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Form **990**

Department of the Treasury

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)

OMB No 1545-0047 2010

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

Open to Public Inspection

Α Ε	or the	2010 calendar year, or tax year beginning JUN 1, 2010 and ending	MAY 31, 2011	
<u>A </u>	or the			
В	Check if applicable	C Name of organization	D Employer identific	cation number
	Addre:	ASSOCIATION OF AMERICAN STATE GEOLOGISTS		
F	Name		058913	
\vdash	lchang lnitial	Number and street (or P.O. box if mail is not delivered to street address) Room/st		
\vdash	ireturn ☐Termır	•	591 5174	
<u> </u>	ated Amend	903 WEST TERRESEE STREET		
느	return	City or town, state or country, and ZIP + 4	G Gross receipts \$	33,439.
	tion pendir	TADDAMAGGEE, PD 32304-7710	H(a) Is this a group re	
	ponen	F Name and address of principal officer JONATHAN ARTHUR	for affiliates?	Yes X No
		903 WEST TENNESSEE STREET, TALLAHASSEE, FL	H(b) Are all affiliates inc	luded? Yes No
1 7	Гах-ех	empt status. X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or 1	527 If "No," attach a	list (see instructions)
J١	Websit	e: > WWW.STATEGEOLOGISTS.ORG	H(c) Group exemption	n number 🕨
			ear of formation: 1998 N	State of legal domicile: DE
	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities. GEOLOGIC	EDUCATION	
ည	•			
Governance	2	Check this box I if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets
Z P		Number of voting members of the governing body (Part VI, line 1a)	3	51
i g	1	- Control of the Cont	4	51
> ≪		Number of independent voting members of the governing body (Part VI, line 1b)	5	0
Activities	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		0
Ξ :	1	Total number of volunteers (estimate if necessary)	6	
Aci	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	j		Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	14,670.	11,700.
e L	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,256.	2,823.
a	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,151.	<u> 18,916.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33 <u>,077</u> .	33,439.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,000.	<u>14,250.</u>
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ĕ		Total fundraising experisos (Part IX, column (D), line 25)		
Ä	17	Other _{(expenses-(Part-IX,-column, (A), lines 11a-11d, 11f-24f)}	34,514.	25,989.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,514.	40,239.
		Revenue less expenses. Subtract line 18 from line 12	-5,437.	-6,800.
_ <u> </u>		Neverture less expenses. Subtract title 10 month line 12	Beginning of Current Year	End of Year
cts		· · · · · · · · · · · · · · · · · · ·	128,426.	121,626.
SSE	20	Total as @ (Park Nuhe 18) T	0.	0.
Net Assets or Find Ralances	21	Total liabilities (Part X, line 26)	128,426.	121,626.
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block	120,420.	121,020.
	art II		Accorded and to the boot of m	u knowledge and helief it in
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		
				/(1
Sig	jn	Signature of difficer	Date	
He	re	JONATHAN ARTHUR, TREASURER		
		Type or print name and title	Total E	
		Print/Type preparer's name Preparer's sygnature	1 2 2 1 1 T	X PTIN
Pai	d	PAUL D ARMOUR Saul Chronour	1-36-2012 self-employe	ed
Pre	parer	Firm's name PAUL D ARMOUR CPA	Firm's EIN	
	Only	Firm's address 4945 142ND PATH WEST		
	•	APPLE VALLEY, MN 55124-7706	Phone no. 9	52 322 2490
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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t III Statement of Program Service Accomplishments
Check if Schedule O contains a response to any question in this Part III
Briefly describe the organization's mission.
TO ADVANCE THE SCIENCE AND PRACTICAL APPLICATION OF GEOLOGY AND
RELATED EARTH SCIENCES
Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O
Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.
(Code.) (Expenses \$ 10,000. including grants of \$ 10,000.) (Revenue \$
CONTRACT FOR ENHANCED GOVERNMENTAL AFFAIRS SUPPORT FROM AMERICAN
GEOSCIENCES INSTITUTE.
(Code) (Expenses \$3, 250 . including grants of \$3, 250 .) (Revenue \$
FUNDING FOR AMERICAN GEOSCIENCES INSTITUTE GOVERNMENT AFFAIRS PROGRAM
· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·
(Code) (Expenses \$1,000. including grants of \$1,000.) (Revenue \$
FUNDING FOR NATIONAL ASSOCIATION OF GEOSCIENCE TEACHERS FIELD GROUP
SCHOLARSHIP PROGRAM
DOMOBILED TAYOUR ELECTRIC CONTROL OF THE PROPERTY OF THE PROPE
Other program services (Describe in Schedule O.)
Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

