

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2009

Open to Public Inspection

A Fo	r the :	2009 cale	endar yea	r, or tax year beginning 10-0	1-2009 and ending 09-30-201	D		
B Ch	eck ıf a	pplicable	Please	C Name of organization American Geological Institute			D Employer iden	tification number
┌ Ad	dress ch	ange	use IRS label or				52-0786946	
Г№	me cha	nge	print or	Doing Business As			E Telephone nur	mber
┌ Ind	ial retu		type. See Specific	Number and street (or P.O. box	ıf maıl ıs not delivered to street addre	ss) Room/suite	(703) 379-2	480
Г те	mınate		Instruc- tions.	4220 King Street	in main is not delivered to street dadre	ss) Room, saice	G Gross receipts \$	6,153,363
	ended			City or town, state or country, a	and ZIP + 4			
_		pending		Alexandria, VA 22302				
i Api	Dication	Pending						
				ne and address of principal o ck Leahy	micer		is a group return ates?	for ┌Yes ┍No
			4220 K	(ing Street		amme	ites.	1 163 1 110
			Alexan	dria, VA 22302		H(b) Are a	ll affiliates include	d?
	v-evem	nt status	5 501/c)) (3) ◀ (insert no)	/(1) or Γ 527	_		(see instructions)
) (3) = (IIISeIT IIO) 4947(a)	(1) 01 527	H(c) Grou	up exemption nun	nber 🟲
) W	ebsite	: ► agıw	eb org					
K For	n of org	ganization	Corporat	tion Trust Association Oth	er ►	L Year of fo	ormation 1948 M	State of legal domicile DC
Pa	rt I	Summ	nary			<u>'</u>	•	
	1			e organization's mission or n	_			
			_	, , ,	information services, serves as on, and strives to increase publ			
œ					and interaction with the environ			
≧					royaltıes, contracts, grants, cor			
Governance								
鞷								
ŝ	2	Check th	us hox 🝽		nued its operations or disposed	of more than	25% of its net as	sets
	3		,		dy (Part VI, line 1a)			8
Activities &	4		_					
<u> </u>	-				governing body (Part VI, line 1b	') • • •		
হ				nployees (Part V, line 2a)				73
				olunteers (estimate if necess			6	130,976
				ted business revenue from P iness taxable income from Fo	art VIII, column (C), line 12 .	•	7a 7b	130,970
	"	Net unie	lated Dusi	mess taxable medine nomi i	7111 9 90 - 1 , IIIIe 3 4	Drie	or Year	Current Year
	8	Contrib	utions and	d grants (Part VIII line 1h)		Pile	323,453	426,741
ā	9						3,723,680	5,360,060
Ravenue	10				nes 3, 4, and 7d)		18,225	-67,019
歪	11			art VIII, column (A), lines 5			10,225	0
	12		-	, , , , , , , , , , , , , , , , , , , ,	equal Part VIII, column (A), line	<u> </u>		
							4,065,358	5,719,782
	13				umn (A), lines 1–3)		47,500	95,423
	14	Benefits	paid to o	or for members (Part IX, colu	mn (A), line 4)			0
ø.	15		s, other co	ompensation, employee bene	fits (Part IX, column (A), lines 5	5 –	2.076.021	2.054.400
Expenses		10)					2,876,031	3,854,400
<u> </u>	16a			raising fees (Part IX, columr				0
五	Ь			enses (Part IX, column (D), line 25				
	17				la-11d, 11f-24f)		1,426,495	1,747,573
	18				l Part IX, column (A), line 25)		4,350,026	5,697,396
	19	Revenu	e less exp	penses Subtract line 18 from	n line 12		-284,668	22,386
\$ 8 8 8						_	g of Current Year	End of Year
Not Assets or Fund Balances	20	Totalac	seate (Da	rt X, line 16)		<u>'</u>	10,379,087	10,452,114
AB GB	21			Part X, line 26)			1,260,041	1,166,906
2 E	22				from line 20		9,119,046	9,285,208
	1111		ture Ble		110111 1111e 20		9,119,040	9,203,200
ГЧ					ed this return, including accompanying	schedules and s	tatements, and to th	e hest of my knowledge
					of preparer (other than officer) is base			
		l 						
Sigr Her		*****	* ure of office	or.		2011- Date	-01-12	
пет	E	<u> </u> '				Date		
			ick Leahy Ex or print nam	xecutive Director				
		I sype (or brink Halli	ic and title	<u> </u>		T	
_		Preparer's signature		en G Travis		Check If self-	Preparer's identify (see instructions)	ing number
Paid		signature	F		l l	empolyed 🕨 🦵		
•	arer's		ne (or yours	s 👢 Kositzka Wicks and Company	<u> </u>		EIN Þ	
Use	Only	ıf self-em address, a	ployed), and ZIP + 4	5500 Cherokee Ave Suite 400				
		1		Al			Phone no ► (70	3) 642-2700
				Alexandria, VA 22312				

