COMMITTEE ON NATURAL RESOURCES

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

Legislative hearing on:

- H.R. 5066 (Benishek), "Data Preservation Act of 2014."
- **H.R. 5176 (Lujan),** To authorize the Secretary of the Interior to retire coal preference right lease applications for which the Secretary has made an affirmative commercial quantities determination, and for other purposes.

September 17, 2014

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Dr. Jonathan D Arthur
2. Name of Organization(s) You are Representing at the Hearing: Association of American Stat Geologists
3. Business Address: 903 W. Tennessee St., Tallahassee, Fl 32303
4. Business Email Address:
5. Business Phone Number:

For all Witnesses

Name/Organization: Dr. Jonathan D Arthur / Association of American State Geologists

Title/Date of Hearing: Legislative hearing on: H.R. 5066 (Benishek), "Data Preservation Act of 2014" and H.R. 5176 (Lujan), To authorize the Secretary of the Interior to retire coal preference right lease applications for which the Secretary has made an affirmative commercial quantities determination, and for other purposes. September 17, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Ph.D., Geology

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.

Licensed Professional Geologist, Florida

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.

State Geologist of Florida Director of the Florida Geological Survey

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.

Grants awarded to the Florida Geological Survey:

FY10/1	1	
USGS	Broward County	\$118,000
USGS	STATEMAP	\$107,826
USGS	STATEMAP	\$105,643
USGS	NGGDPP	\$49,073
FY11/1	2	
USGS	STATEMAP	\$197,871
BOEM	SAND SEARCH	\$73,300
USGS	CARBON SEQ.	\$50,000
USGS	NGGDPP	\$40,212
FY12/1	3	
•	STATEMAP	\$183,735
NPS	PARKS MAPPING	\$130,092
FY13/1	4	
USGS	STATEMAP	\$193,183
FY14/1	5	
USGS		\$183,452

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

None

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

None

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

Witnesses Representing Organizations

Name/Organization: Dr. Jonathan D Arthur / Association of American State Geologists

Title/Date of Hearing: Legislative hearing on: H.R. 5066 (Benishek), "Data Preservation Act of 2014" and H.R. 5176 (Lujan), To authorize the Secretary of the Interior to retire coal preference right lease applications for which the Secretary has made an affirmative commercial quantities determination, and for other purposes. September 17, 2014

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

President

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

None

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

None

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

None

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

Attached

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.

OMB No. 1545-0047
2012

pen to Public Inspection

A	For the	2012 calendar year, or tax year beginning JUN 1, 2012 and endin	g MAY 31, 2013	}
В	Check if applicable	C Name of organization	D Employer identif	
	Address change	ASSOCIATION OF AMERICAN STATE GEOLOGISTS		
	Name change		43-6	058913
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/		
	Termin- ated		•	594 2331
	Amende return	City, town, or post office, state, and ZIP code	G Gross receipts \$	44,523.
	Applica tion	MORGANIOWN, WV 2000-00/9	H(a) Is this a group re	
	pending	F Name and address of principal officer:MICHAEL ED. HOHN	for affiliates?	Yes X No
			3-8 H(b) Are all affiliates inc	cluded? Yes No
		mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 501(c)(1)	527 If "No," attach a	list. (see instructions)
		E ► WWW.STATEGEOLOGISTS.ORG	H(c) Group exemptio	n number 🕨
		organization: X Corporation	Year of formation: 1998 N	🖊 State of legal domicile: DE
Pa		Summary		
ø	1 B	riefly describe the organization's mission or most significant activities: ${ t GEOLOGIC}$	EDUCATION	
Governance				
ern		check this box if the organization discontinued its operations or disposed of	more than 25% of its net as	ssets.
Š		lumber of voting members of the governing body (Part VI, line 1a)	3	51
«×	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)	4	51
ies	5 T	otal number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
Activities &	6 T	otal number of volunteers (estimate if necessary)	6	0
Ac	7a T	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b N	et unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
Ë		contributions and grants (Part VIII, line 1h)	14,400.	28,407.
Revenue		rogram service revenue (Part VIII, line 2g)	0.	0.
æ		evestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,471.	1,810.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,881.	14,306.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,752.	44,523.
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)	8,250.	21,750.
	ł	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
en		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ĕ		otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,315.	19,277.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,565.	
		evenue less expenses. Subtract line 18 from line 12	14,187.	41,027. 3,496.
Soc	10 ,	aronae loce expensees. Cabitate inte 10 non inte 12	Beginning of Current Year	End of Year
lance	20 To	otal assets (Part X, line 16)	135,813.	139,309.
Net Assets or Fund Balances		otal liabilities (Part X, line 26)	0.	0.
를		et assets or fund balances. Subtract line 21 from line 20	135,813.	139,309.
Pa	rt II	Signature Block		
Jnde	er penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
rue,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
	h			
Sign	· •	Signature of officer	Date	
lere	•	MICHAEL ED. HOHN, TREASURER		
		Type or print name and title	TO 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	1	rint/Type preparer's name	Date Check X	
aid		AUL ARMOUR Saul Chimour	self-employed	
rep		irm's name PAUL D ARMOUR CPA	Firm's EIN	41-1598287
lse (Only Fi	irm's address 4945 142ND PATH WEST		
		APPLE VALLEY, MN 55124-7706	Phone no. 95	322 2490
/lay	the IRS	discuss this return with the preparer shown above? (see instructions)		. X Yes No

	m 990 (2012) ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 2 art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO ADVANCE THE SCIENCE AND PRACTICAL APPLICATION OF GEOLOGY AND RELATED EARTH SCIENCES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$15,000. including grants of \$15,000.) (Revenue \$) CONTRACT FOR ENHANCED GOVERNMENTAL AFFAIRS SUPPORT FROM AMERICAN GEOSCIENCES INSTITUTE.
4b	(Code:) (Expenses \$3, 250. including grants of \$3, 250.) (Revenue \$) FUNDING FOR AMERICAN GEOSCIENCES INSTITUTE GOVERNMENT AFFAIRS PROGRAM
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,000 • including grants of \$ 1,000 •) (Revenue \$
le	Total program service expenses ► 21,750.
32002	Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1.00	1.00
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			~~
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	0.135.0170	<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
b	Part VI	11a		<u>X</u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
^	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	11b		<u>X</u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
А	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	11c		Δ.
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	114		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		- 22
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	T		
	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,"	T	T	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	

		L	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22	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			
24a	Schedule J	23		X
Zma	and the solution of the soluti			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
h	Schedule K. If "No", go to line 25	24a		X
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
Lou	disqualified person during the year? If "Yes," complete Schedule L, Part I			77
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u>X</u>
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		05.	ĺ	37
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	1 1		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		-25
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	2.00		4.2
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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

	14474444774447744774747747474744444	*************			L_
				Yes	s N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		1		
b	ID		0		
С	7 7 The state of the political paymonts to vendors and report	able gaming	3500		
0-	(gambling) winnings to prize winners?	T	1c	X	
∠a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
la.	filed for the calendar year ending with or within the year covered by this return		2		
b	and the difference of garacters and the difference of the differen	•••••	2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Parties.		
3a	The second of th		За		2
b	, provide an explanation in ochequie o	•	3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized account in a few in the calendar year.	rity over, a			
L	financial account in a foreign country (such as a bank account, securities account, or other financial account "Yea" and the property of the financial account.	ınt)?	4a		7
b					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	ınts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		2
b	y and a second trial to a party to a promoted tax silenter transaction	?	5b		1 2
C	,	***********	5c		
6a	greater than \$100,000, and the the	anization solicit			
_	any contributions that were not tax deductible as charitable contributions?	***************************************	6a		2
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or gifts			
	were not tax deductible?		6b	<u> </u>	
7	organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	***************************************	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	99 as required?	7g		Х
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	le a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the s	upporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a	~			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b				
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders11a	···			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			Ī	
	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				
	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				_

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

Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 51 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 51 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ___ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization; MICHAEL ED. HOHN, TREASURER - 304 594 2331 MONT CHATEAU ROAD, MORGANTOWN, WV 26508-8079

orm 990 (2012) ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 7	Part VIII Componentia							
	orm 990 (2012)	ASSOCIATION	OF	AMERICAN	STATE	GEOLOGISTS	43-6058913	Page 7

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

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

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

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

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

(A)	(B)			_ (C)			(D)	(E)	(F)
Name and Title	Average	(dn	not r	Pos	itior	า e than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer ar	Id a c	Trecto	T	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	trus		99/	преп		(₩-2/1099-101130)		organization and related
	below	Individual trustee or director	Institutional trustee	_	mp(o)	st col	h			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			9-
(1) L. HARVEY THORLEIFSON	2.00									
PRESIDENT		X		X	<u> </u>			0.	0.	0 .
(2) VICKI S. MCCONNELL	1.00									
PAST PRESIDENT		X		X				0.	0.	0
(3) JOHN G. PARISH	1.00									
PRESIDENT ELECT		X		X				0.	0.	0
(4) JONATHAN D. ARTHUR	1.00							_		
VICE PRESIDENT		X		X		ļ		0.	0.	0
(5) JOSEPH A. GILLMAN	1.00								_	
SECRETARY		X		X				0.	0.	0
(6) MICHAEL ED. HOHN	2.00									_
TREASURER		X		X				0.	0.	0 .
		-								