			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	Х	 -
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		٠,,
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
•	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
þ	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	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
_	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	11c		<u> </u>
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		_x_
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990 (2010)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04=		х
	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24U		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	i	х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	:	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		:	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			77
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations .	22		x
24	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		^
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		х
ээ a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33		
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ļ		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2010)

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). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the organization make any taxable distributions under section 4966? 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

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X

12a

13a

14a

14b

13

11b

12b

13b 13c

amounts due or received from them)

c Enter the amount of reserves on hand

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

	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	51			
b	Enter the number of voting members included in line 1a, above, who are independent	51			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisions.	ion			
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		_5_		X
6	Does the organization have members or stockholders?		6	<u> </u>	_X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		_		17
	governing body?		7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:		90	х	
	The governing body?		8a 8b	X	
	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		90	Λ	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		-		
	211 211 Onotes (This occurs in requests information about policies not required by the informat revenue code)		-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	-100	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliate	∍ s,			
-	and branches to ensure their operations are consistent with those of the organization?		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	it			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		160		х
	taxable entity during the year?	ation	16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	111011			
	exempt status with respect to such arrangements?		16b		
Sec	etion C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			•	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	available	for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	t policy, ar	nd fina	ıncıal	
. •	statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	organiza	tion 🕨		
	JONATHAN ARTHUR, TREASURER - 850 591 5174				
	903 WEST TENNESSEE STREET, TALLAHASSEE, FL 32304-7716				
			Form	gan /	20101

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F) Estimated
Name and Title	Average hours per	(c		Pos all t			Iv)	Reportable compensation	Reportable compensation	amount of
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
VICKI S. MCCONNELL	•									
PRESIDENT	2.00	X		X	<u> </u>	<u>L</u>		0.	0.	0.
JAMES C. COBB										
PAST PRESIDENT	1.00	X	ļ	X	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$		L	0.	0.	0.
L. HARVEY THORLEIFSON						İ				
PRESIDENT ELECT	1.00	X		X	<u> </u>			0.	0.	0.
ROBERT F. SWENSON		ŀ						_	_	_
VICE PRESIDENT	1.00	X	ļ	Х	<u> </u>	ļ		0.	0.	0.
JONATHAN ARTHUR										_
TREASURER	2.00	X	ļ	X	 	<u> </u>		0.	0.	0.
JOE GILLMAN										
SECRETARY	1.00	X	 	X	\vdash	_	_	0.	0.	0.
		\vdash		 	<u> </u>		-			·
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				<u>L</u>						

(A)

Name and title

(C)

Position

(check all that apply)

(B)

Average

hours per

week

(describe

		hours for related organizations in Schedule O)	Individual trustee or di	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	iC)) from t organiza and rela organiza		ion ed
	.							-						
				_										
				-			<u> </u>							
											\longrightarrow			
	Sub-total Total from continuation sheets to Part V	II Section A							0.		0.			<u>0.</u>
	Total (add lines 1b and 1c)	ii, occion A							0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) wh	no re	eceived more than \$100	,000 ın reportabl	9			
	compensation from the organization				_					 				0
3	Did the organization list any former officer,	director or tru	etac	. ko	v an	nla	VAA	or h	nighest compensated er	nnlovee on	ſ		Yes	No
3	line 1a? If "Yes," complete Schedule J for s			, NO	y C ii	ipio	yee,	01 1	ilgilest compensated er	npioyee on		3		Х
4	For any individual listed on line 1a, is the su	um of reportab	le co							the organization				
	and related organizations greater than \$15										}	4		X
5	Did any person listed on line 1a receive or	•				-		elat	ed organization or indivi	dual for services		5		х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedai	y J 1	OI S	ucii	per	SUII						L	<u> </u>
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pensa	ation 1	rom	
	(A) Name and business	addross							(B) Description of s	envices	C)) anna	C) nsatio	n
	rame and business	addiess						\dashv		ioi vioca		ompo	1104110	
								_						
								\dashv						
2	Total number of independent contractors (including but r	ot li	mıte	d to	tho	se li	sted	l above) who received m	nore than				
	\$100,000 in compensation from the organi	zation					0							
03200	B 12-21-10											Form	990 (2010)

ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43-6058913 Page 9 Form 990 (2010) Part VIII Statement of Revenue (**D**) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Federated campaigns 1a 11,700 1b Membership dues Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ 11,700 h Total, Add lines 1a-1f **Business Code** Program Service All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 2,823 2,823. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal **Gross Rents** Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances Less. cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 18,259 18,259 541900 **MEETINGS** 900099 657 UNREALIZED GAINS All other revenue 18,916. Total. Add lines 11a-11d

33,439.