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To provide information services to the growing community of geoscientists, to coordinate improvement of earth-science education, and to increase public awareness of the vital role that geology plays in society's daily interation with the environment

						Form 900 (2000
4e	Total program serv	vice expenses ⊧ \$	4,334,58	8		
	(Expenses \$	1,024,205 incl	udıng grants o	of\$) (Revenue \$	615,965)
4d	Other program ser	rvices (Describe in Sche	edule O) See :	also Additional Data fo	r Description	
	general public GeoRei				ature, making this information acc as the "Bibliography and Index o	
4c	(Code) (Expenses \$	1,811,278	ıncludıng grants of \$) (Revenue \$	3,373,903)
					carried on by all of the above de al Survey, and other Federal agen	
4b	(Code) (Expenses \$	1,039,927	including grants of \$	94,423) (Revenue \$	726,860)
		inction of the Education Depai er's guides, and education film			career guidance materials such a	s - Geology Science Profession -
4a	(Code) (Expenses \$	459,178	including grants of \$	1,000) (Revenue \$	512,356)
4	Section 501(c)(3) a		ons and section	on 4947(a)(1) trusts ar	argest program services by re required to report the amo ervice reported	•
	If "Yes," describe th	nese changes on Schedu	le O			
3	Did the organization services?	n cease conducting, or m	nake sıgnıfıcar • • • •	nt changes in how it con	ducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese new services on Sc	hedule O			
2	Did the organization the prior Form 990	n undertake any significa or 990-EZ?	int program se	ervices during the year	which were not listed on	┌ Yes ┌ No

Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		Νο
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		No
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		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	♦ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		Į
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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, Part I	14b		No
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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		Νo
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		Νο
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		No
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		No
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			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νο
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		No
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		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

01111 3 3 0 (2009)	Pay
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

			Yes	No
La	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 40			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
a	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			
	vear 12D	ı I		i

4220 King Street Alexandria, VA 22302 (703) 379-2480

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

Se	ction A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body 1a 8						
ь	Enter the number of voting members that are independent 1b 8						
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		Νο			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο			
6	Does the organization have members or stockholders?	6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
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		No			
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)						
110	venue code.)		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο			
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
	Land the state of the state of the state of the governing body before ming the form.						
11A	A Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, 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		No			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure	· '					
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 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. Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n ▶			
	A merican Geological Institute						

