant income (related, investment, unrelated)		
(D) Direct controlling entity		
(C) Legal domicile (state or foreign country)		
(B) Primary activity		
(A) Name, address, and EIN of related organization		

Part W Identification of Related Organizations Taxable as a Corporation or Trust

₹	(g)	0	()	(E)	(£)	(5)	£
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity Corp, S corp or trust)	Share of total	Share of P end-of-year o assets	Percentage ownership
832762 12-23-08	19	6				Schedule R (Form 990) 2008	m 990) 2008

Schedule R (Form 990) 2008 ASSOCIATION OF AMERICAN STATE GEOLOGISTS Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
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?		
Receipt of (i) interest (ii) annuities (iii) royatties (iv) rent from a controlled entity	1a	×
Gift, grant, or capital contribution to other organization(s)	1b	X
Gift, grant, or capital contribution from other organization(s)	2	×
Loans or loan guarantees to or for other organization(s)	19	×
Loans or loan guarantees by other organization(s)	<u>-</u>	×
Sale of assets to other organization(s)	1	×
Purchase of assets from other organization(s)	19	X
	1	×
Lease of facilities, equipment, or other assets to other organization(s)	1	×
Lease of facilities, equipment, or other assets from other organization(s)	1j	7
Performance of services or membership or fundraising solicitations for other organization(s)	7	×
Performance of services or membership or fundraising solicitations by other organization(s)	=	×
m Sharing of facilities, equipment, mailing lists, or other assets	E	×
Sharing of paid employees	-L	×
Reimbursement paid to other organization for expenses	10	×
Reimbursement paid by other organization for expenses	1p	X
Other transfer of cash or property to other organization(s)	19	×
Other transfer of cash or property from other organization(s)	1r	X
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.	6	
	9	
rganization(s) Tran-	Amount involved	volved
	:	
70	Schodule B (Form 990) 2009	י מפטו

Page 4

Part VI Unrelated Organizations Taxable as a Partnership

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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.

that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	sion for certain investment partne	ships.					
₹	(<u>9</u>)	Ō	<u>©</u>	Œ	£	<u>(</u>	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	ÖĔ
		Ì	Yes			or schedule K-1 (Form 1065)	1 - 1
10 7007 - 100 7007							
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and the state of t							
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Schedule R (Form 990) 2008

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning $\underline{JUN~1}$, 200

____ , 2008, and ending <u>MAY 31</u> ,20 0 9

2008

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

HARVEY THORLEIFSON 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 from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filling 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.

1a	Form 990 check here X b Total revenue, if any (Form 990, line 12)	1b	36329
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	<u></u>
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3ь	
4a	Form 990-PF check here b a b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	5b	

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 2008 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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

X I authorize	PAUL D	ARMOUR	CPA		to enter m
---------------	--------	--------	-----	--	------------

enter my PINI 923

92398

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 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 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) 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

_ Date ▶ __

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

41514340769

do not enter all zero

I certify that the above numeric entry is my PIN, which is my signature on the 2008 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 > Saul Comour

Oate > 10 -13 - 2009

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.

Form **8879-EO** (2008)