			İ							
				\neg						

		Check if Schedule O cont	tains a respo	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ats ats	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		16,200.				
Ğ,ğ	С	Fundraising events						
まだ		Related organizations		12,207.				
9.E		Government grants (contribut		20,00,0				
8.9		All other contributions, gifts, gran	, , , , , , , , , , , , , , , , , , , ,					
er et	'	similar amounts not included abo	1					
등등				L				
0 0	_	Noncash contributions included in lines			20 407			
0 6	<u>h</u>	Total. Add lines 1a-1f			28,407.			
				Business Code			gameja svenganga sila erech 129) ya	a Water (elemente roje net mism
<u>e</u>	2 a			_				
e Z	b							
en S	С	• • • • • • • • • • • • • • • • • • • •						
le a	d	,						
Program Service Revenue	е							
ا تف	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			1,810.	1,810.		
	4	Income from investment of tax						
	5	Royalties	•	•				
	5	noyaldos	(i) Real					
	~ -	Cross rents	(i) Hear	(ii) Fersonai				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				
		assets other than inventory			\$2.00 m (30.00 m)			
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
o l	8 a	Gross income from fundraising	g events (not					
		including \$	of					
eve		contributions reported on line	1c). See					
œ		Part IV, line 18	•	а				
Other Revenu	h	Less: direct expenses		l l				
δ		Net income or (loss) from fund			and the state of the second section of the second section of the s		NORTH SEEL THE PROPERTY OF THE	and the second second second second second
		Gross income from gaming ac						
1	ઝત							
		Part IV, line 19						
		Less: direct expenses						anded also out you by a
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances		1	l de la companya de l			
		Less: cost of goods sold						
-	С	Net income or (loss) from sales						
-		Miscellaneous Revenu	е	Business Code				
	11 a	MEETINGS		541900	14,710.	14,710.		
	b	UNREALIZED LOSS	ES	900099	-404.	-404.		
	С	Name of the Control o						
	d	All other revenue						
	_	Total. Add lines 11a-11d			14,306.			
	•				44,523.	16,116.	0.	0.

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). Check if Schedule O contains a response to any question in this Part IX (B) Program service (**D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 21,750. 21,750 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management а 25. 25. b Legal 1,375. 1,375. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 459 459. Office expenses 13 Information technology _____ 14 15 Royalties 16 Occupancy 1,247 1,247. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 12,675 12,675 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ... 2,075. 2,075. EXHIBITS 786. 786. AWARDS 550. c AGI & USGS MEMBERSHIP 550. 85. 85. BANK CHARGES All other expenses 41,027. 21,750 19,277 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response to any question	on in this Part X			
	1			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		40,100.	2	38,999
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former of	ficers, directors,			
		trustees, key employees, and highest compensated em	ployees. Complete			
		Part II of Schedule L	*************************		5	
	6	Loans and other receivables from other disqualified per-	sons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Comple	ete Part II of Sch L	,	6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
•	9	5			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities		95,713.	11	100,310.
	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	135,813.	16	139,309.	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable	1		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ς,	21	Escrow or custodial account liability. Complete Part IV o			21	
iţie	22	Loans and other payables to current and former officers				
Liabilities		key employees, highest compensated employees, and c				
Ï		Complete Part II of Schedule L	1		22	1.00
	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third p	T .		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).	· · · · · · · · · · · · · · · · · · ·			
		Schedule D	,		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check				
S		complete lines 27 through 29, and lines 33 and 34.				
č	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets			28	
B	29	Permanently restricted net assets		29		
n F		Organizations that do not follow SFAS 117 (ASC 958)	check here			
5		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	***************************************	0.	30	0.
SS		Paid-in or capital surplus, or land, building, or equipment		0.	31	0.
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or		135,813.	32	139,309.
Z	33	Total net assets or fund balances		135,813.	33	139,309.
		Total liabilities and net assets/fund balances		135,813.	34	139,309.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

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	i for Public Cha	ırity Status (All organi	izations m	ust comp	ete this pa	rt.) See in	structions	*		ork-solver, American Street, St	
The organ			n because it is: (For lines					***		***************************************		
1			es, or association of chu					i).				
2			170(b)(1)(A)(ii), (Attach S					•				
3			oital service organization			n 170(b)(1)(A)(iii).					
4			operated in conjunction					0(b)(1)(A)	(iii). Enter	the hospi	tal's nar	me,
			en an armen a service a service and a servic									·
5	An organiza	tion operated for the	e benefit of a college or u	ıniversity (owned or	operated b	y a govern	nmental ui	nit describ	oed in	Processor Control	
		0(b)(1)(A)(iv). (Comp										
6	A federal, st	ate, or local governr	nent or governmental un	it describe	ed in sect	ion 170(b)	(1)(A)(v).					
7			ceives a substantial part					or from th	e general	public de	scribed	in
,		(b)(1)(A)(vi). (Compl										
8	A communit	y trust described in	section 170(b)(1)(A)(vi).	(Complet	e Part II.)							
9 X	An organizat	tion that normally re	ceives: (1) more than 33	1/3% of it	ts support	from conti	ributions, ı	membersh	nip fees, a	ind gross i	receipts	from
			unctions - subject to cert									
	income and	unrelated business	taxable income (less sec	tion 511 t	ax) from b	usinesses	acquired I	by the org	anization	after June	30, 19 ⁻	75.
	See section	509(a)(2). (Complet	te Part III.)									
10	An organizat	tion organized and c	perated exclusively to te	est for pub	olic safety.	See section	on 509(a)(4).				
1			perated exclusively for the									or
			ations described in secti				2). See se	ction 509	(a)(3). Ch	eck the bo	x that	
	describes th	e type of supporting	g organization and compl									
	a Type					integrated				n-function		
e			at the organization is not									
	foundation n	nanagers and other	than one or more publicl	y support	ed organiz	ations des	cribed in s	section 50	9(a)(1) or	section 50)9(a)(2).	
f	If the organiz	zation received a wr	itten determination from	the IRS th	at it is a T	ype I, Type	II, or Typ	e III				
		organization, check t	***************************************									. 🔲
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	contributio	n from any	of the foll	owing per	sons?		·	
	(i) A perso	on who directly or inc	directly controls, either al	lone or to	gether witl	n persons (described	in (ii) and	(iii) below,	,	Yes	No
			supported organization?)	
			n described in (i) above?)	
			a person described in (i) o							11g(ii	i)	
h	Provide the f	following information	about the supported or	ganization	n(s).							
		1	T * * · · · · · · · · · · · · · · · · ·	т								
(i) Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did yo	-	(vi) ls		(vii) Amou	nt of mo	netary
orga	nization		(described on lines 1-9 above or IRC section		isted in you document?			organizati (i) organiz U.S	red in the	su	pport	·
			(see instructions))	-		1 , , ,			5.?			
				Yes	No	Yes	No	Yes	No			
				<u> </u>								
						ļ				·		
· · · · · · · · · · · · · · · · · · ·						ļ					·····	
				1010 12 0010						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	····	
otal		rang sa da kalang banasi b							188888888			

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

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

	400				* * * * * * * * * * * * * * * * * * * *	
(Complete only if you checked	d 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 be	elow, plea	se com	plete Par	: 111.)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to				,	******	
	the organization without charge	-					
4	Total. Add lines 1 through 3						
	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			488			
	amount shown on line 11,						
	l (6)						
_	***************************************						
	Public support. Subtract line 5 from line 4.					Note that the second	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(a) 2000	(b) 2009	(6) 2010	(u) zori	(0) 2012	(i) rotal
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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here				444444444444444444444444444444444444444	<u>P</u>
	ction C. Computation of Publ					Γ Ι	
	Public support percentage for 2012 (I					14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the c						
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶□
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization						>
	*	***				edule A (Form 990 d	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Ser	qualify under the tests listed better A. Public Support	pelow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(2) 2002	(h) 2000	(a) 2012	(a) 0044	(6) 0040	(6) Tat-1
	Gifts, grants, contributions, and	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants.")	14 700	14 670	11 700	1 4 400	00 405	00 077
	· · · · · · · · · · · · · · · · · · ·	14,700.	14,670.	11,700.	14,400.	28,407.	83,877.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	18,245.	14,746.	18,259.	30,206.	14,710.	96,166.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	32,945.	29,416.	29,959.	44,606.	43,117.	180,043.
	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.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						180,043.
	etion B. Total Support			l.		Programme reserve processive	100,043.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	32,945.	29,416.	29,959.	44,606.	43,117.	180,043.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	2,181.	4,253.	2,823.	2,471.	1,810.	13,538.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	2,181.	4,253.	2,823.	2,471.	1,810.	13,538.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,101.	4,233.	2,023.	2,4/1.	1,010.	13,336.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	35,126.	33,669.	32,782.	47,077.	44,927.	193,581.
	First five years. If the Form 990 is for						
	check this box and stop here	=			•		
	tion C. Computation of Publi						
	Public support percentage for 2012 (li			lumn (f))		15	93.01 %
	Public support percentage from 2011					16	91.35 %
	tion D. Computation of Inves					_10	<u> </u>
	Investment income percentage for 20			13 column (f))		17	6.99 %
					£		
	Investment income percentage from 2			line 14 and line 1	_	18 2 1/20/ and line 1	***************************************
	33 1/3% support tests - 2012. If the	-					***************************************
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2011. If the	•				•	
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	n did not check a b	ox on line 14, 19a,	or 19b, check this			
232023	3 12-04-12				Sche	edule A (Form 990	or 990-EZ) 2012

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

OMB No. 1545-0047

Name of the organization

Employer identification number

43-6058913

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special	Rules	
	509(a)(1) and 170(b	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (a)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	(r), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is checken purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year
but it mu	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

43-6058913

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

Employer identification number

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

43-6058913

Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
	(b) Description of noncash property given Description of noncash property given S	

SOCI.	ATION OF AMERICAN STATE Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and	TE GEOLOGISTS ividual contributions to section 501(c)(7) the following line entry. For organizations	43-6058913 , (8), or (10) organizations that total more than \$1,000 for completing Part III, enter year. (Enter this information once.) \$ \\$ \\$ \\$
	the total of exclusively religious, charitable, e Use duplicate copies of Part III if additio	etc., contributions of \$1,000 or less for the	year. (Enter this information once.)
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
No.			
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
_			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
			Treationship of transfer of to transfer ee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
		(e) Transfer of gift	
***************************************	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