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

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

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

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

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

Check this box if the organization did n	•	ate any	curr	ent c	r fo	rmer o	ffıce	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	Posit	(C tion (hat a	che		ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Peter A Scholle Past President	5 00	Х		х				0	0	0
Rıchard M Powers President	10 00	х		х				0	0	0
James M Robertson Treasurer	2 00	Х		х				0	0	0
William N Barkhouse Secretary	4 00	Х		х				0	0	0
Jessica Moore Ali-Adeeb Member At-Large	1 00	х						0	0	0
Donald L Sparks Member At-Large	1 00	х						0	0	0
Laurie Scheuing Member At-Large	1 00	х						0	0	0
G Warfield Hobbs IV President Elect	1 00	х						0	0	0
P Patrick Leahy Executive Director	40 00			х				211,867	0	15,986
Patrick Burks Controller	40 00			х				132,113	0	17,162
Christopher M Keane Dir /Gov't Affairs	40 00				х			171,739	0	9,080
Sharon Tahirkheli Dir /Georef	40 00					х		127,765	0	11,826
Ann Benbow Dir /Education	40 00					х		141,250	0	17,590

For	n 990 (2009)			Page 8
1b	Total	0		71,644
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 ►5			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
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	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection 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			
	(A) Name and business address (B) Description of services		(C Compe	
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			
		F	orm 99	0 (2009)

Form 9		•						Page 9
Part \	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
## #	1a	Federated camp	oaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
s, g	С	Fundraising eve	ents 1c					
#£	d	Related organiz	ations 1d					
<u>2</u>	e	Government grants	s (contributions) 1e	325,544				
ion F	f	All other contribution	ons, gifts, grants, and 1f	101,197	į	į		j
ē Pe	g		butions included in					
늍								
လှ မြ	h	Total. Add lines	1a-1f	▶	426,741			
<u> </u>				Business Code				
щ	2a	Publication sales fe	es	900,099	3,830,049	3,830,049		
æ	b	Program service co	ntra	900,099	726,109	726,109		
<u> 5</u>	c	Subscriptions		900,099	295,534	295,534		
Ž	d	Publication sales		900,099	161,612	161,612		
Program Serwce Revenue	e	Membership Dues		900,099	141,917	141,917		
25	f	All other progra	m service revenue		204,839	73,863	130,976	
Ě	g	Total. Add lines	2a-2f		5,360,060			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	F	27,816			27,816
	4		tment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties		-				
	6a	Gross Rents	(ı) Real	(11) Personal				
	ь	Less rental						
	c	expenses Rental income						
	-	or (loss)		<u> </u>				
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities 338,746	(II) O ther				
		from sales of assets other						
	ь	than inventory Less cost or	433,581					
		other basis and sales expenses	,					
	С	Gain or (loss)	-94,835					
	d	Net gaın or (los	s)		-94,835			-94,835
Other Revenue	8a		uding reported on line 1c)					
ď		See Part IV, lin	e 18 a					
her	ь	Less direct exp	penses b					
ŏ	С		loss) from fundraising e	events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	ь		penses b					
	10a	Gross sales of returns and allo		vities				
	ь	Less cost of go	a podssold b					
	С	Miscellaneous	loss) from sales of inve	Business Code				
	11a		,	Dasiness code				
	ь							
	c							
	d	All other revenu						
			11a-11d					
				▶				
	12	Total revenue.	See Instructions	▶	5,719,782	5,229,084	130,976	-67,019 Form 990 (2009)

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
			(B), (C), and	(D).	(D)		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	95,423	95,423				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	573,266	441,414	131,852			
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	2,651,268	2,040,243	611,025			
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	128,565	100,340	28,225			
9	Other employee benefits	274,014	209,385	64,629			
10	Payroll taxes	227,287	175,011	52,276			
11	Fees for services (non-employees)						
а	Management						
ь	Legal	5,656		5,656			
c	Accounting	14,800		14,800			
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other	259,675	242,150	17,525			
12	Advertising and promotion	18,957	18,957				
13	Office expenses						
14	Information technology	167,397	147,517	19,880			
15	Royalties	140,872	140,872				
16	Occupancy						
17	Travel	345,509	287,260	58,249			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	17,156		17,156			
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	55,293		55,293			
23	Insurance	20,376		20,376			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Printing	259,609	258,921	688			
ь	Postage	127,498	121,922	5,576			
c	Committee expenses	101,339	17,553	83,786			
d	Supplies	52,479	17,028	35,451			
e	Real estate taxes	34,619		34,619			
f	All other expenses	126,338	20,592	105,746			
25	Total functional expenses. Add lines 1 through 24f	5,697,396	4,334,588	1,362,808	0		
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2009)		

