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# Short Form Return of Organization Exempt From Income Tax

## 2010

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

|   |   |  |  |  |  |            |                           |                          |            |                       |              |                  |                                   |                 |                   |  |
|---|---|--|--|--|--|------------|---------------------------|--------------------------|------------|-----------------------|--------------|------------------|-----------------------------------|-----------------|-------------------|--|
| <b>A</b> For the 2010 calendar year, or tax year beginning _____, and ending _____  |   |  |  |  |  |            |                           |                          |            |                       |              |                  |                                   |                 |                   |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization<br/><b>ETGS (aka EAST TEXAS GEOLOGICAL SOCIETY)</b></td> <td><b>D</b> Employer identification number<br/><b>75-2873267</b></td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>E</b> Telephone number</td> </tr> <tr> <td><b>102 N COLLEGE AVE</b></td> <td><b>612</b></td> <td><b>(903) 509-4640</b></td> </tr> <tr> <td>City or town</td> <td>state or country</td> <td><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td><b>TYLER TX</b></td> <td><b>75702-7272</b></td> <td></td> </tr> </table> | <b>C</b> Name of organization<br><b>ETGS (aka EAST TEXAS GEOLOGICAL SOCIETY)</b> |  | <b>D</b> Employer identification number<br><b>75-2873267</b> | Number and street (or P O box, if mail is not delivered to street address) | Room/suite | <b>E</b> Telephone number | <b>102 N COLLEGE AVE</b> | <b>612</b> | <b>(903) 509-4640</b> | City or town | state or country | <b>F</b> Group Exemption Number ▶ | <b>TYLER TX</b> | <b>75702-7272</b> |  |
| <b>C</b> Name of organization<br><b>ETGS (aka EAST TEXAS GEOLOGICAL SOCIETY)</b>  |   | <b>D</b> Employer identification number<br><b>75-2873267</b>                     |  |  |  |            |                           |                          |            |                       |              |                  |                                   |                 |                   |  |
| Number and street (or P O box, if mail is not delivered to street address)  | Room/suite  | <b>E</b> Telephone number  |  |  |  |            |                           |                          |            |                       |              |                  |                                   |                 |                   |  |
| <b>102 N COLLEGE AVE</b>  | <b>612</b>  | <b>(903) 509-4640</b>  |  |  |  |            |                           |                          |            |                       |              |                  |                                   |                 |                   |  |
| City or town  | state or country  | <b>F</b> Group Exemption Number ▶  |  |  |  |            |                           |                          |            |                       |              |                  |                                   |                 |                   |  |
| <b>TYLER TX</b>   | <b>75702-7272</b>   |  |  |  |  |            |                           |                          |            |                       |              |                  |                                   |                 |                   |  |
| <b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____  | <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)   |  |  |  |  |            |                           |                          |            |                       |              |                  |                                   |                 |                   |  |
| <b>I</b> Website: ▶ <b>WWW.EASTTEXASGEO.COM</b>   |   |  |  |  |  |            |                           |                          |            |                       |              |                  |                                   |                 |                   |  |
| <b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |  |  |  |            |                           |                          |            |                       |              |                  |                                   |                 |                   |  |

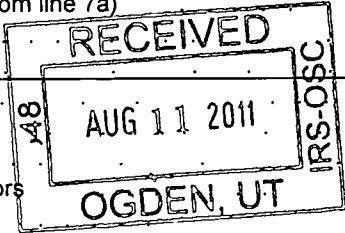
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **82,864**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