18,916

2,823.

Form **990** (2010)

Total revenue See instructions.

Part IX Statement of Functional Expenses

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

	All other organizations must comp			e columns (B), (C), and (D)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	14,250.	14,250.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	358.		358.	
С	Accounting	1,600.		1,600.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				a. a.
12	Advertising and promotion				
13	Office expenses	11.		11.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,155.		3,155.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,795.		16,795.	
20	Interest		<u> </u>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule O.)				
а	EXHIBITS	2,604.		2,604.	
b	AWARDS	874.		874.	
С	AGI & USGS MEMBERSHIP	500.		500.	·
d	BANK CHARGES	92.		92.	
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	40,239.	14,250.	25,989.	0.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				Form 990 (2010)

Form **990** (2010)

Part X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash · non-interest-bearing .		_1	
2	Savings and temporary cash investments	28,045.	2	30,588
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II		ļ	
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	····
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	<u>.</u>
10a	Land, buildings, and equipment cost or other			
	basis. Complete Part VI of Schedule D 10a]		
ь	Less accumulated depreciation 10b		10c	
11	Investments · publicly traded securities	100,381.	11	91,038
12	Investments · other securities. See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	•
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	128,426.	16	121,626
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II			
-	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
1	Organizations that follow SFAS 117, check here and complete			
%	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
<u>8</u> 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
∄	Organizations that do not follow SFAS 117, check here X and			
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	0
g 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds	128,426.	32	121,626
Z 33	Total net assets or fund balances	128,426.	33	121,626
34	Total liabilities and net assets/fund balances	128,426.	34	121,626

	990 (2010) ASSOCIATION OF AMERICAN STATE GEOLOGISTS	<u>43-6</u>	<u>6058913 </u>	Pa	ge 12		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3:	3,4	439.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4(), <u>2</u>	<u> 39.</u>		
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6						
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ		
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	[[
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	a no t					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audi	nt				
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audr	t				
	ar audite, auglem why in Schodule O and describe any stone taken to undergo such guidte		26		1		

Form **990** (2010)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number ASSOCIATION OF AMERICAN STATE GEOLOGISTS 13-6058913