Part X Balance Sheet (A) (B) Beginning of year End of year 910.332 878.930 1 1 Cash—non-interest-bearing 976.886 2 1,108,473 2 33,993 15,953 3 3 4 544.666 416.077 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 40.373 Inventories for sale or use 15.514 81,072 38,945 Prepaid expenses and deferred charges 2.762.774 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 1.365,619 **10c** 10b 1.410.539 1.352.235 b Less accumulated depreciation 601.411 11 422.284 11 1,250,000 12 1,500,000 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 4.641.721 15 4.636.717 15 16 10,379,087 16 10,452,114 Total assets. Add lines 1 through 15 (must equal line 34) . . . 517.954 17 527,182 17 Accounts payable and accrued expenses 18 18 660,987 19 575,184 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 81,100 24 Unsecured notes and loans payable to unrelated third parties 24 64,540 25 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 1,260,041 26 1,166,906 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 9.040.232 9.216.394 27 27 Unrestricted net assets 28 78.814 28 68.814 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 9,119,046 33 9,285,208 34 Total liabilities and net assets/fund balances 10.379.087 10,452,114 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

Name of the organization **Employer identification number** American Geological Institute

							52-0786946					
	rt I					must complete this par		tions				
The	organı	zatıon ıs	not a private	e foundation because	ıt ıs (For lines 1 throug	h 11, check only one box)					
1	Γ	A churc	h, conventio	on of churches, or ass	sociation of churches se	ction 170(b)(1)(A)(i).						
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Attach Schedul	e E)						
3	\sqcap	A hospi	tal or a coop	perative hospital serv	ıce organızatıon describ	ed in section 170(b)(1)(A	()(iii).					
4	Γ			organization operate y, and state	d in conjunction with a h	ospital described in secti o	on 170(b)(1)(A)	(iii). Ente	r the			
5	Γ	_	-	erated for the benefit	= :	owned or operated by a g	overnmental uni	describe	_ !d in			
6	\sqcap	A feder	al, state, or	local government or o	governmental unit descri	bed in section 170(b)(1)(A)(v).					
7	Γ	describ	anization that normally receives a substantial part of its support from a governmental unit or from the general public led in I 170(b)(1)(A)(vi) (Complete Part II)									
8	\sqcap	A comm	nunity trust	described in section :	170(b)(1)(A)(vi) (Comp	olete Part II)						
9	<u>~</u>	Anorga	nızatıon tha	t normally receives	(1) more than 331/3% of	its support from contribut	tions, membersh	ıp fees, aı	nd gros	SS		
		receipts	from activi	ties related to its exe	empt functions—subject	to certain exceptions, and	l (2) no more tha	n 331/3%	of			
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10	Γ	Anorga	nızatıon org	anızed and operated	exclusively to test for pu	ıblıc safety See section 50	09(a)(4).					
11	Г _	one or r	nore publicly	y supported organizat	tions described in sectio rting organization and co	it of, to perform the function 509(a)(1) or section 50 mplete lines 11e through Functionally integrated	9(a)(2) See sec 11h		a)(3).	Check		
e	Γ	other th				lled directly or indirectly be cly supported organization						
f			-	eceived a written det	ermination from the IRS	that it is a Type I, Type I	I or Type III sup	porting o	rganız	ation,		
		check t		006 has the organiz	ation accepted any gift o	r contribution from any of	the			1		
g			g persons?	ooo, nas the organiz	ation accepted any gnt o	r contribution from any or	tile					
				ectly or indirectly co	ntrols, either alone or to	gether with persons descr	ıbed ın (ıı)		Yes	No		
		and (III)	below, the g	governing body of the	the supported organizat	ion?		11g(i)				
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) above?			11g(ii)				
		(iii) a 3	5% controll	ed entity of a person	described in (i) or (ii) ab	ove?		11g(iii)				
h		Provide	the followin	g information about t	he supported organizatio	n(s)						
(i) Name of supported organization		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization i col (i) organiz		A mo	vii) ount of port?		

