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# Short Form Return of Organization Exempt From Income Tax

2009

Open to Public

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

COMMED JUN 2 6 2010

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

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

Inspection

Α	For	the 2009	calend	ar year, or tax year beginning , 2009, and	d ending	_	
В	Check	ıf applicable		C Name of organization		D	Employer identification number
		dress ange	use IRS				
	_1	me change	label or print or	New Mexico Geological Society, Inc		2:	3-7024819
	In.	tial return	type		n/suite		Telephone number
	⊢	rmination	See	801 Leroy Place		5	75-835-5420
$\vdash$	Ап	ended	Specific	City or town, state or country, and ZIP + 4			
-	$\neg$ Ap	um plication	Instruc- tions.	Socorro, NM 87801			Group Exemption Number · · · ▶
		nding Section 5		organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Account		ethod X Cash Accrual
	•	Secuon 3	01(0)(3)	a completed Schedule A (Form 990 or 990-EZ).		-	
_				a completed scriedule A (1 offit 330 of 330-L2).	Other (s		T
					H Check ▶		If the organization is not
		site: 🕨			'		tach Schedule B (Form 990,
<u>J</u>	Tax-			eck only one) -   X   501(c) ( 3	990-EZ,		<del></del>
				ganization is not a section 509(a)(3) supporting organization and its gross receipt		•	
	Form	990-EZ	or Form	990 return is not required, but if the organization chooses to file a return, be sure	to file a con	nplete	
<u>L</u>	Add I			to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 99			74,332
P	art I	Reve	nue, E	xpenses, and Changes in Net Assets or Fund Balances	(See the	nstru	ictions for Part I)
	1	Contr	butions,	gifts, grants, and similar amounts received		1	15,417
	2	Progr	am servi	ce revenue including government fees and contracts		2	30,476
	3			lues and assessments		3	6,560
	4			come		4	309
	5			t from sale of assets other than inventory			
	ł			other basis and sales expenses			
				from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
e	6		, ,	d activities (complete applicable parts of Schedule G) If any amount is from gaming, check here			
Revenue				e (not including \$ of contributions			
ě	İ			1 _ 1			
u.				ne 1) 6a kepenses other than fundraising expenses 6b			
		C Net in		6c			
	,			i,570	00		
	′	a Gross		1,869			
	1					7 c	(10, 300)
	١.			r (loss) from sales of inventory (Subtract line 7b from line 7a)	• • • • • • • •	8	(10,299)
	8			(describe >			42 462
	9	lota	revenu	ie. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<del></del>	9	42,463
	10	Grant	is and si	milar amounts paid (attach schedule)		10	
	11	Delle	nto paid	to or for members	iOl···l	11	
nses	12	Salar	es, othe	r compensation, and employee benefits	<u> </u>	12	
ens	13	Profe	ssional f	r compensation, and employee benefits	S	13	2,565
Exper	14	Occu	pancy, re	ent, utilities, and maintenance		14	4,000
ш	15	Printi	ng, publi	cations, postage, and shipping		15	6,513
	16	Other	expense	es (describe ► <u>See Attached Scheldule</u>		16	46,793
_	17			ses. Add lines 10 through 16		17	59,871
Ş	18			ficit) for the year (Subtract line 17 from line 9)		18	(17,408)
Net Assets	19	Net a	ssets or	fund balances at beginning of year (from line 27, column (A)) (must agree with			
Ą		end-c	f-year fig	gure reported on prior year's return)		19	551,878
et	20	Other	change	s in net assets or fund balances (attach explanation)	[	20	
Z	21			fund balances at end of year Combine lines 18 through 20		21	534,470
P	art I	Bala	ance S	heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file For	m 990 instea	ad of F	
				(See the instructions for Part II ) (A) Beginning			(B) End of year
22	C	ash, savin	igs, and i	,	67,223	22	82,762
23					40,625		39,375
24				, , , , , , , , , , , , , , , , , , ,	44,030		412,333
25					51,878		534,470
	т.	otal lishi	litice /	5 escribe ▶	01,070	26	337,770
26	NI NI	otai ilabi ot seesti	nues (Ut		51,878		534 470
<u>27</u>	N	er asset	J OI IUII	a pararioes (mie 21 or commit (n) must agree with mie 21)	7 T 7 Q / Q	<u> </u>	534,470