The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A community trust described part ii) A community trust described in section 170(b)(1)(A)(v). A 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)(v). A community trust described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(v). A organization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions. Subject to carrian exemptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable mocine (8es section 501(1)) as support from contributions, membership fees, and gross receipts from activities related to its exempt functions. Subject to carriam accordance of the intervention organization accordance organization (8e) in the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject	Part I	Reason 1		ity Status (All organiz	ations mu						-0030	<u> </u>	
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Altach Schedule E.) A school described in section 170(b)(1)(A)(iii). A medical research organization operated in corpunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 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)(iii). Complete Part II.) A control (70(b)(1)(A)(iii). Complete Part II.) A control (70(b)(1)(A)(iii). Complete Part II.) A community risst described in section 170(b)(1)(A)(vi). (Complete Part III.) A community risst described in section 170(b)(1)(A)(vi). (Complete Part III.) A community risst described in section 170(b)(1)(A)(vi). (Complete Part III.) A community risst described in section 170(b)(1)(A)(vi). (Complete Part III.) A community risst described in section 170(b)(1)(A)(vi). (Complete Part III.) A community risst described in section 170(b)(1)(A)(vi). (Complete Part III.) A community 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.) An organization organization advantable section 509(a)(vi) or section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See section 509(a)(vi). (See										_			
A school described in section 170(b)(1)(A)(ii), Catach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. City, and state. 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)(iii). Enter the hospital's name, city, and state. 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). A lorganization 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)(iv), (Complete Part II). A community trust described in section 170(b)(1)(A)(iv), (Complete Part II). A community trust described in section 170(b)(1)(A)(iv), (Complete Part II). A community trust described in section 170(b)(1)(A)(iv), (Complete Part II). A community trust described in section 170(b)(1)(A)(iv), (Complete Part III). A community trust described in section 170(b)(1)(A)(iv), (Complete Part III). A community trust described in section 170(b)(1)(A)(iv), (Complete Part III). A community trust described in section 170(b)(1)(A)(iv), (Complete Part III). A community trust described in section 170(b)(1)(A)(iv), (Complete Part III). A community trust described in section 170(b)(1)(A)(iv), (Complete Part III). A community trust described in section 170(b)(1)(A)(iv), (Complete Part III). A community trust described in section 170(b)(1)(A)(iv), (Complete Part III). A community trust described in section 170(b)(1)(A)(iv), (Complete Part III). A community trust described in 10(a) (a) (a) (a) (a) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a			•	•	•		-	•	•				
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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. 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)(iii). (Complete Part III.) 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)(ii). (Complete Part III.) X 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)(iii). (Complete Part III.) X 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 508(a)(2). (Complete Part III.) An organization organization developed acklasively to test for public safety. See section 509(a)(4). An organization organization described acklasively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 1 te through 11h a							470/L\/4\	/ A \/:::\					
city, and state. 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.) A lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv), A rodanization 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)(iv), (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv), (Complete Part II.) A community fruit described in section 170(b)(1)(A)(iv), (Complete Part II.) A community fruit described in section 170(b)(1)(A)(iv), (Complete Part II.) A community fruit described in section 170(b)(1)(A)(iv), (Complete Part II.) A community fruit described in section 170(b)(1)(A)(iv), (Complete Part II.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations and sessibles the type of supporting organization and complete lines 11 te fitnough 11h a describes the type of supporting organization and complete lines 11 te fitnough 11h a line 17 ye III. Through 11h a line 17 ye III.	_	•	•	•					/L-\/ 4\/ 4 \/:::	:) Entarth	o boonital		_
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section 170(b)(1)(A)(iv). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) X A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) X A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) X A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) X A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) X A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) A cognization organization development organization described business taxable income (less section 511 tax) from businesses acquired by the organization adjunction organization organization organization described in section 509(a)(1) or section 509(a)(4). An organization organization adjunction organization 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 11 et through 11 in a last organization and operated exclusively by the through 11 in a last organization and operated exclusively in the organization organization and operated organization organization and operated organization organization organization and operated organization organization organization organization organization organization and operated organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization o				h-mask -6 - a-ll			orotod by		montal	dosarba			
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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)(v). (Complete Part II) 8				•									
section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) B X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in 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 II b Type III - Controlled Intentionally integrated d Type III - Other 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)(2) or section 509(a)(2) if If the organization enceived a writtent determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box 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) organization in cot. (ii) (iii) Type II organization in cot. (ii) (iii) Type II organization in cot. (ii) Organization in cot. (ii) Organization in cot. (ii) Organization in cot. (iii) Organization in cot. (iii) Organization in c			•	•									
A community trust described in section 170(b)(1)(A)(vi), (Complete Part III) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from a citruities 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organization 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		_			of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desci	ribed in)
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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a		•		•									
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 5914(2)). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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		community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
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	9 LXJ Ar	n organizatio	on that normally rec	eives (1) more than 33 1	1/3% of its	support fr	om contr	ibutions, m	nembershij	o fees, an	d gross rec	eipts fi	rom
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a Type II b Type II c Type III - C Type III - Functionally integrated d Type III - Other 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) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box Given any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (i) 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) above? (ii) A provide the following information about the supported organization (described on lines 1-baove or IRC section (see instructions)) (iv) Is the organization in col. (ii) organization in col. (ii) organization in col. (ii) organization (see instructions)) (v) Did you notify the organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iv) organization in col	me	ore publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	n 509(a)(2	2). See se c	ction 509(a	a)(3). Che	ck the box	that	
e Sy 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) If the organization received a written determination from the IRS that it is a Type II, Type III, 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) 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 (i) above? (i) Name of supported organization about the supported organizations) (ii) IType of organization (described on lines 1-9 above or IRC section (see instructions)) (iii) EIN (iii) Type of organization or colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organization in colling organizatio	de	scribes the	type of supporting	organization and comple	ete lines 1	1e through	11h						
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(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations: (i) Name of supported organization organization (ii) EIN (iii) EIN (iv) Is the organization in col. (i) issted in your organization in col. (i) organized in the U.S.? Yes No Yes No Yes No (iv) Is the organization in col. (i) organized in the U.S.? Yes No Yes No		the gove	erning body of the si	upported organization?							11g(i)		
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above or IRC section (see instructions)) Yes No Yes No Yes No	• •		(,						(i) organizatio	ed in the			
(see instructions)) Yes No Yes No Yes No Yes No	· ·				governing	document?	(i) of you	r support?	U.S.	.?			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2010		erwork Re	duction Act Notice	see the Instructions f	or			•	Schedul	e A (Form	990 or 99	0-F7) 2	2010