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

Name of the organization

Part

PartII

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

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

OMB No. 1545-0047 2012

epartment of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public
ternal Revenue Service	► Attach to Form 990.	Inspection
ame of the organization	ıtion	Employer identification number
	ASSOCIATION OF AMERICAN STATE GEOLOGISTS	43-6058913
Part General	Part I General Information on Grants and Assistance	
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	election
criteria used to	criteria used to award the grants or assistance?	Yes X No

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

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

	(h) Purpose of grant or assistance	INCREASE FUNDING FOR STATEMAP, DATA PRESEVATION AND GOVERNMENT AFFAIRS			A
	(g) Description of non-cash assistance	н и н о			
	(f) Method of valuation (book, EMV, appraisal, other)				
ed.	(e) Amount of non-cash assistance	.0			
onal space is need	(d) Amount of cash grant	18,250.			e line 1 table
be duplicated if additi	(c) IRC section if applicable	501(C)(3)			ganizations listed in th table
55,000. Part II can	(b) EIN	52-0786946			nd government org s listed in the line 1
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	AMERICAN GEOSCIENCES INSTITUTE 4220 KING STREET ALEXANDRIA, VA 22302-1502			 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

(f) Description of non-cash assistance 43-6058913 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. DATA NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN GEOSCIENCES INSTITUTE (H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FUNDING FOR STATEMAP, (d) Amount of non-cash assistance ASSOCIATION OF AMERICAN STATE GEOLOGISTS (c) Amount of cash grant (b) Number of recipients PRESEVATION AND GOVERNMENT AFFAIRS PROGRAM PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance Schedule I (Form 990) (2012) Part III

Page 2

Schedule I (Form 990) (2012)

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)
Department of the Treasury

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Internal Revenue Service

Name of the organization

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Employer identification number 43-6058913

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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ See separate instructions.

▶ Attach to Form 990.

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

OMB No. 1545-0047

2012 Open to Public Inspection

Employer identification number

43-6058913

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.) E End-of-year assets <u>@</u> Total income ত্ত Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section, 512(b)(13) controlled entity? ş × Yes Direct controlling entity status (if section Public charity SCH A - LINE 501(c)(3)) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) ALABAMA PROVIDE FINANCIAL SUPPORT Primary activity FOR AASG 20-8939615 Name, address, and EIN of related organization AASG FOUNDATION INC 257 ACADEMY STREET 19716 DE NEWARK

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

232161 12-10-12 LHA

Schedule R (Form 990) 2012

Page 2

43-6058913

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

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

(j) (k) General or Percentage managing ownership	No Kes No	or more related (i) Section Section Stage (27/13) Ship controlled entity?	Yes		
Code V-UBI Gen amount in box mar	(Can I I I I I I I I I I I I I I I I I I I	ause it had one or mor a) (h) re of Percentage f-year ownership			
oortion-	Aes No	IV, line 34 because it (g) (total Share of end-of-year assets			
(g) Share of cond-of-year at assets		Form 990, Part IV, lir (f) ty Share of total			
(f) Share of total income		(e) Type of entity (C corp, S corp, or frust)			
i i	(1)	on or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related (c) (d) (e) (f) (f) (g) (h) Section activity Legal domicile (State or foreign foreign foreign foreign foreign or trust)			
(e) Predominant income (related, unrelated, excluded from tax under	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Complete if the	(Kananaoo		
(d) Direct controlling entity		corporation or Trust tax year.) (b) Primary activity			
(C) Legal domicile (state or foreign	(Kappa)	le as a Corpo			
(b) Primary activity		ganizations Taxab poration or trust di N			
(a) Name, address, and EIN of related organization		Part IV Identification of Related Organizations Taxable as a Corporation or granizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN Primary ac of related organization			

Page 3

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed in	Parts II-IV?			
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<u>a</u>		×
Gift, grant, or capital contribution to related organization(s)				2		×
Gift, grant, or capital contribution from related organization(s)				2		×
Loans or loan guarantees to or for related organization(s)				2		×
Loans or loan guarantees by related organization(s)				-e		×
Dividends from related organization(s)				Yes Yes		×
Sale of assets to related organization(s)						×
Purchase of assets from related organization(s)				. .		×
	, , , , , , , , , , , , , , , , , , ,			= ==		∜
Lease of facilities, equipment, or other assets to related organization(s)				4		١×
Lease of facilities, equipment, or other assets from related organization(s)				茶		×
Performance of services or membership or fundraising solicitations for related organization(s)	Janization(s)			=		×
Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē		×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			=		×
Sharing of paid employees with related organization(s)			-	0		×
Reimbursement paid to related organization(s) for expenses		***************************************		1p		×
Reimbursement paid by related organization(s) for expenses				19		×
Other transfer of cash or property to related organization(s)				-		×
Other transfer of cash or property from related organization(s)						×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	ris line, including covered ref	ationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ınt involved		
						İ
						-
232163 12-10-12	25		Schee	Schedule B (Form 990) 2012	066	18

Page 4

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

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

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

iliat was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	sion for certain inve	stment partnerships.	-				
(a)	(q)	<u>©</u>	(a) (b)	Œ	(a)	Ξ	(5)	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income partnersis. (related, unrelated, excluded from tax under section 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	l or Perc
			02 592			Yes No	(1000)	Yes No
	A CONTRACTOR OF THE PROPERTY O							

				y,				
77444.00								and the second

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012	ASSOCIATION	OF .	AMERICAN_	STATE	GEOLOGISTS43-6	5058913 Page 5
Schedule R (Form 990) 2012 Part VII Supplemental Inform	mation					
Complete this part to prov	vide additional information	n for res	sponses to quest	ions on Sch	edule R (see instructions).	
				······································		
				····		
		. ,				
	4					
	,					
				,		
			·			

IRS e-file Signature Authorization for an Exempt Organization

		•			
For calendar year 2012, or fiscal year beginning	JUN 1	, 2012, and ending	YAM	31_	,20

<u>13</u>

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1878

Name of exempt organization	Employer identi	fication number
AGGOGIANTON OF AMEDICAN CHAME CEOLOCICHO	43-6058	913
ASSOCIATION OF AMERICAN STATE GEOLOGISTS Name and title of officer	45-0050	717
MICHAEL ED HOHN		
TREASURER		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, fr	om the return If	you check the box
on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab than 1 line in Part I.	then leave line 1	b, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	44523
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		
Part II Declaration and Signature Authorization of Officer		
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 evening	ian's 2012
intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceed the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reorganization's consent to electronic funds withdrawal.	essing the return electronic funds ation's federal ta . Treasury Finand institutions involud resolve issues	or refund, and (c) withdrawal (direct xes owed on this cial Agent at yed in the related to the
Officer's PIN: check one box only	t- a-tay any DINI	92398
	to enter my PIN	Enter five numbers, bu
ERO firm name		do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize 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 2012 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char	thorize the aforer	mentioned ERO to d return. If I have
indicated within this return that a copy of the return is being filed with a state agency(les) regulating char program, I will enter my PIN on the return's disclosure consent screen.	nies as part or ti	le ino red/otate
Officer's signature ▶ Date ▶	· · · · · · · · · · · · · · · · · · ·	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 41514369407 do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeFe-file Providers for Business Returns.) Information for	Authorized IRS
ERO's signature Saul Armour Date 14	1 1915 2	013
	V = (A)	
ERO Must Retain This Form - See Instructions		

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

Form **8879-EO** (2012)

Do Not Submit This Form To the IRS Unless Requested To Do So

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.

OMB No. 1545-0047 2012

Open to Public Inspection

A	For the	ne 2012 calendar year, or tax year beginning $$ JUN 1 , $$ 2	2012 and	ending M	IAY 31, 2013					
В	Check applica	C Name of organization			D Employer identifi					
	Add char	ASSOCIATION OF AMERICAN STATE	CECLOCIS	STP.C						
	Nam char	16 1	. 01010011	74.0	43-6	058913				
	lnitia retur		address)	Room/suite	E Telephone numbe					
	Tern	nin- 1 MONTO CHAMBATT DOAD				594 2331				
	Ame retur	nded City, town, or post office, state, and ZIP code			G Gross receipts \$	44,523.				
	Appl tion	MORGANIOWN, WV 20508-80/9			H(a) Is this a group re					
	pend	F Name and address of principal officer:MICHAEL ED	. HOHN		for affiliates?	Yes X No				
-		1 MONT CHATEAU ROAD, MORGANTOW	N, WV 26	508-8	H(b) Are all affiliates inc					
		xempt status: X 501(c)(3) 501(c)() ◀ (insert no.)	4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)				
		ite: ► WWW.STATEGEOLOGISTS.ORG			H(c) Group exemption					
		of organization; X Corporation Trust Association	Other ▶	L Year	of formation: 1998 N	l State of legal domicile: ${f DE}$				
P	art I									
ė	1	Briefly describe the organization's mission or most significant ac-	tivities: GEOLC	GIC E	DUCATION					
auc			·····							
Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.								
્ટ્રે	3	Number of voting members of the governing body (Part VI, line 1			3	51				
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	51				
ies	5	Total number of individuals employed in calendar year 2012 (Par	t V, line 2a)		5	0				
Activities &	6	Total number of volunteers (estimate if necessary)			6	0				
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line	12		7a	0.				
	b	Net unrelated business taxable income from Form 990-T, line 34		·····		0.				
Revenue					Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)			14,400.	28,407.				
	9	Program service revenue (Part VIII, line 2g)			0.	0.				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,471.	1,810.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and		29,881.	14,306.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colur			46,752. 8,250.	44,523. 21,750.				
	13		Grants and similar amounts paid (Part IX, column (A), lines 1·3) Benefits paid to or for members (Part IX, column (A), line 4)							
	14			0.	0.					
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column		0.	0.					
en	Iba	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Ä	47			0.	24 215	10 077				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), I			24,315. 32,565.	19,277.				
		Revenue less expenses. Subtract line 18 from line 12				41,027.				
es or	19	Trevende less expenses. Subtract line 10 from line 12			14,187.	3,496.				
ets	20	Total assets (Part X, line 16)			inning of Current Year 135,813.	End of Year				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)			0.	139,309.				
ë jë	22	Net assets or fund balances. Subtract line 21 from line 20			135,813.	139,309.				
	art II	Signature Block			133,0134	137,307.				
Und	er pena	alties of perjury, I declare that I have examined this return, including accom	panying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all				and the second second				
				•						
Sigr	า	Signature of officer		* * * * * * * * * * * * * * * * * * * *	Date	***************************************				
Her		MICHAEL ED. HOHN, TREASURER								
		Type or print name and title				#1400071				
		Print/Type preparer's name Preparer's;signs	sture	Da	te Check X] PTIN				
Paid		PAUL ARMOUR Saul Cl	mour		-14-2613 if self-employed	⁻ L				
rep	arer	Firm's name PAUL D ARMOUR CPA				41-1598287				
Jse	Only	Firm's address 4945 142ND PATH WEST								
		APPLE VALLEY, MN 55124-7	7706		Phone no. 95	2 322 2490				
Иау	the IF	RS discuss this return with the preparer shown above? (see instru	ctions)			X Yes No				