SCANNED AUG 26 2011

|                   |  |           |        |
|-------------------|--|-----------|--------|
|                   | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>  | 14,050 |
|                   | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>  | 41,870 |
|                   | <b>3</b> Membership dues and assessments   | <b>3</b>  | 6,100  |
|                   | <b>4</b> Investment income   | <b>4</b>  | 44     |
|                   | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b> |        |
|                   | <b>b</b> Less cost or other basis and sales expenses   | <b>5b</b> |        |
|                   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | <b>5c</b> |        |
|                   | <b>6</b> Gaming and fundraising events   |           |        |
|                   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)   | <b>6a</b> |        |
|                   | <b>b</b> Gross income from fundraising events (not including \$ 13,950 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> | 17,400 |
|                   | <b>c</b> Less direct expenses from gaming and fundraising events   | <b>6c</b> | 20,975 |
|                   | <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  | <b>6d</b> | -3,575 |
|                   | <b>7a</b> Gross sales of inventory, less returns and allowances  | <b>7a</b> | 3,400  |
|                   | <b>b</b> Less cost of goods sold   | <b>7b</b> |        |
|                   | <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  | <b>7c</b> | 3,400  |
|                   | <b>8</b> Other revenue (describe in Schedule O)  | <b>8</b>  |        |
|                   | <b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | <b>9</b>  | 61,889 |
| <b>Expenses</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O)   | <b>10</b> |        |
|                   | <b>11</b> Benefits paid to or for members  | <b>11</b> |        |
|                   | <b>12</b> Salaries, other compensation, and employee benefits  | <b>12</b> |        |
|                   | <b>13</b> Professional fees and other payments to independent contractors  | <b>13</b> | 1,730  |
|                   | <b>14</b> Occupancy, rent, utilities, and maintenance  | <b>14</b> |        |
|                   | <b>15</b> Printing, publications, postage, and shipping  | <b>15</b> | 3,885  |
|                   | <b>16</b> Other expenses (describe in Schedule O)  | <b>16</b> | 32,584 |
|                   | <b>17</b> Total expenses. Add lines 10 through 16  | <b>17</b> | 38,199 |
| <b>Net Assets</b> | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b> | 23,690 |
|                   | <b>19</b> 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)   | <b>19</b> | 58,756 |
|                   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b> |        |
|                   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b> | 82,446 |



p m

**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year |    | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments  | 58,756                | 22 | 82,446          |
| 23 Land and buildings  |                       | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       |                       | 24 |                 |
| 25 Total assets  | 58,756                | 25 | 82,446          |
| 26 Total liabilities (describe in Schedule O)                                  |                       | 26 |                 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 58,756                | 27 | 82,446          |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? EDUCATIONAL ACTIVITIES & GEOLOGICAL RESOURCE  
 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 section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

|  |     |        |
|--|-----|--------|
| 28 MONTHLY LUNCHEON MEETINGS AND SEMINARS ETGS holds monthly meetings where guest speakers (who are researchers, educators, etc) present talks on geology or other fields of earth science<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 9,882  |
| 29 APRIL TECH EXHIBITION ETGS sponsors one-day exhibition each year to assist members in keeping current with technological advances in field of geology<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                   | 29a | 22,702 |
| 30 GEOLOGICAL PUBLICATIONS ETGS members have compiled technical information pertaining principally to regional oil & gas fields for use by professional geologists<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                         | 30a |        |
| 31 Other program services (describe in Schedule O)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 31a |        |
| 32 Total program service expenses. (add lines 28a through 31a)   | 32  | 32,584 |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this 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 |
|--|--|---|---|--|
| Carl Gray<br>821 ESE Loop 323, Ste 420 Tyler TX 75701    | Title Pres<br>Hr/WK 5 00                                 |   |   |  |
| Russell Jackson<br>102 N College Ste 1200 Tyler TX 75703 | Title V Pres<br>Hr/WK 5 00                               |   |   |  |
| Tom Smith<br>6101 S Broadway, Ste 200 Tyler TX 75703     | Title Secty<br>Hr/WK 5 00                                |   |   |  |
| Robert Reese<br>1622 Jeb Stuart Dr Tyler TX 75703        | Title Treasure<br>Hr/WK 5 00                             |   |   |  |
| Barbara Cade<br>102 N College, Ste 1200 Tyler TX 75703   | Title Admstr<br>Hr/WK 5 00                               |   |   |  |
| Hal Bertram<br>418 W 8th Street Tyler TX 75701           | Title Dir<br>Hr/WK 5 00                                  |   |   |  |
| Chad Wisenburger<br>6101 S Broadway Tyler TX 75703       | Title Dir<br>Hr/WK 5 00                                  |   |   |  |
| Richard Swindell<br>1600 Airport Frwy Bedford TX 76022   | Title Dir<br>Hr/WK 5 00                                  |   |   |  |
| Johnnie Wanger<br>102 S Broadway Tyler TX 75702          | Title Dir<br>Hr/WK 5.00                                  |   |   |  |
| Paul Hene<br>9965 State Hwy 31 E Tyler TX 75707          | Title Dir<br>Hr/WK 5 00                                  |   |   |  |
| Keith Trasko<br>6101 S Broadway Ste 200 Tyler TX 75703   | Title Dir<br>Hr/WK 5 00                                  |   |   |  |
| Rick Turner<br>100 E Ferguson Ste 404 Tyler TX 75702     | Title Dir<br>Hr/WK 5 00                                  |   |   |  |
| Mark Tarver<br>218 N College Tyler TX 75702              | Title Dir<br>Hr/WK 5 00                                  |   |   |  |

