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# SCANNED DEC 182017

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No 1545-1150

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury
Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

		e 2016 calendar year, or tax year beginning , 2016, and ending		, 20						
_	Check if eg		D	Employer identification number						
Address change										
$\vdash$	┪	Now Marriag Coological Cognety Inc	23	3-7024819						
$\vdash$	╡	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		Telephone number						
-	Initial	return/terminated 801 Leroy Place	57	75-835-5490						
	┥┈┈	City or town, state or province, country, and ZIP or foreign postal code		Group Exemption						
$\vdash$	╡	Socorro NM 97901	İ	Number >						
1		nation pending SOCOTTO, NET 87801  httng Method X Cash Accrual Other (specify) ▶ H Che		<del></del>						
				attach Schedule B						
				990-EZ, or 990-PF)						
			111 000,	330 22, 07 330 77 7						
		rorganization Corporation Trust Association Other es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	cote	<del></del>						
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		81,579						
F	irt (	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the Check if the organization used Schedule O to respond to any question in this Part I.	ınsırı	ictions for Part I)						
	Τ			28,536						
	1	Contributions, gifts, grants, and similar amounts received		<del> </del>						
	2	Program service revenue including government fees and contracts		32,671						
	3	Membership dues and assessments	3	5,885						
	4	Investment income	4	204						
	5 a	Gross amount from sale of assets other than inventory	-							
	b	Less cost or other basis and sales expenses	_ ا							
	C	Gain or (loss) from sale of assets other than inventory (Subtract·line 5b from line 5a)	5c							
	6	Gaming and fundraising events	}							
as	а	Gross income from gaming (attach Schedule G if greater than	1	<b>\</b>						
Revenue		\$15,000)	-	}						
š	b	Gross income from fundraising events (not including \$ of contributions								
ŭ		from fundraising events reported on line 1) (attach Schedule G if the	1							
	1	sum of such gross income and contributions exceeds \$15,000) 6b	-							
	C	Less direct expenses from gaming and fundraising events 6c	4	}						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		}						
		line 6c)	6d	<u> </u>						
	7 a	Gross sales of inventory, less returns and allowances		}						
	b	Less cost of goods sold		1						
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	14,283						
	8	Other revenue (describe in Schedule O)	8							
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	81,579						
	10	Grants and similar amounts paid (list in Schedule O)	10	23,500						
	11	Benefits paid to or for members	11							
es	12	Salaries, other compensation, and employee benefits	12							
ııs	13	Professional fees and other payments to independent contractors	13	3,469						
Expenses	14	Occupancy, rent, utilities, and maintenance	14	13,817						
ய	15	Printing, publications, postage, and shipping	15							
	16	Other expenses (describe in Schedule O)	16	65,335						
	17	Total expenses. Add lines 10 through 16	. 17	106,121						
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(24,542)						
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with								
<b>A</b> S¢		end-of-year figure reported on prior year's return)	19	504,884						
Net /	20	Other changes in net assets or fund balances (explain in Schedule O)	20							
ž	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	480,342						
É	<u> </u>	work Poduction Act Nation and the consents instructions	14	Form 990-F7 (2016)						

or Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ <sub>s</sub> (2016)					Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to re	espond to any questi		<del></del>		
		(A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investments	ĭ	115,31			92,088
23 Land and buildings		31,8° 357,6°			30,625
Other assets (describe in Schedule O)		504,8			357,629 480,342
25 Total assets		304,00	26		400, 342
<ul> <li>Total liabilities (describe in Schedule O)</li> <li>Net assets or fund balances (line 27 of column (B) must agree via</li> </ul>		504,8			480,342
Part III Statement of Program Service Accomplishme			0 1 21		penses
Check if the organization used Schedule O to resp			X (Re	equired for	
What is the organization's primary exempt purpose? Geology,					d 501(c)(4)
Describe the organization's program service accomplishments			္   org		s, optional for
as measured by expenses. In a clear and concise manner, de persons benefited, and other relevant information for each progressions.	escribe the services pr			ers)	
28Fall and Spring Geological Conferences			_		
(Grants \$ ) If this amount includ	es foreign grants, check h	ere <b>&gt;</b>	28a		39,281
29				}	
			_		
	les foreign grants, check h	nere	29a	<u> </u>	
30					
				}	
· · · · · · · · · · · · · · · · · · ·	les foreign grants, check h		30a	<u> </u>	
<b>31</b> Other program services (describe in Schedule O)			<u></u> ,		
<del></del>	les foreign grants, check h		31a	<del></del>	
32 Total program service expenses (add lines 28a through 31a)				45	39,281
Part IV List of Officers, Directors, Trustees, and Key Emp Check if the organization used Schedule O to respi					
Check if the organization used Schedule O to respi		(c) Reportable	T	Ith benefits,	<del>,  </del>
(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contribution benefit	ns to employee plans, and compensation	(e) Estimated amount of other compensation
Matt Heizler	President				
801 Leroy Place	1	0		0	0
Socorro, NM 87801	_				
Susan Lucas Kamat	Vice-Preside	- <del> </del>			<del> </del>
PO Box 5400, MS 1396	11	0		0	0
Albuquerque, NM 87185-5400					
Don Koning	Treasurer				
801 Leroy Place	<b>1</b>	0	į.	0	0
Socorro, NM 87801					
Shannon Williams	Secretary		<del> </del>		
8519 Jefferson NE	1	0	ł	0	0
Albuquerque, NM 87113					
	<del></del>				<del> </del>
	_				
			<del>                                     </del>		
					<u> </u>
	-				

Form 990-EZ (2016)