	m 990 (2012) ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 2 art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO ADVANCE THE SCIENCE AND PRACTICAL APPLICATION OF GEOLOGY AND RELATED EARTH SCIENCES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$15,000. including grants of \$15,000.) (Revenue \$) CONTRACT FOR ENHANCED GOVERNMENTAL AFFAIRS SUPPORT FROM AMERICAN GEOSCIENCES INSTITUTE.
4b	(Code:) (Expenses \$3, 250. including grants of \$3, 250.) (Revenue \$) FUNDING FOR AMERICAN GEOSCIENCES INSTITUTE GOVERNMENT AFFAIRS PROGRAM
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,000 • including grants of \$ 1,000 •) (Revenue \$
<u>1e</u>	Total program service expenses ► 21,750. Form 990 (2012)
32002	Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1.00	1.00
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			~~
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
b	Part VI	11a		<u>X</u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
^	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	11b		<u>X</u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
А	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	11c		Δ.
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	114		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		- 22
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	T		
	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,"	T	T	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	

	DVA III.		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
00	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,			
22	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			
24a	Schedule J	23		X
240	a tax of the bond load with an outstanding principal amount of more triain \$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			
h	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d	any tax-exempt bonds?	24c		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
Loa	disqualified person during the year? If "Yes," complete Schedule L, Part I			37
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u>X</u>
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		05.	İ	37
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	1 1		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	2.00		42
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
~=	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u> _
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
***************************************	Note. All Form 990 filers are required to complete Schedule O	38	X	

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

	14474444774447744774747747474744444	*************			L_
				Yes	s N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1		
b	ID		0		
С	7 7 The state of the political paymonts to vendors and report	able gaming	0.000		
0-	(gambling) winnings to prize winners?	T	1c	X	
∠a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
la.	filed for the calendar year ending with or within the year covered by this return		2		
b	and the difference of garacters and the difference of the differen	•••••	2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Parties.		
3a	The second of th		3a		2
b	, provide an explanation in ochequie o	•	3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized account in a few in the calendar year.	rity over, a			
.	financial account in a foreign country (such as a bank account, securities account, or other financial account "Yea" and the property of the financial account.	ınt)?	4a		7
b					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	ınts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		2
b	y and a second trial to a party to a promoted tax silenter transaction	?	5b		1 2
C	,	***********	5c		
6a	greater than \$100,000, and the the	anization solicit			
_	any contributions that were not tax deductible as charitable contributions?	***************************************	6a		2
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or gifts			
	were not tax deductible?		6b	<u> </u>	
7	organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	***************************************	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	99 as required?	7g		Х
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	le a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the s	upporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a	~			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b				
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders11a	···			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			Ī	
	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				
	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				_

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

Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 51 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 51 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ___ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization; MICHAEL ED. HOHN, TREASURER - 304 594 2331 MONT CHATEAU ROAD, MORGANTOWN, WV 26508-8079

orm 990 (2012) ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 7	Part VIII Componentia							
	orm 990 (2012)	ASSOCIATION	OF	AMERICAN	STATE	GEOLOGISTS	43-6058913	Page 7

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

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

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

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

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

(A)	(B)			_ (C)			(D)	(E)	(F)
Name and Title	Average	(dn	not r	Pos	itior	า e than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer ar	Id a c	Trecto	T	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	trus		99/	преп		(₩-2/1099-101130)		organization and related
	below	Individual trustee or director	Institutional trustee	_	mp(o)	st col	h			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			9-
(1) L. HARVEY THORLEIFSON	2.00									
PRESIDENT		X		X	<u> </u>			0.	0.	0 .
(2) VICKI S. MCCONNELL	1.00									
PAST PRESIDENT		X		X				0.	0.	0
(3) JOHN G. PARISH	1.00									
PRESIDENT ELECT		X		X				0.	0.	0
(4) JONATHAN D. ARTHUR	1.00							_		
VICE PRESIDENT		X		X		ļ		0.	0.	0
(5) JOSEPH A. GILLMAN	1.00								_	
SECRETARY		X		X				0.	0.	0
(6) MICHAEL ED. HOHN	2.00									_
TREASURER		X		X				0.	0.	0 .
		-								

			İ							
				\neg						

		Check if Schedule O cont	tains a response	to any question				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
3ra Ioui	b	Membership dues	1b	16,200.				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
	d	Related organizations	1d	12,207.				
is,	1	Government grants (contribut						
er iti	f	All other contributions, gifts, gran	1 1					
듗		similar amounts not included abo	ve 1f	· · · · · · · · · · · · · · · · · · ·				
onti od (_	Noncash contributions included in lines						
<u>ā Ö</u>	h	Total. Add lines 1a-1f			28,407.			
				Business Code				
ice	2 a							
erv	b							
n S	С		 					
Program Service Revenue	d	,	 					
Š	е							-
babu		All other program service reve						
		Total. Add lines 2a-2f Investment income (including			estidascomunicados estados en en en estados en estados en estados en estados en estados en estados en estados e	3.00		
	3	, ,			1,810.	1,810.		
	4	other similar amounts)			1,010.	1,010.		
	5	Royalties		•				
	3	rioyanies	(i) Real	(ii) Personal				
	6 2	Gross rents	(i) rieai	(ii) i ersoriai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)	L	—	Castraction Castracture (2.1777) (1.1777)	er kanne i de komende in demografisk forder i en en en		The specific production of the second
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(// 0000111100	(1) 50.75				
	h	Less: cost or other basis						
	~	and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
o l	8 a	Gross income from fundraising	g events (not					
2		including \$	of					
eve		contributions reported on line	1c). See					
λ Σ		Part IV, line 18	a					
Other Revenu	b	Less: direct expenses	b					
	С	Net income or (loss) from fund	Iraising events	<u></u>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
		Less: direct expenses						
ļ		Net income or (loss) from gam					A stato electrono de la co	
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		L				
ŀ	С	Net income or (loss) from sale		Dunings Ossis				
ŀ		Miscellaneous Revenu	<u>e</u>	Business Code	14 710	14 710		
		MEETINGS	TC	541900 900099	14,710. -404.	14,710. -404.		
	b	UNREALIZED LOSS	EQ.	300033	-4U4•	-4U4•		
	C	All other review:						
	d	All other revenue			14,306.			
		Total Add lines 11a-11d		····· [44,523.	16,116.	0.	0.
232009	<u>12</u>	Total revenue. See instructions.			44,J4J•	TO , TTO •	<u> </u>	Form 990 (2012)