Part V Other Information (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
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, explain in Schedule O why the organization did not report the income on Form 990-T.
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
39 Section 501(c)(7) organizations. Enter:
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of ROBERT REESE, TREASURER Telephone no (903) 509-4640
42 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?
42 c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes and No. Rows 33, 34, 35a, 35b, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e.

Table with columns Yes and No. Rows 42b, 42c.

Table with columns Yes and No. Rows 44a, 44b, 44c, 44d.

|  | Yes | No |
|--|-----|----|
| <b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  |     | X  |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ |     | X  |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.                                    |     | X  |

**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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

|  | Yes | No |
|--|-----|----|
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II           |     | X  |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |     | X  |
| <b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?          |     | X  |
| <b>b</b> 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 |
|--|--|------------------|---|--|
| Name None<br>City ST ZIP                                       | Title<br>Hr/WK   |                  |   |  |
| Name<br>City ST ZIP  | Title<br>Hr/WK   |                  |   |  |
| Name<br>City ST ZIP  | Title<br>Hr/WK   |                  |   |  |
| Name<br>City ST ZIP  | Title<br>Hr/WK   |                  |   |  |
| Name<br>City ST ZIP  | Title<br>Hr/WK   |                  |   |  |

**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 |
|--|---------------------|------------------|
| Name None<br>City ST ZIP   |                     |                  |
| Name<br>City ST ZIP  |                     |                  |
| Name<br>City ST ZIP  |                     |                  |
| Name<br>City ST ZIP  |                     |                  |
| Name<br>City ST ZIP  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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.

**Sign Here**  
 Signature of officer: *Robert Reese* Date: 8/5/11  
 Type or print name and title: ROBERT REESE TREASURER

|                                 |   |                       |          |  |           |
|---------------------------------|---|-----------------------|----------|--|-----------|
| <b>Paid Preparer's Use Only</b> | Print/Type preparer's name                        | Preparer's signature  | Date     | Check if self-employed <input checked="" type="checkbox"/> | PTIN      |
|                                 | Michael J Kimball CPA                             | Michael J Kimball CPA | 8/2/2011 |  | P00314002 |
|                                 | Firm's name                                       | Firm's EIN            |          |  |           |
|                                 | Michael J Kimball CPA                             | 75-1723499            |          |  |           |
|                                 | Firm's address                                    | Phone no              |          |  |           |
|                                 | 2737 S Broadway Ave Ste 200, Tyler, TX 75701-5445 | (903) 526-2620        |          |  |           |