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	organiz col (i) l your go	Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the U S?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

1	(Complete	only	if voii	checked	the I	hox	on	line	9 of	Part I
	Complete	OIIIY	II y O U	CHECKEU	uic i		OII	11116	<i>-</i> 01	ганст

Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	ın) Gıfts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")	2,146,698	5,637,495	1,814,420	1,332,744	426,741	11,358,098
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in	2 000 720	4 264 744	4 700 600	4 622 007	5 220 004	22.024.25
	any activity that is related to the	3,989,738	4,261,744	4,709,689	4,633,997	5,229,084	22,824,252
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its						
5	behalf The value of services or facilities						
,	furnished by a governmental unit						
	to the organization without						
_	charge	6 126 426	9,899,239	6 524 100	5,966,741	5,655,825	24 102 25
6	Total. Add lines 1 through 5 A mounts included on lines 1, 2,	6,136,436	9,899,239	6,524,109	5,966,741	5,655,825	34,182,350
/a	and 3 received from disqualified						(
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed	1,906,201	2,338,226	2,496,434	2,577,170	2,649,349	11,967,380
	the greater of \$5,000 or 1% of the	1,500,201	2,333,223	2, 13 3, 13 1	2,0,2.0	2,0.5,0.5	11/30/700
	amount on line 13 for the year						
c	Add lines 7a and 7b	1,906,201	2,338,226	2,496,434	2,577,170	2,649,349	11,967,380
8	Public Support (Subtract line 7c						22,214,970
Sa	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	` '	` '				
9	A mounts from line 6	6,136,436	9,899,239	6,524,109	5,966,741	5,655,825	34,182,350
.0a	Gross income from interest, dividends, payments received						
	on securities loans, rents,	114,796	180,095	226,433	82,673	27,816	631,813
	royalties and income from						
	similar sources Unrelated business taxable						
b	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b	114,796	180,095	226,433	82,673	27,816	631,813
11	Net income from unrelated business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part	4,895	4,783	1,880			11,558
	IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	6,256,127	10,084,117	6,752,422	6,049,414	5,683,641	34,825,721
14	First Five Years If the Form 990 is for check this box and stop here	or the organization	n's first, second,	thırd, fourth, or fı	fth tax year as a	501(c)(3) organ	ızatıon, ▶┌
	<u> </u>						
<u>Se</u> 15	ction C. Computation of Publ Public Support Percentage for 2009			13 column (fl)		45	62.700.00
	-		-			15	63 790 %
16	Public support percentage from 200	o ochedule A, Pal	t III, line 15			16	67 360 %
Se	ction D. Computation of Inve						
		000/1 40 1	16\ 3 3 - 3		/f\\	1 1	
17	Investment income percentage for 2 Investment income percentage from	-		-	(1))	17	1 810 %

Investment income percentage from 2008 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 52-0786946

Name: American Geological Institute

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program s	services									
(Code) (Expenses \$	322,140	including grants of \$) (Revenue \$	102,206)					
ublications and public relations departmentsO ver the years, AGI's most successful titles have been the "Glossary" and the "AGI Data heets," a notebook of essential information for use by geoscientists in the field and laboratory. The department also produces guidebooks or geoscience organizations that sponsor field trips and the "Directory of Geoscience Departments" which lists virtually every geoscience epartment in the U.S. and Canada										
(Code) (Expenses \$	684,857	including grants of \$) (Revenue \$	317,426)					
the things that affec	Periodicals "News" is the key word for "Geotimes" -news about men and women in earth sciences, what's going on in their profession, and he things that affect their work. Over 12,000 geologists and geophysicists find, in this magazine, an extensive calendar of earth-science neetings, lists of geologic events such as earthquakes, news of professional societies, and annotated lists of new books, maps, and films									
(Code) (Expenses \$	17,208	including grants of \$) (Revenue \$	196,333)					
Other										