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). Check if Schedule O contains a response to any question in this Part IX (B) Program service (**D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 21,750. 21,750 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management а 25. 25. b Legal 1,375. 1,375. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 459 459. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 1,247 1,247. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 12,675 12,675 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ... 2,075. 2,075. EXHIBITS 786. 786. AWARDS 550. c AGI & USGS MEMBERSHIP 550. 85. 85. BANK CHARGES All other expenses 41,027. 21,750 19,277 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response to any question	on in this Part X			
	1			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		40,100.	2	38,999
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former of	ficers, directors,			
		trustees, key employees, and highest compensated em	ployees. Complete			
		Part II of Schedule L	*************************		5	
	6	Loans and other receivables from other disqualified per-	sons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Comple	ete Part II of Sch L	,	6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
•	9	5			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities		95,713.	11	100,310.
	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		135,813.	16	139,309.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ς,	21	Escrow or custodial account liability. Complete Part IV o			21	
iţie	22	Loans and other payables to current and former officers				
Liabilities		key employees, highest compensated employees, and c				
Ï		Complete Part II of Schedule L	1		22	1.00
	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third p	T .		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).	· · · · · · · · · · · · · · · · · · ·			
		Schedule D	,		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check				
S		complete lines 27 through 29, and lines 33 and 34.				
č	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets			28	
B	29				29	
n F		Organizations that do not follow SFAS 117 (ASC 958)	check here			
5		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	***************************************	0.	30	0.
SS		Paid-in or capital surplus, or land, building, or equipment		0.	31	0.
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or		135,813.	32	139,309.
Z	33	Total net assets or fund balances		135,813.	33	139,309.
		Total liabilities and net assets/fund balances		135,813.	34	139,309.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Pa	41	Doggo	ASSUCT	ATION OF AME	<u>KTCAN</u>	STAT	E GEO	POGTS.	TS		<u> 13 -</u>	<u>-6058</u>	<u>891:</u>	<u> </u>
	************			arity Status (All organ					structions					
	organ			n because it is: (For lines										
1	=			nes, or association of chu			section 17	'0(b)(1)(A)((i).					
2	=			170(b)(1)(A)(ii). (Attach S										
3				pital service organization										
4				n,operated in conjunction				ection 17	0(b)(1)(A)	(iii). Enter	r the	hospita	al's nar	ne,
5				e benefit of a college or u	university o	owned or o	perated b	y a goverr	nmental ui	nit descril	bed	in		
1			0(b)(1)(A)(iv). (Comp	,										
6	=			ment or governmental un										
7				eceives a substantial part	of its sup	port from	a governm	ental unit	or from th	e general	l pub	olic desc	cribed	in
1		section 170)(b)(1)(A)(vi). (Comp	lete Part II.)										
8				section 170(b)(1)(A)(vi).										
9	X			eceives: (1) more than 33										
				unctions - subject to cert										
		income and	unrelated business	taxable income (less sec	tion 511 t	ax) from b	usinesses	acquired I	by the org	anization	afte	r June (30, 197	75.
ſ			509(a)(2). (Comple	,										
10 L	=			operated exclusively to te										
11 [operated exclusively for t										or
				zations described in sect				2). See se	ction 509	(a)(3). Ch	ieck	the box	< that	
				g organization and comp		-								
Г		a Type			ype III - Fu		~			oe III - No				
e				at the organization is not										
				than one or more publicl						9(a)(1) or	sec	tion 509	∂(a)(2).	
f				itten determination from	the IRS th	at it is a T	ype I, Type	e II, or Typ	e III					
			organization, check	***************************************										. 📖
g				organization accepted a										
				directly controls, either a									Yes	No
				supported organization?							Г	11g(i)		
		(ii) A family	member of a perso	on described in (i) above?	,							11g(ii)		
				a person described in (i)							[11g(iii)		L
h		Provide the	following information	n about the supported or	ganization	ı(s).								
/i) N	ama i	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organizatior	(v) Did vo	u notify the	(vi) is	s the	,	A		
(1) "		nization	(II) LIN	(described on lines 1-9		sted in you		tion in col.	lorganizati	on in col. I	(VII)	Amount		netary
	0.94	matron		above or IRC section	governing	document?		r support?	(i) organiz	5.?	ı	sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No	ı			

											·			

otal								for the last						

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

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

	400				* * * * * * * * * * * * * * * * * * * *	
(Complete only if you checked	d 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 be	elow, plea	se com	plete Par	: 111.)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to				,	******	
	the organization without charge	-					
4	Total. Add lines 1 through 3						
	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			488			
	amount shown on line 11,						
	l (6)						
_	***************************************						
	Public support. Subtract line 5 from line 4.					National Control of the Control of	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(a) 2000	(b) 2009	(6) 2010	(u) zori	(0) 2012	(i) rotal

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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here				444444444444444444444444444444444444444	<u>P</u>
	ction C. Computation of Publ					Γ Ι	
	Public support percentage for 2012 (I					14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶□
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization						>
	*	***				edule A (Form 990 d	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Ser	qualify under the tests listed better A. Public Support	pelow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(2) 2002	(h) 2000	(a) 2012	(a) 0044	(6) 0040	(6) Tat-1
	Gifts, grants, contributions, and	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants.")	14 700	14 670	11 700	1 4 400	00 405	00 077
	· · · · · · · · · · · · · · · · · · ·	14,700.	14,670.	11,700.	14,400.	28,407.	83,877.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	18,245.	14,746.	18,259.	30,206.	14,710.	96,166.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	32,945.	29,416.	29,959.	44,606.	43,117.	180,043.
	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.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						180,043.
	etion B. Total Support			l.		Programme reserve processive	100,043.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	32,945.	29,416.	29,959.	44,606.	43,117.	180,043.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	2,181.	4,253.	2,823.	2,471.	1,810.	13,538.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	2,181.	4,253.	2,823.	2,471.	1,810.	13,538.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,101.	4,233.	2,025.	2,4/1.	1,010.	13,336.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	35,126.	33,669.	32,782.	47,077.	44,927.	193,581.
	First five years. If the Form 990 is for						
	check this box and stop here	=			•		
	tion C. Computation of Publi						
	Public support percentage for 2012 (li			lumn (f))		15	93.01 %
	Public support percentage from 2011					16	91.35 %
	tion D. Computation of Inves					_10	<u> </u>
	Investment income percentage for 20			13 column (f))		17	6.99 %
					£		
	Investment income percentage from 2			line 14 and line 1	_	18 2 1/20/ and line 1	***************************************
	33 1/3% support tests - 2012. If the	-					***************************************
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2011. If the	•				•	
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	n did not check a b	ox on line 14, 19a,	or 19b, check this			
232023	3 12-04-12				Sche	edule A (Form 990	or 990-EZ) 2012

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

OMB No. 1545-0047

Name of the organization

Employer identification number

43-6058913

Organization type (check one):							
Filers of	:	Section:					
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.					
Special	Rules						
	509(a)(1) and 170(b	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (a)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	total contributions	(r), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.					
	contributions for us If this box is checken purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year					
but it mu	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

43-6058913

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

Employer identification number

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

43-6058913

Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given S

SOCI.	ATION OF AMERICAN STATE Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and	TE GEOLOGISTS ividual contributions to section 501(c)(7) the following line entry. For organizations	43-6058913 , (8), or (10) organizations that total more than \$1,000 for completing Part III, enter year. (Enter this information once.) \$ \\$ \\$ \\$				
	the total of exclusively religious, charitable, e Use duplicate copies of Part III if additio	etc., contributions of \$1,000 or less for the	year. (Enter this information once.)				
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
No.							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
_							
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
			Treationship of transfer of to transfer ee				
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ _							
		(e) Transfer of gift					
***************************************	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

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

Name of the organization

Part

PartII

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

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

OMB No. 1545-0047 2012

epartment of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public
ternal Revenue Service	► Attach to Form 990.	Inspection
ame of the organization	ıtion	Employer identification number
	ASSOCIATION OF AMERICAN STATE GEOLOGISTS	43-6058913
Part General	Part I General Information on Grants and Assistance	
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	election
criteria used to	criteria used to award the grants or assistance?	Yes X No

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

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

	(h) Purpose of grant or assistance	INCREASE FUNDING FOR STATEMAP, DATA PRESEVATION AND GOVERNMENT AFFAIRS			A
	(g) Description of non-cash assistance	н и н о			
	(f) Method of valuation (book, EMV, appraisal, other)				
ed.	(e) Amount of non-cash assistance	.0			
onal space is need	(d) Amount of cash grant	18,250.			e line 1 table
be duplicated if additi	(c) IRC section if applicable	501(C)(3)			ganizations listed in th table
55,000. Part II can	(b) EIN	52-0786946			nd government org s listed in the line 1
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	AMERICAN GEOSCIENCES INSTITUTE 4220 KING STREET ALEXANDRIA, VA 22302-1502			 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

(f) Description of non-cash assistance 43-6058913 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. DATA NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN GEOSCIENCES INSTITUTE (H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FUNDING FOR STATEMAP, (d) Amount of non-cash assistance ASSOCIATION OF AMERICAN STATE GEOLOGISTS (c) Amount of cash grant (b) Number of recipients PRESEVATION AND GOVERNMENT AFFAIRS PROGRAM PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance Schedule I (Form 990) (2012) Part III

Page 2

Schedule I (Form 990) (2012)

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)
Department of the Treasury

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Internal Revenue Service

Name of the organization

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Employer identification number 43-6058913

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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ See separate instructions.

▶ Attach to Form 990.

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

OMB No. 1545-0047

2012 Open to Public Inspection

Employer identification number

43-6058913

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.) E End-of-year assets <u>@</u> Total income ত্ত Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section, 512(b)(13) controlled entity? ş × Yes Direct controlling entity status (if section Public charity SCH A - LINE 501(c)(3)) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) ALABAMA PROVIDE FINANCIAL SUPPORT Primary activity FOR AASG 20-8939615 Name, address, and EIN of related organization AASG FOUNDATION INC 257 ACADEMY STREET 19716 DE NEWARK

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

232161 12-10-12 LHA

Schedule R (Form 990) 2012

Page 2

43-6058913

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

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

(j) (k) General or Percentage managing ownership	No Kes No	or more related (i) Section Section Stage (27/13) Ship controlled entity?	Yes		
Code V-UBI Gen amount in box mar	(Can I I I I I I I I I I I I I I I I I I I	ause it had one or mor a) (h) re of Percentage f-year ownership			
oortion-	Aes No	IV, line 34 because it (g) (total Share of end-of-year assets			
(g) Share of cond-of-year at assets		Form 990, Part IV, lir (f) ty Share of total			
(f) Share of total income		(e) Type of entity (C corp, S corp, or frust)			
i i	(1)	on or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related (c) (d) (e) (f) (f) (g) (h) Section State of entity (Corp., Scorp, income foreign (Corp., Scorp, Scorp, Foreign (Corp., Scorp, Scorp, Foreign (Corp., Scorp, Sc			
(e) Predominant income (related, unrelated, excluded from tax under	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Complete if the	(Kananaoo		
(d) Direct controlling entity		corporation or Trust tax year.) (b) Primary activity			
(C) Legal domicile (state or foreign	(Kappa)	le as a Corpo			
(b) Primary activity		ganizations Taxab poration or trust di N			
(a) Name, address, and EIN of related organization		Part IV Identification of Related Organizations Taxable as a Corporation or granizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN Primary ac of related organization			