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only I	f 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 ur	nder the tests listed below, please comple	te Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		-				_
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						_
	The portion of total contributions		,				
	by each person (other than a]	
	governmental unit or publicly						
	supported organization) included				;		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support					 	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	-					_
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business	,					_
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010. If the o				14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies						▶∟
b	33 1/3% support test - 2009. If the o				line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual		• • •				▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	ization
	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances tes	t - 2009. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the				- ·		. —
	organization meets the "facts-and-cire		~				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Scho	edule A (Form 990	or 990-F7\ 2010

Schedule A (Form 990 or 990-EZ) 2010 ASSOCIATION OF AMERICAN STATE GEOLOGISTS 43 - 6058913 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

alendar year (or fiscal year beginning in) ► 📙	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and			ļ			
membership fees received. (Do not						
ınclude any "unusual grants ")	67,500.	47,151.	14,700.	14,670.	11,700	<u>. 155,721</u>
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	17,434.	11,699.	18,245.	14,746.	18,259	. 80,383
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513	-			-		
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	84,934.	58,850.	32,945.	29,416.	29,959	. 236,104
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1					0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b				-		0
8 Public support (Subtract line 7c from line 6)						236,104
ection B. Total Support						
lendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	84,934.	58,850.	32,945.	29,416.	29,959	. 236,104
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,260.	6,804.	2,181.	4,253.	2,823	. 21,321
b Unrelated business taxable income	3,200.	0,001.	2/1011	1,2550		01/021
(less section 511 taxes) from businesses				,		
acquired after June 30, 1975	5 060	6 004	2 101	4 252	2 022	21 221
c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	5,260.	6,804.	2,181.	4,253.	2,823	21,321
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12)	90,194.	65,654.	35,126.	33,669.	32,782	. 257,425
4 First five years. If the Form 990 is for		first, second, third	I, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organ	nization,
check this box and stop here ection C. Computation of Public	c Support Per	centage				<u> </u>
5 Public support percentage for 2010 (lii			olumn (f))		15	91.72
6 Public support percentage from 2009					16	90.86
ection D. Computation of Inves	tment Income	Percentage				
7 Investment income percentage for 20°	10 (line 10c, colum	ın (f) dıvıded by lın	e 13, column (f))		17	8.28
8 Investment income percentage from 2					18	9.14
9a 33 1/3% support tests - 2010. If the						17 is not
more than 33 1/3%, check this box an						►X
b 33 1/3% support tests - 2009. If the cline 18 is not more than 33 1/3%, chec		op here. The orga				
O Private foundation. If the organization						

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-004/	2010	Open to Public Inspection

% × Employer identification number 43-6058913 Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ASSOCIATION OF AMERICAN STATE GEOLOGISTS Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	United States. C	omplete if the org	anization answered "\	res" to Form 990, Part	IV, line 21, for any	
recipient that received more than	\$5,000. Check this	s box if no one recipien	it received more th	an \$5,000. Part <u>II</u>	can be duplicated if	additional space is nee	ded Ped	
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government (b) EIN (c) IRC section (d) Amount of valuation (book, organization (e) Amount of valuation (book, organization (f) Method of valuation (g) Description of organization (h) Color (h) Color (h) Method of valuation (g) Description of organization (h) Color (h) Color (h) Method of valuation (h) Description of valuation (h) Color (h) Method of valuation (h) Description of valuation (h) Color (h) Method of valuation (h) Description of valuation (h) Color (h) Method of valuation (h) Description of valuation (h) Color (h) Method of valuation (h) Description of valuation (h) Color (h) Method of valuation (h) Description of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Method of valuation (h) Color (h) Color (h) Method of valuation (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) Color (h) C	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AMERICAN GEOSCIENCES INSTITUTE 4220 KING STREET ALEYANDRIA VA 22302-1502	52-0786946	501(0)(3)	13 250	O			INCREASE FUNDING FOR STATEMAP, DATA PRESEVATION AND GOVERNMENT AFFAIRS	
	and government or	rganizations					•	님
3 Enter total number of other organizations	SI						A	3