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. JSA 9E1008 2 000

1 0111 330-22 (2003)					_ raye a
Part III Statement of Program Service Accomplishme	ents (See the instruct	ions for Part III)			penses
What is the organization's primary exempt purpose? Geology, Res	earch, Publications	s, Education			for section and 501(c)(4)
Describe what was achieved in carrying out the organization's exe			er,	organizati	ons and section
describe the services provided, the number of persons benefited, and	le	for others	) trusts, optional )		
28Fall & Spring Conferences for Geol	ogv Society				·
Members & Guests					
		*			
(Grants \$ ) If this amount include	es foreign grants, check hei	e			19,355
29	o toroign grante, enteet				
	<del> </del>	<del>_</del>			
(Grants \$ ) If this amount include	es foreign grants, check hei		<sub>29a</sub>		
30	s foreign grants, check her		1230	<del></del>	
50					
				ĺ	
(O and A	- farmer areas about hor			ĺ	
	es foreign grants, check hei		30a	<del> </del>	
31 Other program services (attach schedule)			—— I	!	
	es foreign grants, check hei		31a	<b></b>	10 255
32 Total program service expenses (add lines 28a through 31a)			▶ 32	<u> </u>	19,355
Part IV List of Officers, Directors, Trustees, and Key Emplo	<del></del>		<del></del>		1
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	employee be	ributions to enefit plans &	(e) Expense account and
	devoted to position	enter -0)	deferred co	ompensation	other allowances
Kate Zeigler	President		ļ		
704 Monte Alto Dr., NE	1	0		0_	0
Albuquerque, NM 87123	_				
Barry Kues	Vice-Pres				
University of New Mexico	1	0		0	0
Department Earth & Planetary Science					
1 University of New Mexico MSCO3-2040				_	
Albuquerque, NM 87131					
Charles Thorn	Treasurer				<u></u>
4501 B Rideway	1	0		0	l 0
Los Alamos, NM 87544			<u> </u>		
	-				
		<del></del>			
Nelia Dunbar	Secretary	0		0	0
NM Bureau of Geology & Mineral Resources			_		
801 Leroy Place	<u> </u>				
Socorro, NM 87801					
0, 111 0,001	-				
	<del> </del>	<del></del>			<del> </del>
Shari Kelley	Dagt Drog	0		0	0
NM Bureau of Geology & Mineral Resources	Past Pres				<u> </u>
801 Leroy Place	<sup>1</sup>				
Socorro, NM 87801					_
30C0110, NM 87801	-				
			<del> </del>		
			ļ		
			<u></u>		

Part '	Other Information (Note the statement requirements in the instructions for Part V.)			
	,		Yes	No
<b>`33</b>	'Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
• •	the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
33	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
а		25-		
<b>L</b>		35a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets			,,
	during the year? If "Yes," complete applicable parts of Schedule N	36		<u>X</u>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<u>X</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ None; section 4912 ▶ None, section 4955 ▶ None			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	İ		
	transaction during the year or is it 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	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 ▶None			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
_	reimbursed by the organization None			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
·	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► New Mexico	400		
		c c	222	
42 a	2001 7	5-5	322	
	- · · · · · · · · · · · · · · · · · · ·			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Var	N -
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	45:	res	No
	account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign county. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank			
	and Financial Accounts.			
С		42c		X_
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		►	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
- *	"Yes," Form 990 must be completed instead of Form 990-EZ	45		Х
			0-F7	(2009)