Page 3

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed in	Parts II-IV?			
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<u>a</u>		×
Gift, grant, or capital contribution to related organization(s)				2		×
Gift, grant, or capital contribution from related organization(s)				2		×
Loans or loan guarantees to or for related organization(s)				2		×
Loans or loan guarantees by related organization(s)				-e		×
Dividends from related organization(s)				Yes Yes		×
Sale of assets to related organization(s)						×
Purchase of assets from related organization(s)				. <u>.</u>		×
	, , , , , , , , , , , , , , , , , , ,			= ==		∜
Lease of facilities, equipment, or other assets to related organization(s)				4		١×
Lease of facilities, equipment, or other assets from related organization(s)				茶		×
Performance of services or membership or fundraising solicitations for related organization(s)	Janization(s)			=		×
Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē		×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			=		×
Sharing of paid employees with related organization(s)			-	0		×
Reimbursement paid to related organization(s) for expenses		***************************************		1p		×
Reimbursement paid by related organization(s) for expenses				19		×
Other transfer of cash or property to related organization(s)				-		×
Other transfer of cash or property from related organization(s)						×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	ris line, including covered ref	ationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ınt involved		
						İ
						-
232163 12-10-12	25		Schee	Schedule B (Form 990) 2012	066	18

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

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

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

iliat was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	sion for certain inve	stment partnerships.					
(a)	(q)	<u>©</u>	(b)	£)	(b)	Ξ	(9)	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income partnersii. (related, unrelated, excluded from tax under section 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1	l or Perc
			02 532			Yes No	(1.001)	Yes No
	A CONTRACTOR OF THE PROPERTY O							

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Schedule R (Form 990) 2012

Schedule R (Form 990) 2012	ASSOCIATION	OF .	AMERICAN_	STATE	GEOLOGISTS43-6	5058913 Page 5
Schedule R (Form 990) 2012 Part VII Supplemental Inform	mation					
Complete this part to prov	vide additional information	n for res	sponses to quest	ions on Sch	edule R (see instructions).	
				······································		
		*···				
				····		
		. ,				
	4					
	,					
				,		
			·			

IRS e-file Signature Authorization for an Exempt Organization

		•			
For calendar year 2012, or fiscal year beginning	JUN 1	, 2012, and ending	YAM	31_	,20

<u>13</u>

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1878

Name of exempt organization	Employer identif	ication number
AGGOGTANTON OF AMEDICAN CHARE CEOLOCICES	43-6058	913
ASSOCIATION OF AMERICAN STATE GEOLOGISTS Name and title of officer	43-0030	717
MICHAEL ED HOHN		
TREASURER		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, for	om the return. If	you check the box
on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than 1 line in Part I.	then leave line 11	o, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	44523
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		
Part II Declaration and Signature Authorization of Officer		
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 eventiret	ion's 2012
intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceed the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reorganization's consent to electronic funds withdrawal.	essing the return electronic funds ation's federal ta Treasury Financ institutions involved resolve issues i	or refund, and (c) withdrawal (direct xes owed on this ial Agent at red in the related to the
Officer's PIN: check one box only	tt DINI	92398
	to enter my PIN	9 <u></u> 9 Enter five numbers, bu
ERO firm name		do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize 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 2012 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char	thorize the aforer	nentioned ERO to
program, I will enter my PIN on the return's disclosure consent screen.	nies as part of th	e ino i eu/otate
Officer's signature ▶ Date ▶	· · · · · · · · · · · · · · · · · · ·	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 41514369407 do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeFe-file Providers for Business Returns.) Information for	Authorized IRS
ERO's signature Saul Armour Date 14	1 Per 2	013
	V = (/) "	
ERO Must Retain This Form - See Instructions		

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

Form **8879-EO** (2012)

Do Not Submit This Form To the IRS Unless Requested To Do So

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)

Inspection

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

Open to Public

OMB No. 1545-0047

Α	For the	2010 calendar year, or tax year beginning JUN 1, 2010 and ending	MAY 31, 2011					
В	Check if	C Name of organization	D Employer identific	cation number				
	applicable:		-					
	Address change	S ASSOCIATION OF AMERICAN STATE GEOLOGISTS						
Ē	Name change		43-6	058913				
Ē	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number						
	Termin-							
F	ated Amende return		G Gross receipts \$	33,439.				
Applic			H(a) Is this a group re					
_	pending	F Name and address of principal officer:JONATHAN ARTHUR	for affiliates?	Yes X No				
		903 WEST TENNESSEE STREET, TALLAHASSEE, FI						
	Tay-eye	mpt status: X 501(c)(3)		list. (see instructions)				
		e: ▶ WWW.STATEGEOLOGISTS.ORG	H(c) Group exemptio					
			Year of formation: 1998					
-		Summary	real of formation. 1990 K	1 State of legal dofficile. DE				
	4 0	Briefly describe the organization's mission or most significant activities: GEOLOGIC	PDIICAMION					
Ce	1 1	Shelly describe the organization's mission of most significant activities: GEOLOGIC	EDUCATION					
าลท	1 - 7	Obselvábie ben N						
ver	2 (Check this box if the organization discontinued its operations or disposed of						
Activities & Governance	3 1		3 4	51				
8	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		51				
ties	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		0				
:≥	6	Total number of volunteers (estimate if necessary)		0				
AC		Total unrelated business revenue from Part VIII, column (C), line 12		0.				
_	bı	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
			Prior Year	Current Year				
ē	8 (Contributions and grants (Part VIII, line 1h)	14,670.	11,700.				
Revenue	9 1	Program service revenue (Part VIII, line 2g)	0.	0.				
Rel	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	4,256.	2,823.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,151.	18,916.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,077.	33,439.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,000.	14,250.				
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
Fxnenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
X	b 7	Total fundraising expenses (Part IX, column (D), line 25)						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		25,989.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,514.	40,239.				
_	19	Revenue less expenses. Subtract line 18 from line 12	-5,437.	-6,800.				
S OF			Beginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)	128,426.	121,626.				
Net Assets or	21	Total liabilities (Part X, line 26)	0.	0.				
		Net assets or fund balances. Subtract line 21 from line 20	128,426.	121,626.				
	Part II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s	CONTRACTOR PRODUCTION CONTRACTOR AND ACCURATION AND	y knowledge and belief, it is				
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.					
		Cincolars of officers	Data					
Si	gn	Signature of officer	Date					
He	ere	JONATHAN ARTHUR, TREASURER						
_		Type or print name and title	Doto Chack F	DTIN				
_		Print/Type preparer's name PATIT. D. ARMOTTP Preparer's signature	11/1/17	X PTIN				
Pa		FROIL D. ARMOOR		ed				
	eparer	Firm's name PAUL D ARMOUR CPA	Firm's EIN					
Us	e Only	Firm's address 4945 142ND PATH WEST		E0 200 0400				
_		APPLE VALLEY, MN 55124-7706	Phone no. 9	52 322 2490				
M	av the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				

	990 (2010) ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO ADVANCE THE SCIENCE AND PRACTICAL APPLICATION OF GEOLOGY AND
	RELATED EARTH SCIENCES
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$10,000. including grants of \$10,000.) (Revenue \$)
	CONTRACT FOR ENHANCED GOVERNMENTAL AFFAIRS SUPPORT FROM AMERICAN
	GEOSCIENCES INSTITUTE.
4b	(Codo: \(\(\(\(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\
40	(Code:) (Expenses \$ 3,250. including grants of \$ 3,250.) (Revenue \$)
	FUNDING FOR AMERICAN GEOSCIENCES INSTITUTE GOVERNMENT AFFAIRS PROGRAM
4c	(Code:) (Expenses \$1,000 • including grants of \$1,000 •) (Revenue \$)
	FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP
	SCHOLARSHIP PROGRAM
	DCHODANDHII TROGNAM
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 14,250.
	Form 990 (2010)

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)?		7.7	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			77
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			- -
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
u	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	ļ	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		<u> </u>	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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?			
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			37
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	40		v
17		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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		 	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	*******	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	

Form 990 (2010) ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1096. Enter 0 if not applicable 1		Check if Schedule O contains a response to any question in this Part V					
1a Enter the number of Form W205 clinicided in line 1a. Enter 0 if in not applicable 1b. 0 □ Old the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of forms W205 clinicided in line 1a. Enter 0 if in not specified (gambling) winnings to prize winners? 2b Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 3b If at least one is exported on line 42, did the organization file all required federal employment tax returns? 2c Enter the number of a and 2a is greater than 250, you may be required to e-file, (see instructions) 3c Unit to organization have uncleade business gross income of \$1,000 or more during the year? 3c Unit to organization have uncleade business gross income of \$1,000 or more during the year? 3c Unit to organization have uncleade business gross income of \$1,000 or more during the year? 3c Unit organization have uncleade business gross income of \$1,000 or more during the year? 3c Unit organization have uncleade business gross income of \$1,000 or more during the year? 3c Unit organization and the organization have an interest int, or a significant or other authority over, a financial account in a foreign country. If you are all the properties of the properties of the properties of the properties of the properties of the year of the properties of the year of the						Yes	No
b Enter the number of Forms W2Q included in line 1a. Enter or 1 find applicable 15 0 Colf the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittat of W6ge and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 b if at teast one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1 and 2a feat the organization file all required federal employment tax returns? 2b If Y1es, 1 and 1 filed a Form 890 for for the year? W7, provide an expendence in Schedule 0 3b If Y1es, 1 and 1 filed a Form 890 for for the year? W7, provide an expendence in Schedule 0 3c If Y1es, 1 and 1 filed a Form 890 for for the year? W7, provide an expendence in Schedule 0 3c If Y1es, 1 and 1 filed a Form 890 for for the year? W7, provide an expendence in Schedule 0 3c If Y1es, 1 and 1 filed a Form 890 for foreign country; lives as a bank account, security security such as a same account, security security such as a same account, security security such as a same account, security security such as a same account, security secu	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
Capambingly winnings to prize winners? 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returner? 2b Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file, (see instructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c All A rary time during the calendar year, did the organization have an interset in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c A rary time during the calendar year, did the organization have an interset in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts. 5d Was the organization sparty to a prohibited tax shelter transaction at any time during the tax year? 5a Land any time and the organization free form 88867? 5b Land any time 5a or 5b, did the organization free firm 88867? 5c Land any contributions that were not tax deductible? 6c Land any contributions that were not tax deductible? 6d Land any contributions that were not tax deductible? 6d Land any contributions that were not tax deductible? 6d Land any contributions that were not tax deductible? 6d Land any contributions that were not tax deductible? 6d Land any contributions that were notify the donor of the value of the goods or services provided? 7d Land Bank and the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7d Land Bank and the organization shall be organization free fire the account of the support of the support of the organization shall be required to the payar? 7d Land Bank and the organization shall be r	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
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3a Did the organization have unreliated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c b If "Yes," enter the name of the foreign country: ► 5c enstructions for filling requirements for Form TD F 902.21, Report of Foreign Bank and Financial Accounts. 5c Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Very 16 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d Organization seleves any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Organization received a contribution of qualified intellectual property, of which it was required to file Form 8292 as required? 7d If the organization received a contribution of case, boats, airplanes, or other verticles, did the organization in file year? 9g Sponsoring organizations maintaining donor advised funds. 1d bid the organization make any taxable distributions under section 49670. 9g Sponsoring organi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
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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			
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		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			77
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	<u>4</u> 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			- 23
	governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	_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	<u>X</u>	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			T
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44-	and branches to ensure their operations are consistent with those of the organization?	10b	v	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	IZa		- 25
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
-	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	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			77
	taxable entity during the year?	16a		X
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨		
	JONATHAN ARTHUR, TREASURER - 850 591 5174			
	903 WEST TENNESSEE STREET, TALLAHASSEE, FL 32304-7716		000	(2010)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