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Publication sales fees	900,099	3,830,049	3,830,049		, ,
Program service contra	900,099	726,109	726,109		
Subscriptions	900,099	295,534	295,534		
Publication sales	900,099	161,612	161,612		
Membership Dues	900,099	141,917	141,917		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Printing	259,609	258,921	688	
Postage	127,498	121,922	5,576	
Committee expenses	101,339	17,553	83,786	
Supplies	52,479	17,028	35,451	
Real estate taxes	34,619		34,619	

DLN: 93493012014141

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

# Se # Se # Se If the # Se N a	ction 501(c)(3) organizations that ction 501(c)(3) organizations that e organization answered "Yestion 501(c)(4), (5), or (6) organization	s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under have NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Pre	section 501(h)) (nder section 501	Complete Part II-A Do not co (h)) Complete Part II-B Do not m 990-EZ, line 35a (regar	omplete Part Il-B not complete Part Il-A			
Ame	erican Geological Institute			52-0786946				
Par	t I-A Complete if the or	ganization is exempt under :	section 501(
1	Provide a description of the org	ganization's direct and indirect politic	cal campaign ac	tivities in Part IV				
2	Political expenditures			▶	\$			
3	Volunteer hours							
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).				
1		tax incurred by the organization und			 \$			
2		tax incurred by organization manage			\$			
3	If the organization incurred a s		☐ Yes ☐ No					
4a	Was a correction made?	·			☐ Yes ☐ No			
ь	If "Yes," describe in Part IV				·			
Par		ganization is exempt under s	section 501(c) except section 50	1(c)(3).			
1	Enter the amount directly expe	nded by the filing organization for se	ction 527 exem	pt function activities 🕨	\$			
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to otl	ner organization	s for section 527 ▶-	\$			
3	Total exempt function expendit	cures Add lines 1 and 2 Enter here a	and on Form 112	20-POL, line 17b	¢			
4	Did the filing organization file F	orm 1120-POL for this year?			→ Tyes No			
5	, ,							
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -			

section 4911 tax for this year?

┌ Yes ┌ No

Р		n is exempt under section 501(c)(3) ar	nd filed Form 5768	(election				
	Check If the filing organization belongs to	• •						
<u>B</u>	Check If the filing organization checked bo	x A and "limited control" provisions apply	1					
			(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	7,273					
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)						
c	Total lobbying expenditures (add lines 1a and 1	(The term "expenditures" means amounts paid or incurred.) (Ing expenditures to influence public opinion (grass roots lobbying) (Ing expenditures to influence a legislative body (direct lobbying) (Ing expenditures (add lines 1a and 1b) (Input purpose expenditures (Input purpose expenditures (add lines 1c and 1d) (Input purpose expenditures (add lines 1c and 1d) (Input on line 1e, column (a) or (b) is: (Input on line 1e, column (a) or (b) i						
d	Other exempt purpose expenditures	under section 501(h)). If the filing organization belongs to an affiliated group If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Iobbying expenditures to influence public opinion (grass roots lobbying) Iobbying expenditures to influence a legislative body (direct lobbying) Iobbying expenditures (add lines 1a and 1b) In exempt purpose expenditures Exempt purpose expenditures (add lines 1c and 1d) In ying nontaxable amount Enter the amount from the following table in both mas Exempt amount on line 1e, column (a) or (b) is: Intelobbying nontaxable amount is: 20% of the amount on line 1e \$500,000 but not over \$1,000,000 \$1,000,000 but not over \$1,500,000 \$1,500,000 but not over \$1,500,000 \$1,500,000 but not over \$1,500,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000						
е	Total exempt purpose expenditures (add lines 1	5,697,396						
f	Lobbying nontaxable amount Enter the amount columns	434,870						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000						
 g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	108,718					
h	Subtract line 1g from line 1a If zero or less, ent	rer -0-	0					
i	Subtract line 1f from line 1c If zero or less, ento	er - O -	0					