Form 990-E	Z (2009)				Page 4				
Part VI	Section 501(c)(3) organizations and sec 501(c)(3) organizations and section 4947( and complete the tables for lines 50 and 5	a)(1) nonexempt cha	nexempt charita arıtable trusts mu	able trusts only. ust answer questi	All section ons 46-49b				
	id the organization engage in direct or indirect po				Yes No				
ca	andidates for public office? If "Yes," complete Sche	dule C, Part I			46 X				
<b>47</b> D	id the organization engage in lobbying activities? I	f "Yes," complete Sched	dule C, Part II		47 X 48 X				
<b>48</b> Is	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
	id the organization make any transfers to an exem		d organization?		49a X				
	"Yes," was the related organization a section 527				49b				
	omplete this table for the organization's five high mployees) who each received more than \$100,000								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances				
<u>None</u>				Colored Comportation	outer anowaries				
	omplete this table for the organization's five hig 100,000 of compensation from the organization If	there is none, enter "N	lone "						
None	(a) Name and address of each independent contractor paid r	·	( <b>b</b> ) Type	e of service	(c) Compensation				
MOIIC -									
			··   · · · · · · · · · · · · · · · · ·						
d To	otal number of other independent contractors rece	eiving over \$100,000							
	Under penalties of perjury, I declare that I have examined to and belief, it is true, correct, and complete. Declaration of	his return, including accompar preparer (other than officer) is	nying schedules and stars based on all information	tements, and to the best on of which preparer has ar	of my knowledge ny knowledge				
Sign Here	Supplying of officer			May 14	,2010				
	Type or print name and title	Neagure		vale .					
Paid	Preparer's signature	OA 5-11-	Check if self-	<del></del> -  ' ' ' .	number (See instructions)				
Preparer	's - Common of the common of t			· · · · · · · · · · · · · · · · · · ·	34-3555				
Use Only	vours if self-employed)				272961				
May the	address, and ZIP+4 PO Box 179, Social RS discuss this return with the preparer shown at		801 F		335-1091 XYes No				
way trie	into diocass this return with the preparer shown at	Over one manucuons.			om 990-EZ (2009)				

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

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

<u>New</u>			Society, in						<u>- 70248</u>	19
Part I			ity Status (All organ						ctions	
The or	ganization is no	ot a private found	dation because it is (F	or lines 1 t	through 11,	check on	ly one bo	x)		
1	A church, c	onvention of chu	rches, or association of	of churches	s described	ın sectioi	n 170(b)(	1)(A)(i).		
2	A school de	escribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (Att	tach Sched	ule E)					
3	A hospital o	r a cooperative	hospital service organ	ization desc	cribed in <b>se</b>	ction 170	(b)(1)(A)	(iii).		
4	A medical	research organiz	zation operated in co	niunction v	with a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
٠ ـــ		ame, city, and sta		•					- ( - / ( - / (	(-7()
5	_ '	- · · · · · · · · · · · · · · · · · · ·	or the benefit of a col	lege or un	versity ow	ned or or	perated b	ov a gove	ernmental	unit described in
<b>.</b>		(b)(1)(A)(iv). (C		.ogo	ivolony on	1100 01 01	poratou .	, a gov	Jiiiiii Oillai	dim described in
6	<del>-</del> -1	•	vernment or governme	antal unit de	secribad in a	eaction 17	70/h\/4\/	A)/ <sub>V</sub> )		
7	<del>-</del>	-	-						or from t	ha ganaral aublia
' <u> </u>			Ily receives a substan		its suppor	ı iloili a ç	joveninie	andi umi	טו ווטווו נו	ne general public
• _	_		(1)(A)(vi). (Complete F	· ·	I-4- D	4 11 3				
8	A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II )  X An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
9 X			• • • • • • • • • • • • • • • • • • • •							
	•		ted to its exempt fun		-		-			
		•	ment income and uni				,		511 tax)	from businesses
r	-, · · ·	-	after June 30, 1975					•		
10 📙	<b>→</b>	-	ind operated exclusive	-	-	-				
11		•	and operated exclusi	-		•				•
		-	ublicly supported orga					-	•	
	509 <u>(a)(</u> 3). (	Check the box th	at describes the type of	of s <u>upp</u> ortin	ig organiza	tion and c	omplete	lines 11e	th <u>roug</u> h 1	11h
	_ <b>a</b> Typ	pel <b>b</b>	Type II c	: Тур	e III - Fund	tionally in	tegrated		d Ty	pe III - Other
е	∃ By checkin	g this box, I ce	ertify that the organiz	ation is no	ot controlle	ed directly	y or ind	rectly by	y one or r	more disqualified
	persons oth	ner than foundat	ion managers and oth	er than on	e or more	publicly s	supported	d organiz	ations des	scribed in section
	509(a)(1) o	r section 509(a)(	2)							
f	If the organ	nization received	d a written determina	tion from t	the IRS tha	atitisa ˈ	Type I, 1	Type II, o	r Type III	supporting
	organizatioi	n, check this box								
g	Since Augu	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	m any of	the	,	
	following pe	ersons?	-	. , -			·			
	<b>.</b>		or indirectly controls	, either ale	one or tog	ether with	h person	s descrit	bed in (ii)	Yes No
		="	erning body of the supp		_		•		` ,	11g(i)
	•	•	person described in (i) a	_						11g(u)
	, ,	-	of a person described		above?					11g(III)
h	, .	•	ation about the suppo		•					
	ne of supported	(ii) EIN	(iii) Type of organization	1	organization	(v) Did y	ou notify	(vi)	Is the	(vii) Amount of
	rganization	(11, 2,114	(described on lines 1-9		sted in your	the organ			tion in col	support
			above or IRC section (see instructions))	governing	document?	col (i) of your support?			ized in the	
			(see instructions))	Yes	No	Yes	No	Yes	No	
				- 103	110	163	110	163	110	
	<del></del>								1	
									1	
					ļ	<u> </u>		ļ	<del>  </del>	
		1								
									<b> </b>	
		<u> </u>								
Total			1		1	1 1		ŀ	1	