(A) Name and Title	(B) Average hours per	(c		Pos	ı app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
VICKI S. MCCONNELL	0.00								
PRESIDENT	2.00	X	_	Х			0.	0.	0
JAMES C. COBB	1 00	37		77			0	0	
PAST PRESIDENT	1.00	X		Х			0.	0.	0
L. HARVEY THORLEIFSON PRESIDENT ELECT	1.00	v		х			0.	0.	_
ROBERT F. SWENSON	1.00		<u> </u>	Δ	-	 	0.	U •	0
VICE PRESIDENT	1.00	x		х			0.	0.	0
JONATHAN ARTHUR	1.00			23	 		0.		
TREASURER	2.00	X		х			0.	0.	0
JOE GILLMAN									
SECRETARY	1.00	X		Х			0.	0.	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Name and title	Form 990 (2010) ASSOCIAT	ION OF A	AME	IR]	[CZ	711	SI	'A'	TE GEOLOGIST	S 43-605	5891:	3 P	age 8
Name and tritle Average hours for elected limits apply)	Part VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	s, a	nd F	lighe	est	Compensated Employ	ees (continued)			***********
Complete and the complete stated above) who received more than \$100,000 of complementation from the organization of the complete stated above) who received more than \$100,000 of complementation from the organization of the	(A)								(D)	(E)		(F)	
the corporation of the compensation from the distance of the compensation from the compensation of the compensation and related organizations of the compensation of the compensation from the compen	Name and title	1							Reportable	Reportable	[Estimat	ed
the compensation of the compensation of the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation and other compensation from the compensation from the compensation in the compensation from the		1	(cl	neck	all	that	appl	ly)		•	a		
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1b Sub-total			tee or	ustee			ensat		_	(44-271099-141130			
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1b Sub-total		1	lividu	stitutic	licer	dwa/	hest	mer			or	ganizat	ions
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Ves No		O)	Ĕ	Ĕ	5	Ş.	至曹	요					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Ves No													
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0													0.
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\$100,000 in compensation from the organization 0													
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\$100,000 in compensation from the organization 0													
\$100,000 in compensation from the organization 0													
\$100,000 in compensation from the organization 0								1					
\$100,000 in compensation from the organization 0			··········					-+					
\$100,000 in compensation from the organization 0													
\$100,000 in compensation from the organization 0	2 Total number of independent contractors	(including but	not li	mite	d to	tho	se lie	sted	above) who received n	nore than			
		· -	.0. 11				_	Ju	. add to, who isosived i	.5.5 6.1011			
	2.00,000 in compensation nom the organ						<u>-</u>				For	n 990	(2010)

Part VIII Statement of Revenue (D) Revenue excluded from tax under sections 512, (A) (B) (C) Total revenue Related or Unrelated exempt function business revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 11,700. Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f; \$_ Total. Add lines 1a-1f 11,700. **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 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 Less: rental expenses 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 b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____ a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MEETINGS 541900 18,259 18,259 **b UNREALIZED GAINS** 900099 657 657. d All other revenue 18,916. e Total. Add lines 11a-11d 18,916. 2,823.

33,439.

Total revenue. See instructions.

12

Part IX Statement of Functional Expenses

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

	All other organizations must comp		tions must complete all o not required to complete))
	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	107-4011100		<u> </u>	
	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,				MANUAL TO THE PARTY OF THE PART
	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 caction 403/h) amployer 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.)				
а	EXHIBITS	2,604.		2,604.	
b	AWARDS	874.		874.	
c	AGI & USGS MEMBERSHIP	500.		500.	
d	BANK CHARGES	92.		92.	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	40,239.	14,250.	25,989.	0.
26	Joint costs. Check here graph 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				
					Earm 990 (2010)

121,626. Form **990** (2010)

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

128,426.

Separate basis Consolidated basis Both consolidated and separate basis

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

За

3h

X

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

<u> </u>	D	ASSOCIA	TION OF AMER	ICAN	<u>STATE</u>	GEOL	OGIST	S _	43	<u>-6058</u>	913
Part I		~	ity Status (All organiz					ructions.			
he orga	7	•	because it is: (For lines 1	-		•	•				
1 =	7		s, or association of churc		ribed in se	ction 170	(b)(1)(A)(i)				
2	7		0(b)(1)(A)(ii). (Attach Sc								
3	¬		tal service organization o								
4			operated in conjunction	with a hos	pital desci	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ie hospital	i's name,
	city, and stat	***************************************									
5			benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describe	d in	
-	7	(b)(1)(A)(iv). (Comple	•								
6	」 A federal, sta	ite, or local governm	ent or governmental unit	t described	in sectio	n 170(b)(1)(A)(v).				
7		ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	ribed in
	¬	b)(1)(A)(vi). (Comple									
8			ection 170(b)(1)(A)(vi).								
9 X	An organization	ion that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, and	d gross re	ceipts from
			nctions - subject to certa								
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınization af	fter June 3	30, 1975.
	_	509(a)(2). (Complete	•								
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										
11	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.										
		_ · · · _ <u> ~ · </u>	¬ ~ .		·						0.1
	a Type		• •	Typ		•	~			Type III - (
e	-	=	at the organization is not		-		-		•		
			han one or more publicly		-				9(a)(1) or s	ection 505	3(a)(2).
f			ten determination from t		-						
			nis box								
g			organization accepted ar			-					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			lirectly controls, either al							44.0	Yes No
			upported organization?								
			n described in (i) above? person described in (i) o								
h			about the supported or						•••••	11g(iii)	ш
"	i iovide tile i	ollowing information	about the supported of	gariization	(5).						
(:) Nor	no of ounported	/::\ EIN	(iii) Type of	(iv) is the o	organization	(v) Did you	i notify the	(vi) ls	the	(v::) An	mount of
	ne of supported rganization	(ii) EIN	organization	in col. (i) li	sted in your	organizat	ion in col.	Torganizatio	on in col. I		mount of oport
·	gamaaaa		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	(i) organiz U.S	.?	oup	70011
			(see instructions))	Yes	No	Yes	No	Yes	No		