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

ETGS (aka EAST TEXAS GEOLOGICAL SOCIETY)

Employer identification number

75-2873267

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (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 in col (i) organized in the U S ? |    | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                         |
| (A)                                |          |   |  |    |   |    |  |    |                         |
| (B)                                |          |   |  |    |   |    |  |    |                         |
| (C)                                |          |   |  |    |   |    |  |    |                         |
| (D)                                |          |   |  |    |   |    |  |    |                         |
| (E)                                |          |   |  |    |   |    |  |    |                         |
| <b>Total</b>                       |          |   |  |    |   |    |  |    |                         |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  |          |          |          |          |          |           |
| 2 Tax revenues levied for the 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 <b>Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4  |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (see instructions)  |          |          |          |          | 12       |           |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |  |
|--|----|--|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  | 14 |  |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14  | 15 |  |
| 16a <b>33 1/3% support test-2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>   |    |  |
| b <b>33 1/3% support test-2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>  |    |  |
| 17a <b>10%-facts-and-circumstances test-2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |    |  |
| b <b>10%-facts-and-circumstances test-2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |    |  |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>  |    |  |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 40,125   | 35,113   | 22,725   | 23,138   |          | 121,101   |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 75,818   | 44,067   | 45,551   | 45,740   |          | 211,176   |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   | 115,943  | 79,180   | 68,276   | 68,878   |          | 332,277   |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6)  |          |          |          |          |          | 332,277   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6   | 115,943  | 79,180   | 68,276   | 68,878   |          | 332,277   |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          | 391      | 234      | 398      |          | 1,023     |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| c Add lines 10a and 10b   |          | 391      | 234      | 398      |          | 1,023     |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  | -22,759  | -13,350  | -8,886   | -8,416   |          | -53,411   |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)   | 93,184   | 66,221   | 59,624   | 60,860   |          | 279,889   |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 118.72% |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15                      | 16 | 117.82% |

**Section D. Computation of Investment Income Percentage**

|  |    |       |
|--|----|-------|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.37% |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17                        | 18 | 0.31% |

19a 33 1/3% support tests—2010. 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 ▶

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2 | (c) Other events       | (d) Total events              |           |
|-----------------|----|---|--------------|------------------------|-------------------------------|-----------|
|                 |    | GOLF TOURNEY<br>(event type)                                | (event type) | NONE<br>(total number) | (add col (a) through col (c)) |           |
| Revenue         | 1  | Gross receipts  | 31,350       |                        | 31,350                        |           |
|                 | 2  | Less Charitable contributions                               | 13,950       |                        | 13,950                        |           |
|                 | 3  | Gross income (line 1 minus line 2)                          | 17,400       |                        | 17,400                        |           |
| Direct Expenses | 4  | Cash prizes   | 2,000        |                        | 2,000                         |           |
|                 | 5  | Noncash prizes  | 4,247        |                        | 4,247                         |           |
|                 | 6  | Rent/facility costs   | 14,728       |                        | 14,728                        |           |
|                 | 7  | Food and beverages  |              |                        |                               |           |
|                 | 8  | Entertainment   |              |                        |                               |           |
|                 | 9  | Other direct expenses                                       |              |                        |                               |           |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |              |                        |                               | ( 20,975) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |              |                        |                               | -3,575    |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

|                 |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo               | (c) Other gaming  | (d) Total gaming (add col (a) through col (c))              |  |
|-----------------|---|---|---|---|---|--|
|                 |   | Revenue   | 1   | Gross revenue   |   |  |
| Direct Expenses | 2 | Cash prizes   |   |   |   |  |
|                 | 3 | Noncash prizes  |   |   |   |  |
|                 | 4 | Rent/facility costs   |   |   |   |  |
|                 | 5 | Other direct expenses   |   |   |   |  |
|                 | 6 | Volunteer labor   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)     |   |   |   |  |
|                 | 8 | Net gaming income summary. Combine line 1, column d, and line 7 |   |   |   |  |