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expend	itures During 4	l-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	632,867	453,221	367,501	434,870	1,888,459
b	Lobbying ceiling amount (150% ofline 2a, column(e))					2,832,689
_с	Total lobbying expenditures	7,563	2,842	11,672	7,273	29,350
d	Grassroots non-taxable amount	158,217	113,305	91,875	108,718	472,115
e 	Grassroots ceiling amount (150% of line 2d, column (e))					708,173
f	Grassroots lobbying expenditures			11,672	7,273	18,945

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493012014141

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Rev

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

amai	Revenue Service F Attach to Fo	orm 990. F See separate instructions.			Tillsher	uon
	ne of the organization rıcan Geologıcal Institute		Emp	loyer identificat	ion numb	er
				0786946		
Pai	TI Organizations Maintaining Donor A		unds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds		(h) Funda and at		
		(a) Donor advised funds	'	(b) Funds and ot	neraccou	ints
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				☐ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forr	n 990, Part IV	, lıne 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure)	certıfıe	d historic struct	•	a
	, ,			Held at the	End of the	Year
а	Total number of conservation easements		2a			
,	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his		2c			
d	Number of conservation easements included in (c) a	` ,	2d			
.					1	
	Number of conservation easements modified, transfer the taxable year -	rrea, releasea, extinguisnea, or terminate	ea by tr	ie organization (iuring	
	Number of states where property subject to conserva	ation easement is located 🗠				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents d	uring the year 🕨	·	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durın	g the year 🟲 🕏 _		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	he footnote to the organization's financia				
art	Organizations Maintaining Collection Complete if the organization answered		or Ot	her Similar A	\ssets.	
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or resear	ch ın fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, history	orical transuras, or other similar accets 6	or finan			
	following amounts required to be reported under SFA		or miali	ciai gani, piovid	C LIVE	
а	Revenues included in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Par	411 Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easui	res, or C	<u>)the</u>	<u>r Similar As</u>	sets (continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	at are	a significa	ant u	se of its collect	ion	
а	Public exhibition		d	\sqcap	Loan or	rexch	ange prog	rams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ further	the o	ganızatıor	ı's ex	empt purpose i	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									☐ Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Form 9	90,	
	Part IV, line 9, or reported an an										
	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions o	r other ass	etsı		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able		Г				
								_	An	ount	
С.	Beginning balance							1c			
d	Additions during the year						-	1d			
e	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ie 21?							Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	If the organizatio		were Prior Y			orm 990, Years Back		t IV, line 10. Three Years Back	/o\Eour	Years Back
1a	Beginning of year balance	(a) Curient Tear	(6)	J EHOL I	icai	(C)IWO	rears back	(u)	Tillee Tears back	(e)i oui	Teals back
	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs							_			
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
b	Permanent endowment 🕨 %	•									
c	Term endowment ► %										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	re held	and ac	lmınıstere	d for	the	Vac	. I No
	(i) unrelated organizations								3a(Yes	No
	(ii) related organizations								3a(_	+
Ь	If "Yes" to 3a(II), are the related organizatio								3I	,	İ
4	Describe in Part XIV the intended uses of th	e organızatıon's en	dowme	ent fu	nds					•	
Par	t VI Investments—Land, Building:	s, and Equipme	nt. S	ee F	orm 99	0, Pa	rt X, lıne	10.			
	Description of investment				Cost or o		(b)Cost or o basis (oth		(c) Accumulated depreciation	(d) i	Book value
1a	Land						525	5,032			525,032
b	Buildings						1,832	2,375	1,089,24	6	743,129
c	Leasehold improvements						108	3,580	32,66	i3	75,917
d	Equipment						296	5,787	288,63	30	8,157
e	Other										