	<u> </u>										
Total											

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

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

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

O C C	tion A. Public Support						
Caler	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.")	67,500.	47,151.	14,700.	14,670.	11,700.	155,721.
	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.
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organ- ization'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.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	: Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						236,104.
Sec	ction B. Total Support		***************************************				
	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	84,934.	58,850.	32,945.	29,416.	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						
С	: Add lines 10a and 10b	5,260.	6,804.	2,181.	4,253.	2 022	01 201
44		J,400•	0,004.	∠,⊥o⊥•	4,400.	4,043.	<i>4</i> 1,3 <i>4</i> 1.
17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,200.	6,804.	2,161.	4,255.	2,823.	21,321.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	3,200.	6,804.	2,101.	4,255.	2,823.	21,321.
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	90,194.	65,654.	35,126.	33,669.		
12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	90,194.	65,654.	35,126.	33,669.	32,782.	257,425.
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	90,194. the organization's	65,654. first, second, third	35,126.	33,669.	32,782.	257,425.
12 13 14 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publications in the control of t	90,194. the organization's	65,654. first, second, third	35,126. , fourth, or fifth tax	33,669. (year as a sectio	32,782. n 501(c)(3) organiz	257,425.
12 13 14 Sec 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2010 (I	90,194. the organization's ic Support Per ine 8, column (f) div	65,654. first, second, third	35,126. , fourth, or fifth tax	33,669. (year as a sectio	32,782.	257,425. ration, 91.72 %
12 13 14 Sec 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here cation C. Computation of Public Support percentage for 2010 (I Public support percentage from 2009)	90,194. the organization's ic Support Per ine 8, column (f) division Schedule A, Part	65,654. first, second, third centage vided by line 13, co	35,126. , fourth, or fifth tax	33,669. (year as a sectio	32,782. n 501(c)(3) organiz	257,425.
12 13 14 Sec 15 16 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2010 (I Public support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation of Investigation in the support percentage from 2009 ction D. Computation in the support percentage from 2009 ction D. Computation in the support percentage from 2009 ction D. Computation in the support percentage from 2009 ction D. Computation in the sup	90,194. the organization's ic Support Per ine 8, column (f) div Schedule A, Part	65,654. first, second, third centage vided by line 13, co	35,126. , fourth, or fifth tax	33,669. « year as a sectio	32,782. n 501(c)(3) organiz	257,425. Eation, 91.72 % 90.86 %
12 13 14 Sec 15 16 Sec 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2010 (In Public support percentage from 2009) Cotion D. Computation of Investing the support percentage from 2009 Cotion D. Computation of Investing the support percentage for 2010 (Investment income percentage for 2010)	90,194. the organization's ic Support Per ine 8, column (f) div Schedule A, Part stment Income 10 (line 10c, column	65,654. first, second, third centage vided by line 13, co II, line 15 Percentage in (f) divided by line	35 , 126 . , fourth, or fifth tax plumn (f))	33,669. (year as a sectio	32,782. n 501(c)(3) organiz	257,425. tation, 91.72 % 90.86 % 8.28 %
12 13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2010 (I Public support percentage from 2009 ction D. Computation of Investment income percentage from 2010 (Investment income percentage from 2010)	90,194. the organization's ic Support Per ine 8, column (f) div Schedule A, Part stment Income 10 (line 10c, colum 2009 Schedule A, F	65,654. first, second, third centage vided by line 13, co II, line 15 Percentage in (f) divided by line Part III, line 17	35,126. , fourth, or fifth tax	33,669. (year as a sectio	32,782. n 501(c)(3) organiz 15 16	257,425. tation, 91.72 % 90.86 % 8.28 % 9.14 %
12 13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Support percentage for 2010 (In Public Support percentage from 2009) Ction D. Computation of Investment income percentage from 2010 (Investment income percentage from 2011) Investment income percentage from 2011 (Investment income percentage from 2011)	90,194. the organization's ic Support Per ine 8, column (f) div Schedule A, Part stment Income 10 (line 10c, colum 2009 Schedule A, F organization did no	first, second, third centage vided by line 13, co II, line 15 e Percentage In (f) divided by line Part III, line 17 In the check the box o	35,126. I, fourth, or fifth tax	33,669. (year as a section	32,782. n 501(c)(3) organiz 15 16 17 18 33 1/3%, and line	257,425. ration, 91.72 % 90.86 % 8.28 % 9.14 % 17 is not
12 13 14 Sec 15 16 Sec 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public Support percentage for 2010 (In Public support percentage from 2009 extion D. Computation of Investing Investment income percentage from 2010 (Investment I	90,194. the organization's ic Support Per ine 8, column (f) div Schedule A, Part stment Income 10 (line 10c, colum 2009 Schedule A, F organization did no nd stop here. The organization did no	first, second, third centage vided by line 13, co II, line 15 e Percentage in (f) divided by line Part III, line 17 ot check the box o organization qualif ot check a box on	35,126. I, fourth, or fifth taxolumn (f)) E 13, column (f)) In line 14, and line lies as a publicly siline 14 or line 19a,	33,669. c year as a section 15 is more than 3 upported organiz and line 16 is more	32,782. n 501(c)(3) organiz 15 16 17 18 33 1/3%, and line ration ore than 33 1/3%,	257,425. Eation, 91.72 % 90.86 % 8.28 % 9.14 % 17 is not
12 13 14 Sec 15 16 Sec 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Public support percentage for 2010 (I Public support percentage from 2009 etion D. Computation of Investing Investment income percentage from 2010 (Investment income percentage from 2011). If the more than 33 1/3%, check this box and stop here	90,194. the organization's ic Support Per ine 8, column (f) div Schedule A, Part Istment Income 10 (line 10c, colum 2009 Schedule A, F organization did no organization did no ock this box and st	first, second, third centage vided by line 13, co II, line 15 Percentage In (f) divided by line Part III, line 17 Int check the box o organization qualif ot check a box on op here. The organ	35,126. I, fourth, or fifth taxolumn (f)) 10 13, column (f)) 11 19 14, and line 12 19 19 19 19 19 19 19 19 19 19 19 19 19	33,669. c year as a section 15 is more than 3 apported organiz and line 16 is more a publicly supp	32,782. n 501(c)(3) organiz 15 16 17 18 33 1/3%, and line ration ore than 33 1/3%, orted organization	257,425. Eation, 91.72 % 90.86 % 8.28 % 9.14 % 17 is not

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

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

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

Name of the organization	DM & DO NO.		SESTOCIOES BEKES	Ď.			Employer identification number
Part General Information on Grants and Assistance	and Assistance	Ince	OTBOORDER T	2			
1 Does the organization maintain records to substantiate the amount of the	to substantiate the		s or assistance, the	grantees' eligibility	y for the grants or as	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	t funds in the United	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	complete if the orga	anization answered "	Yes" to Form 990, Part	t IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	\$5,000. Check this	s box if no one recipier	nt received more th		can be duplicated if	Part II can be duplicated if additional space is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							INCREASE FUNDING FOR
AMERICAN GEOSCIENCES INSTITUTE				Wante de			STATEMAP, DATA
4220 KING STREET							PRESEVATION AND
ALEXANDRIA, VA 22302-1502	52-0786946	501(C)(3)	13,250.	0.			GOVERNMENT AFFAIRS
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations					1.
	S	or before					0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

032101 01-13-11

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. DATA NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN GEOSCIENCES INSTITUTE (H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FUNDING FOR STATEMAP, (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients PRESEVATION AND GOVERNMENT AFFAIRS PROGRAM COLUMN (H): (a) Type of grant or assistance PART II, LINE 1,

Page 2

43-6058913

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Schedule I (Form 990) (2010)

Part III

Schedule I (Form 990) (2010)

032102 01-13-11

SCHEDULE 0

(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Employer identification number 43-6058913

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

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010 Open to Public Inspection

Employer identification number

43-6058913

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ASSOCIATION OF AMERICAN STATE GEOLOGISTS ► Attach to Form 990. Name of the organization Part

(g) Section 512(bX13) controlled entity? ŝ × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) \boldsymbol{arphi} Direct controlling entity End-of-year assets status (if section Public charity SCH A - LINE 501(c)(3)) <u>e</u> Total income Exempt Code € section 501(C)(3) ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) **LABAMA** PROVIDE FINANCIAL SUPPORT Primary activity Primary activity 9 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 II

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

Schedule R (Form 990) 2010

43-6058913

Page 2

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

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

(j) (k) General or Percentage managing ownership partner? Yes No			re related	(h) Percentage ownership				1 990) 2010
(j) General or managing partner? Yes No			or mo					(Forn
Code V-UBI Ge amount in box m 20 of Schedule Fx-1 (Form 1065) Y			tuse it had one	(g) Share of end-of-year assets			······································	Schedule R (Form 990) 2010
(h) Disproportion- ate allocations? Yes No K-1	The state of the s		IV, line 34 beca	(f) Share of total income		:		
(g) Share of End-of-year at assets			to Form 990, Part	(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 sections 512-514)			lete if the organizatic	(c) Legal domicile (state or (state or foreign country)				20
(d) Direct controlling Fentity			r ation or Trust (Comp ear.)	(b) Primary activity				
(C) Legal domicile (state or foreign			 s a Corpoi g the tax y					
(b) Primary activity			janizations Taxable a poration or trust durin	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				032162 12-21-10

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<u>t</u>	×
				1	×
				5	×
				7	×
				2 4	×
e Loalis of Ioali guarantees by outer organization(s)				<u> </u>	1
f Oclose for any other eventuation (a)				*	×
Todie of assets to ourief ofganization(s)				= ,	4 >
				19	☆ :
h Exchange of assets				두	×
i Lease of facilities, equipment, or other assets to other organization(s)				=	×
i Lease of facilities, equipment, or other assets from other organization(s)				=	×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			¥	×
	zation(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets				ŧ	×
n Sharing of paid employees				1n	×
o Reimbursement paid to other organization for expenses				10	×
p Reimbursement paid by other organization for expenses				10	×
					;
				Б ,	× >
. 1		The state of the s		-	4
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.	ho must complete th	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)				ACT BOARDAY MAY TO THE	
(2)					
(6)					
(4)					
(5)					
(9)					
032163 12-21-10	21		Schedule	Schedule R (Form 990) 2010	0) 2010

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

Schedule R	(Form 990) 2010	ASSOCIATION OF	F AMERICAN	STATE	GEOLOGISTS43-	-6058913	Page 5
Part VII	(Form 990) 2010 Supplemental Infor	mation					
L	Complete this part to pro-	vide additional information fo	r rachanese to alloc	tions on Soh	odulo D (oco instructions)		
	Complete this part to pro	vide additional information to	r responses to ques	tions on Scr	ledule R (see instructions).	***************************************	

	A STATE OF THE STA						
	A. Marian		·				
			1.1. Y	011			

		<u> </u>			***************************************	Addition of the second	
					· · · · · · · · · · · · · · · · · · ·		

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-187	8	8
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For calendar year 2010, or fiscal year beginning $\underline{\hspace{0.1cm}JUN\hspace{0.1cm}1}$, 2010, and ending $\underline{\hspace{0.1cm}MAY\hspace{0.1cm}31}$,20 $\underline{\hspace{0.1cm}11}$

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

JONATHAN ARTHUR

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

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1h	33439
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here ▶ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

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

Officer's	PIN:	check	one	box	onl	v
-----------	------	-------	-----	-----	-----	---

Officer's PIN: check one box only	
X I authorize PAUL D ARMOUR CPA	to enter my PIN 92398
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charprogram, 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 electronic filing identification	

Pa

ER number (EFIN) followed by your five-digit self-selected PIN.

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

ERO's signature

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

LHA For Paperwork Reduction Act Notice, see instructions. 023051 12-27-10

Form **8879-EO** (2010)