- 9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states?  Yes  No
- b If "No," explain \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No
- b If "Yes," explain \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

ETGS (aka EAST TEXAS GEOLOGICAL SOCIETY)

Employer identification number

75-2873267

Form 990-EZ, Part I, Line 16, Other Expenses: LUNCH MEETINGS-FOOD SERVICE: 4,224

Form 990-EZ, Part I, Line 16, Other Expenses: LUNCH MEETINGS-SPEAKERS' EXPENSES: 4,462

Form 990-EZ, Part I, Line 16, Other Expenses: LUNCH MEETINGS- OTHER EXPENSES: 1,196

Form 990-EZ, Part I, Line 16, Other Expenses: APRIL TECH EXPO-BUILDING AND EQUIPEMNT RENTAL

11,500

Form 990-EZ, Part I, Line 16, Other Expenses: APRIL TECH EXPO-ADVERTISING: 1,650

Form 990-EZ, Part I, Line 16, Other Expenses: APRIL TECH EXPO-FOOD SERVICE: 8,565

Form 990-EZ, Part I, Line 16, Other Expenses: APRIL TECH EXPO-OTHER EXPENSES: 987

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

|   |   |   |
|---|---|---|
| <b>Type or print</b>  | Name of exempt organization<br><b>ETGS (aka EAST TEXAS GEOLOGICAL SOCIETY)</b>  | Employer identification number<br><b>75-2873267</b> |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P O box, see instructions<br><b>102 N COLLEGE AVE, Room No. 612</b>        |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>TYLER TX 75702-7272</b> |   |

Enter the Return code for the return that this application is for (file a separate application for each return) 03

| Application Is For                      | Return Code | Application Is For       | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990                                | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                             | 02          | Form 1041-A              | 08          |
| Form 990-EZ                             | 03          | Form 4720                | 09          |
| Form 990-PF                             | 04          | Form 5227                | 10          |
| Form 990-T (sec 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)     | 06          | Form 8870                | 12          |

- The books are in the care of ▶ ROBERT REESE, TREASURER
- Telephone No ▶ (903) 509-4640 FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2010 or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |           |    |  |
|--|-----------|----|--|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                    | <b>3a</b> | \$ |  |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ |  |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions       | <b>3c</b> | \$ |  |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

|    |   |    |        |
|----|---|----|--------|
| 1  | Contributions   | 1  |        |
| 2  | Noncash contributions   | 2  |        |
| 3  | Membership dues and assessments (contributions from the public) | 3  |        |
| 4  | Government contributions (grants)                               | 4  |        |
| 5  | Commercial co-venture   | 5  |        |
| 6  | Special events contributions (Line 6 - Special Events)          | 6  | 13,950 |
| 7  | Associated organization contributions                           | 7  |        |
| 8  | APRIL TECH EXPO SPONSOR'S CONTRIBUTIONS                         | 8  | 100    |
| 9  |   | 9  |        |
| 10 |   | 10 |        |
| 11 | Total   | 11 | 14,050 |

**Part I, Line 4 (990-EZ) - Investment Income**

|   |  |   |    |
|---|--|---|----|
| 1 | Interest on savings and temporary cash investments | 1 | 44 |
| 2 | Dividends and interest from securities             | 2 |    |
| 3 | Gross rents  | 3 |    |
| 4 | Other investment income                            | 4 |    |
| 5 | Total  | 5 | 44 |

**Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees**

| Name and address  | Title and average hours per week devoted to position | Compensation | Contributions to emp benefit plans & deferred compensation | Expense account and other allowances |
|---|--|--------------|--|--------------------------------------|
| Nick Pollard<br>110 N College, Ste 1001<br>Tyler TX 75702 | Title Dir<br>Hr/WK 5 00                              |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |
| .....   | Title<br>Hr/WK                                       |              |  |                                      |