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A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CORPUS CHRISTI GEOLOGICAL SOCIETY		D Employer identification number 74-6067281
<input type="checkbox"/> Address change		Number and street (or P O box, if mail is not delivered to street address) PO BOX 1068		E Telephone number (361) 884-8741
<input type="checkbox"/> Name change		Room/suite		
<input type="checkbox"/> Initial return		City or town, state or country, and ZIP + 4 CORPUS CHRISTI, TX 78403		F Group Exemption Number 
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				




☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**
☐ Accounting method: ☒ Cash ☐ Accrual
 Other (specify) ▶



I Website: <input type="checkbox"/> WWW.CCGEO.ORG		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	60,706
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received	1	24,014
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	22,737
	4	Investment income	4	70
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here 		
	a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	7,831
	b	Less direct expenses other than fundraising expenses	6b	3,874
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3,957	
7a	Gross sales of inventory, less returns and allowances	7a	6,054	
b	Less cost of goods sold	7b	2,779	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,275	
8	Other revenue (describe  _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	54,053	

Expenses	10	Grants and similar amounts paid (attach schedule)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10	35,167
	11	Benefits paid to or for members	.	.	.	.	.	.	.	.	.	.	.	.	.	.	11	
	12	Salaries, other compensation, and employee benefits	.	.	.	.	.	.	.	.	.	.	.	.	.	.	12	
	13	Professional fees and other payments to independent contractors	.	.	.	.	.	.	.	.	.	.	.	.	.	.	13	1,245
	14	Occupancy, rent, utilities, and maintenance	.	.	.	.	.	.	.	.	.	.	.	.	.	.	14	1,739
	15	Printing, publications, postage, and shipping	.	.	.	.	.	.	.	.	.	.	.	.	.	.	15	10,567
	16	Other expenses (describe  _____)															16	53,474
	17	Total expenses. Add lines 10 through 16	.	.	.	.	.	.	.	.	.	.	.	.	.	17	102,192	

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. . . . .	18	-48,139
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	. . . . .	19	77,900
	20	Other changes in net assets or fund balances (attach explanation)	. . . . .	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	. . . . .	21	29,761

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	77,900	29,761
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	77,900	29,761
26	Total liabilities (describe _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	77,900	29,761

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROMOTE THE SCIENCE OF GEOLOGY, ESPECIALLY AS IT RELATES TO THE DEVELOPMENT OF OIL, GAS, AND OTHER RESOURCES IN SOUTHWEST TEXAS			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) <input type="checkbox"/>			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	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 disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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	
c	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 . . . ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ LEIGHTON DEVINE Telephone no ▶ (361) 510-8872 C/O PO BOX 1068 Located at ▶ CORPUS CHRISTI, TX ZIP + 4 ▶ 78403		
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(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

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-08-11 Date	
Paid Preparer's Use Only	RICK PAIGE, PRESIDENT Type or print name and title			
	Preparer's signature	AUDREY HAGEMANN	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	BUCKLEY & ASSOCIATES PC 101 N SHORELINE - SUITE 500 CORPUS CHRISTI, TX 78401			EIN Phone no (361) 883-1871
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:
Software Version:
EIN: 74-6067281
Name: CORPUS CHRISTI GEOLOGICAL SOCIETY

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 the society offers introductory and advance level courses in the science of geology and related earth sciences (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0
29 the society solicits contributions for benefit of the corpus christi geological society scholarship trust, which provides money scholarships to students who are pursuing the major study of geology in colleges and universities (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	0
30 the society promotes earth sciences in primary schools by providing study tools and instruction (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	0
geological publications and bulletins and geological themed tee shirts are (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		0
made available to the public to promote public awareness of geology and earth sciences (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		0
earth sciences (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
rick PAIGE po box 1068 corpus christi,TX 78403	president 1 00	0	0	0
MICHAEL LUCENTE po box 1068 corpus christi,TX 78403	president elect 1 00	0	0	0
LEIGHTON DEVINE po box 1068 corpus christi,TX 78403	treasurer 1 00	0	0	0
dennis moore po box 1068 corpus christi,TX 78403	councilor I 1 00	0	0	0
SEBASTIAN WIEDMANN po box 1068 corpus christi,TX 78403	councilor II 1 00	0	0	0
Juan cabasos PO box 1068 CORpus christi,TX 78403	past president 1 00	0	0	0
randy bissell po box 1068 corpus christi,TX 78403	secretary 1 00	0	0	0
dennis taylor po box 1068 corpus christi,TX 78403	vice president 1 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** CORPUS CHRISTI GEOLOGICAL SOCIETY**EIN:** 74-6067281

Item No.	1
Class of Activity	PROMOTE INTEREST IN GEOLOGICAL STUDIES
Donee's Name	TEXAS A&M UNIVERSITY
Donee's Address	700 UNIVERSITY KINGSVILLE, TX 78363
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	N/A
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	PROMOTE INTEREST IN GEOLOGICAL STUDIES
Donee's Name	COASTAL BEND COMMUNITY FOUNDATION
Donee's Address	600 LEOPARD ST CORPUS CHRISTI, TX 78473
Amount (FMV)	2,610
Purpose of Payment to Affiliate	
Relationship	N/A
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	PROMOTE INTEREST IN GEOLOGICAL STUDIES
Donee's Name	CCGS SCHOLARSHIP TRUST FUND
Donee's Address	PO BOX 1068 CORPUS CHRISTI, TX 78403
Amount (FMV)	32,307
Purpose of Payment to Affiliate	
Relationship	N/A
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule**Name:** CORPUS CHRISTI GEOLOGICAL SOCIETY**EIN:** 74-6067281

Description	Amount
BANK CHARGES	220
AWARDS	1,183
MEETING EXPENSE	16,080
MEMBERSHIP DUES CBGS	1,080
WEBSITE DESIGN	4,550
EVENT EXPENSE (SHRIMP BOIL)	375
INCOME TAX EXPENSE	74
MURAL PROJECT	10,795
EDUCATION (BONES IN SCHOOLS & BAYS AND ESTUARIES)	17,439
OFFICE SUPPLIES	418
CONTINUING EDUCATION	1,260

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: CORPUS CHRISTI GEOLOGICAL SOCIETY

EIN: 74-6067281

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.