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

Schedule I (Form 990) (2010)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information DATA (H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FUNDING FOR STATEMAP, NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN GEOSCIENCES INSTITUTE (d) Amount of non-cash assistance 18 (c) Amount of cash grant (b) Number of recipients PRESEVATION AND GOVERNMENT AFFAIRS PROGRAM COLUMN (H): (a) Type of grant or assistance LINE 1, PART II,

Schedule I (Form 990) (2010)

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43-6058913

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Schedule I (Form 990) (2010)

Part

SCHEDULE 0

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service

Name of the organization

ASSOCIATION OF AMERICAN STATE GEOLOGISTS

Employer identification number 43-6058913

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

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number

43-6058913

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) ASSOCIATION OF AMERICAN STATE GEOLOGISTS Parti

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(g) Section 512(b)(13) controlled entity?	N _o			×					
Section 5 contr ent	Yes								
(f) Direct controlling entity				N/A					
(e) Public charity status (if section	501(c)(3))		SCH A - LINE	7					
(d) Exempt Code section				501(C)(3)					
(c) Legal domicile (state or foreign country)				ALABAMA					
(b) Primary activity			PROVIDE FINANCIAL SUPPORT	FOR AASG					
(a) Name, address, and EIN of related organization		AASG FOUNDATION INC - 20-8939615	3817 MINERAL POINT ROAD	MADISON, WI 53705-5100					

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

43-6058913

Page 2

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

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

•																			
(k)	General or Percentage managing ownership																		ro related
9	eral or naging tner?	Yes No				_		_											3
_	Gen mar par	ĕ				-				-									900
(6)	Code V-UBI amount in box	K-1 (Form 1065)																	The second of the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second the second to second the second to second the second to second the second to second the second to second the second to second the second to second the second the second the second to second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second the second
	rtion- tions?	No																	2
Ξ	Disproportion- ate allocations?	Yes											-		-				2
																			ď
(6)	Share of end-of-year	dooris																	" to Form 000
	ন																		2
3	Share of total income																		0
	hare																		0
																			9
	Predominant income (related, unrelated,	14)																	1
(e)	ant inc unrela	512-5																	3
۳	ated, 1	tions																	4
	Pred Pred	Sec																	200
	g Li	-														-			9
ے	Direct controlling entity																		
9	ct contr entity																		
	Dire																		1
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(2)	Legal domicile (state or	fore																	,
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	Primary activity																		١,
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	Name, address, and EIN of related organization																		١,
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	Nan																		١
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

טוטמוווגמווטוט וופמנפט מס מ כטוטטומוטון טו ווטסן טוחוווט וופמל אפונים אינים אי					!	- 1	
(a)	(q)	<u></u>	ত্ত	(e)			Ē
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Sha -	Share of end-of-year assets	Percentage ownership
						:	
							:

Schedule R (Form 990) 2010

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

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule					Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?		-	
a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity				19	^	ы
b Gift. grant. or capital contribution to other organization(s)				1 p	2	ы
				1	_	×
				P	_	×
				-e	^	×
f Sale of assets to other organization(s)				#	^	×
				5	_	×
By a contract of account of the contract of th				ŧ	~	×
				Ę	~	×
i Lease of facilities, equipment, or other assets from other organization(s)				1;	_	×
 R Performance of services or membership or fundraising solicitations for other organization(s) 	ıızatıon(s)			¥	_	×
Performance of services or membership or fundraising solicitations by	ization(s)			=	7	×
				Ę	7	×
n Sharing of paid employees				£	7	×
						-
 Reimbursement paid to other organization for expenses 				9	7	×
p Reimbursement paid by other organization for expenses				4	7	×
 Other transfer of cash or property to other organization(s) 				19	7	×
				+	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	i		
(1)						
(2)						
(3)						
(4)						
(5)			:			
(9)						
032183 12-21-10	22		Schedule R (Form 990) 2010	R (Form	990) 20	윤

Page 4

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	lusion for certain investment partners				!		
(a)	(Q)	(၁)	<u>©</u>			(6)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tronate	Code V-UBI amount in box 20	General or managing
כו פונונא		country)	Yes No			of Schedule K-1 (Form 1065)	1 1
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						Schedule R (Form 990) 2010	n 990) 2010

Schedule R	(Form 990) 2010	ASSOCIATION ASSOCIATION	N OF	<u>AMERICAN</u>	STATE	GEOLOGISTS43-605	<u>8913 Page 5</u>
Part VII	(Form 990) 2010 Supplemental Info	rmation					
	Complete this part to pro	ovide additional informa	tion for	responses to ques	tions on Sch	nedule R (see instructions)	
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