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

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Ord (Complete only if you check	ganizations D ked the box o	<b>Described in S</b> In line 5, 7, or 8	Sections 170( 3 of Part I.)	(b)(1)(A)(iv) a	nd 170(b)(1)(	A)(vi)
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning In)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	<del></del>	ļ	<del>                                     </del>	ļ	<del></del>	
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			l	<u> </u>		
	tion B. Total Support			<del> </del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		ļ				
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			l			
12	Gross receipts from related activities, etc. (	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (I	ine 6, column (1	f) divided by line	11, column (f))	)	14	%
15	Public support percentage from 2008	Schedule A, Pa	art II, line 14			15	%
16a	331/3% support test - 2009. If the o						ore, check
	this box and stop here. The organizati	on qualifies as a	a publicly suppo	rted organization	on		▶ 🔲
b	331/3% support test - 2008. If the	organization did	d not check a b	ox on line 13	or 16a, and lin	e 15 is 331/3%	or more,
	check this box and stop here. The org	anızation qualıf	ies as a publicly	supported orga	anızatıon		▶ 🛄
17a	10%-facts-and-circumstances test - 2	1009. If the orga	anızatıon dıd no	t check a box o	n line 13, 16a o	r 16b, and line	14 is 10%
	or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization						▶ 📘
b	10%-facts-and-circumstances test -	<b>2008.</b> If the or	ganization did r	not check a box	x on line 13, 16	6a, 16b, or 17a	, and line
	15 is 10% or more, and if the org	anization meet	s the "facts-an	d-circumstances	s" test, check t	this box and <b>s</b>	top here.
	Explain in Part IV how the organization				•	•	
	supported organization						
18	Private foundation. If the organization	on did not che	ck a box on lin	e 13, 16a, 16b	o, 17a, or 17b,	check this box	x and see
	instructions		<u></u>	<u> </u>	<u> </u>	<u> </u>	▶ 🔲

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

(Complete	only if you	checked	the hoy on	line a of	Part I \
Combiete	OHIV II VOL	ı checked	THE DUX OH	HILL S OF	railii