1,352,235

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of effu-of-year market value
Closely-held equity interests		
Other		
Treasury securities	1,500,000	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,500,000	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
	▶	
Part IX Other Assets. See Form 990, Part X, I (a) Descri		(b) Book value
GeoRef data base - at appraised value	iption	4,500,000
Software, net of amortization		14,815
Mineral displays		13,362
Trademark		108,540
Trademark		100,010
Total. (Column (b) should equal Form 990, Part X, col.(B) line		▶ 4,636,717
Part X Other Liabilities. See Form 990, Part (a) Description of Liability		
	(b) A mount	
Federal Income Taxes		
See Additional Data Table		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	_	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	IILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,719,782
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,697,396
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	22,386
4	Net unrealized gains (losses) on investments	4	143,776
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	143,776
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	166,162
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,863,558
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	143,776
3	Subtract line 2e from line 1	3	5,719,782
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,719,782
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	5,697,396
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,697,396
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,697,396

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493012014141 OMB No 1545-0047

Schedule I

(Form 990)

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

> Open to Public **Inspection**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization Employer identification number

Α								
A me	erican Geological Institute			52-0786946				
Pa	art I General Infor	mation on Grants	and Assistance				•	
1 2	Does the organization m the selection criteria use Describe in Part IV the o	ed to award the grants	or assistance?			•	· ·	✓ Yes
Pa	Form 990, Part	IV, line 21 for any	Governments and recipient that receive 0) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(;	a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Geoscience Student Scholarships - Minority Participation Program Scholarships made available to students currently enrolled in college geoscience programs with verifiable ethnic-minority status	18	35,090			
Congressional Fellow - Support is designed to provide a public policy learning experience and bring science backgrounds and external perspectives to the decision-making process in Congress Fellow spends a year as a special legislative assistant	1	59,333			
Awards - Awards given related to Earth Science Week contests	2	1,000			

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Ident if ier	Return Reference	Explanation							
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 A selection committee determines the congressional fellow. Other awards are determined by an independent judge							

DLN: 93493012014141

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

AIII	erican deological institute	52-0786946			
Pa	rt I Questions Regarding Compensatio				
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	rganızatıon follow a written policy regardıng payment or ribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to i officers, directors, trustees, and the CEO/Executive	· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		Νo
Ь	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only mu For persons listed in form 990, Part VII, Section A,				
3	compensation contingent on the revenues of	The Ta, did the organization pay of accide any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
_	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
Ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," o		7		Νo
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Vas" to line 8 did the organization also follow th	e rehuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

P Patrick Leahy (i) 211,867 (ii) 0 0 0 0 0 0 0 0 0	(A) Name		(ii) Bonus & (iii) Other			other deferred			reported in prior
Christopher M Keane					reportable compensation	compensation			
(II) 0 0 0 0 0 0 0 0 0 Ann Benbow (I) 141,250 0 0 6,852 10,738 158,840 0	P Patrick Leahy	(ı) (ıı)		- 1			6,002 0		-
	Christopher M Keane	(ı) (ıı)		- 1	0 0		1,160 0	180,819 0	
	Ann Benbow	(I) (II)			-		10,738 0		0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493012014141

OMB No 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

	Employer identification number
American Geological Institute	
	52-0786946

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 is prepared by certified public accountants and reviewed by the Executive Director and Controller prior to filing
Form 990, Part VI, Section B, line 12c		The conflict of interest is annually completed and reviewed for potentional conflicts
Form 990, Part VI, Section B, line 15		The Executive Director's compensation is determined by a compensation committee and documented in a contract. Compensation of other key employees is determined by the Executive Director and reviewed by a compensation committee.
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy and other such documents are not made available to the public. Select pages of the audited financial statements are included in the annual report which is available upon request and through our wiebsite.