Calendar year (or fiscal year beginning in)    1	Sec	tion A. Public Support				_		
membership fees received (Do not include any "unusual grants")			(a) 2005	(b) 2006	(c) 2007	( <b>d</b> ) 2008	(e) 2009	(f) Total
any runusual grants "). 14,339 13,083 7,830 27,068 21,977 84,297   2 Grass receipts from admissions, merchandres said or sences performed, or facilities furnished in any activity that is related to the enganization's burseless and controlled the enganization's burseless and controlled the enganization's burseless and either paid to re-expended on its behalf .  4 Tax revenues leved for the organization's buenefit and either paid to re-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 3 . 164,686 152,455 124,751 101,218 74,023 617,133 received from disqualified general multiple dispersion in the state exceed from granter of for the year .  6 Add lines 7a and 7b  8 Public support (Subtract line 7c from businesses accurated started units of the lines of lines of lines from the said support (subtract lines of lines from the said support (subtract lines of lines from the said support (subtract line from similar sources .  9 Amounts from line 6, .  10 Amounts from line 6, .  10 Interested business taxable income (less section 511 laxes) from businesses accurated started in line 10b, whether or not the business is regularly carried on not the business is regularly carried on line 10a and 10b .  11 Net income from unrelated business accurated started in line 10b, whether or not the business is regularly carried on line 10a and 10b .  12 Other income Do not include gain or loss from the saise of capital assets (Explain in Part IV) .  13 Total support (Add lines 9, 10c. 11, and 12)	1	Gifts, grants, contributions, and						
any runusual grants "). 14,339 13,083 7,830 27,068 21,977 84,297   2 Grass receipts from admissions, merchandres said or sences performed, or facilities furnished in any activity that is related to the enganization's burseless and controlled the enganization's burseless and controlled the enganization's burseless and either paid to re-expended on its behalf .  4 Tax revenues leved for the organization's buenefit and either paid to re-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 3 . 164,686 152,455 124,751 101,218 74,023 617,133 received from disqualified general multiple dispersion in the state exceed from granter of for the year .  6 Add lines 7a and 7b  8 Public support (Subtract line 7c from businesses accurated started units of the lines of lines of lines from the said support (subtract lines of lines from the said support (subtract lines of lines from the said support (subtract line from similar sources .  9 Amounts from line 6, .  10 Amounts from line 6, .  10 Interested business taxable income (less section 511 laxes) from businesses accurated started in line 10b, whether or not the business is regularly carried on not the business is regularly carried on line 10a and 10b .  11 Net income from unrelated business accurated started in line 10b, whether or not the business is regularly carried on line 10a and 10b .  12 Other income Do not include gain or loss from the saise of capital assets (Explain in Part IV) .  13 Total support (Add lines 9, 10c. 11, and 12)		membership fees received (Do not include						
2 Costs receipts from admissions, morchandrias sold or seneous performed, or facilities furnished in any activity that is related to the organization's bar-exempt purpose		·	14,339	13,083	7,830	27,068	21,977	84,297
### Section 5:1 taxes promise from services trained business section 5:1 taxes promise from services trained business services of sections from services trained business services from service	2							<u> </u>
3 Goss recepts from activities that are not an unrelated transe stream survey of the amount of the greater of \$5,000 or 1% of the amount of the greater of \$5,000 or 1% of the amount on the 13 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or		·						
3 Goss recepts from activities that are not an unrelated transe stream survey of the amount of the greater of \$5,000 or 1% of the amount of the greater of \$5,000 or 1% of the amount on the 13 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or 10 or 11 or 10 or		furnished in any activity that is related to the						
3 Cross mocepts from activities that are not not unrelated trade or business under section 5.13 d.  4 Tax (evenues leveel for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  75,000 65,000 48,000  164,686 152,455 124,751 101,218 74,023 617,133 received from disqualified persons .  A mounts included on lines 1,2 and 3 received from other than disqualified persons .  A mounts included on lines 2 and 3 received from other than disqualified persons .  A mounts included on lines 2 and 3 received from other than disqualified persons .  A mounts included on lines 2 and 3 received from other than disqualified persons .  5 Evention B. Total Support  C add lines 7a and 7b		,	75,347	74.372	68.921	74,150	52,046	344,836
unrelated trade or business under section 513. 4 Tax revenues level for the organization's benefit and either part to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge	3							
4 Tax reserves leved for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge	_	,						
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.  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  c Add lines 7a and 7b.  8 Public support (Subtract line 7c from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6.  164,686 152,455 124,751 101,218 74,023 617,133 10,316 28,247 103 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6.  164,686 152,455 124,751 101,218 74,023 617,133 10,316 28,247 103 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 2005 (c) 2009 (f) Total	4							
tis behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total Add lines 1 through 5.  Ta Amounts included on lines 1, 2, and 3 received from disqualified persons.  Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 mines 2 and 3 persons that exceed the greater of \$5,000 mines 2 and 3 for the year.  Public support (Subtract line 7 from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 10 and 10 hours and income from interest, dividends, payments received on securities loans, rents, royalbes and income from similar sources.  b Unrelated business taxable income (less section 5 11 taxes) from businesses acquired after June 30, 1975 (c) Add lines 10 and 10 hours and 12 ho	•							
5 The value of services or facilities furnished by a governmental unit to the organization without charge		·						
furnished by a governmental unit to the organization without charge	5							
organization without charge	•							
6 Total. Add lines 1 through 5		, -	75,000	65,000	48,000			188.000
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6					101.218	74.023	
received from disqualified persons							1,020	01.7100
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 50 (00 year) (of 1 than 1	, -							
\$5,000 or 1% of the amount on line 13 for the year	ь	Amounts included on lines 2 and 3						
\$5,000 or 1% of the amount on line 13 for the year		persons that exceed the greater of						
c Add lines 7a and 7b		\$5,000 or 1% of the amount on line 13		!		17.931	10 316	28 247
8 Public support (Subtract line 7c from line 6)	_	•						
Section B. Total Support						11,7331	10/310	20/21/
Calendar year (or fiscal year beginning in)	Ü	• • • • • • • • • • • • • • • • • • • •						588 886
Calendar year (or fiscal year beginning in)	Sec			<del></del>	<u> </u>	<u> </u>		3007000
9 Amounts from line 6			(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b								
rents, royalties and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b	•		101/000	102/100		101/210	, 1, 023	017,133
Sources   1,108   835   706   268   309   3,226								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b			1.108	835	706	268	309	3.226
section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b	h							
acquired after June 30, 1975.  c Add lines 10a and 10b	-	•						
c Add lines 10a and 10b 1,108 835 706 268 309 3,226  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		•						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	c		1,108	835	706	268	309	3,226
activities not included in line 10b, whether or not the business is regularly carried on			2/200					3/220
Carried on		The state of the s	'					
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
loss from the sale of capital assets (Explain in Part IV)	4.0					<del> </del>		
(Explain in Part IV)  13 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line	12							
Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line								
and 12)  165, 794   153, 290   125, 457   101, 486   74, 332   620, 359  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15	13	•						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here			165.794	153,290	125.457	101.486	74.332	620.359
organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line	14							
Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15		•	•			•		` `` '
Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  15 94.9266 %  Public support percentage from 2008 Schedule A, Part III, line 15	Sec	_ <del>/</del>			<del></del>		<del></del>	
Public support percentage from 2008 Schedule A, Part III, line 15					mn (f))		15 9	4 9266 %
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))								
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))								
18 Investment income percentage from 2008 Schedule A, Part III, line 17								
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line								
TO IS HOLL MORE THAN 33-173 %, CHECK THIS DOX AND STOP HERE THE ORGANIZATION DUBINES AS A DUDICIV SUDDORTED ORGANIZATION 🚩 🖾	198							
The first time of the first state	١.							
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and	D	• • • • • • • • • • • • • • • • • • • •						
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.								
JSA  Schedule A (Form 990 or 990-EZ) 200	_	rivate iountation. If the organization	ara not check	a oon on line	17, 13a, UL 190			

#### New Mexico Geological Society, Inc. EIN #23-7024819 Attachment To Form 990-EZ Year 2009

#### Form 990-EZ, Part I, Line 16 - Other Expenses:

Bank and Credit Card Fees	\$ 1,364
Conferences, Conventions & Meetings	19,355
Depreciation	1,250
Guidebook Expense	20,970
Insurance	2,123
Office Supplies	525
Promotion & Advertising	75
Taxes - Other	10
Travel	1,121
Total Other Expenses:	\$ 46,793