Form 99	0-EZ (2016)			age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this f	n the Part V	· · · ,	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		1	
	detailed description of each activity in Schedule O	33		<u> X</u>
	detailed description of each activity in Schedule O	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<del></del>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25-		
0.0	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		_X_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Х
27.	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a None	30		,
37 a b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
004	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	· .		
39	Section 501(c)(7) organizations Enter	}		<b>,</b>
а	Initiation fees and capital contributions included on line 9	]		ĺ
b	Gross receipts, included on line 9, for public use of club facilities			١.
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	}		1
	section 4911 ► None , section 4912 ► None , section 4955 ► None			۳.
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		'	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		]	١
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		ĺ	1
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>.</b> .		<b>\</b> , ',
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line		٠,	,
_	40c reimbursed by the organization	1	,	1
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			1
	transaction? If "Yes," complete Form 8886-T	40e	Ĺ	X
41	List the states with which a copy of this return is filed ▶ New Mexico			
42 a	The organization's books are in care of ▶ Matt Heizler Telephone no ▶ 575-835	<u>-53</u>	22_	
	Located at ▶801 Leroy Place; Socorro, NM ZIP+4 ▶ 87801		1:	1
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	+
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<del></del>	X
	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		··	١,
	Financial Accounts (FBAR)		1,	
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	,,,,	x
•	If "Yes," enter the name of the foreign country ▶	<u></u>	.ь	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	٠ [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	1		
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	+	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	+	<del>  X</del>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	}
AE -	explanation in Schedule O	44d	+	+-
45 a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	X
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		}	}
	Form 990-EZ (see instructions)	45b	1	X

Form 990-1	FZ (2016)				<del></del>			Page 4
							Yes	No
<b>46</b> D	id the organization engage, directly or indirectly,	in political can	ipaign ad	ctivities on behal	f of or in opposition	וו		
to	candidates for public office? If "Yes," complete S	chedule C, Part	<u>1</u>	<u></u>	<u> </u>	. 46		Χ
Part VI	Section 501(c)(3) organizations only							
	All section 501(c)(3) organizations must	answer ques	tions 47	'-49b and 52, ar	nd complete the ta	ables fo	r line	s
	50 and 51.							
	Check if the organization used Schedule	O to respond	to any c	question in this I	Part VI			$\Box$
47 D	id the organization engage in lobbying activities	or have a sec	tion 501	I(h) election in e	ffect during the ta	×	Yes	No
ye	ear? If "Yes," complete Schedule C, Part II					. 47		X
<b>48</b> Is	the organization a school as described in section	า 170(b)(1)(A)(แ	)? If "Yes	s," complete Sche	dule E	. 48		X
<b>49a</b> D	id the organization make any transfers to an exer	npt non-charita	ble relate	ed organization?.		. 49a		X
	"Yes," was the related organization a section 527							
	omplete this table for the organization's five high						es, an	d key
	mployees) who each received more than \$100,00							•
		(b) Average		(c) Reportable	(d) Health benefits	(e) Estima		ount of
	(a) Name and title of each employee	hours per wee devoted to posit		compensation ms W-2/1099-MISC)	benefit plans, and deferred compensation	other co		
None								
	·							
<del></del>	<u> </u>				<del></del>	<del></del>		
				Í				
					<del> </del>			
		1	1	4				
	<del></del>		-	1		ĺ		
		<del> </del>						
		1	1	ļ		}		
51 C	omplete this table for the organization's five his 100,000 of compensation from the organization (a) Name and business address of each independent contract.	If there is none	, enter "I	b) Type of service	<del></del>	ompensati		e than
None								
	<del></del>							
	<u></u>							
	·			<del></del>				
				<del></del>				
	<del></del>							
d T	otal number of other independent contractors ea	ch receiving o	er \$100	.000			N	one
	id the organization complete Schedule A?	_			tions must attach			
<b>52</b> D	ompleted Schedule A	Note. All sec			allacii	► XY	es 「	No
Under pena	alties of perjury, I declare that I have examined this return, incl	uding accompanyii	ng schedule	es and statements, an	d to the best of my know	vledge and	l belief,	ıt ıs
true, correc	et, and complete Declaration of propager (other than officer) is b	ased on all informa	tion of which	ch preparer has any ki	nowledge			
				,	V リリカノノチ	•		
Sign	Signature of officer		1	1 1	Date			
Here	West Hezeles	vm bs f	195-6	·LuA				
	Type or print name and title			<del>+</del>				
D-7-1	Print/Type preparer's name Preparer	- ture		Date	Check if	PTIN		
Paid	Prob Person CDA	72	101	1-9-1	self-employed	P000	7836	56
Prepare	Poolsham & Dannam	PC.	7		Firm's EIN ▶ 85-0			
Use On	Firm's address PO Box 179				Phone no	2,250		
	Socorro, NM 87801			<del> </del>		-835 <b>-</b> 1	001	
May the	IRS discuss this return with the preparer shown		tructions	<del></del>	373	► XY		No
ay tile	disouss this return with the preparer shown	20040 - Oee IIIs	4000113	<del></del>	<del> </del>	Form 99		
						roin 3	, L L	- (2010

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

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

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

omb No 1545-0047
20 16
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Nev	w Mexico Geological So	ociety, Inc				23-7024	819
Par			rganizations must co	mplete	this pai	t.) See instructions	
	organization is not a private four						
1	A church, convention of chu						
2	A school described in section						
3	A hospital or a cooperative						
4	A medical research organiz						iii). Enter the
-	hospital's name, city, and st						,
5	An organization operated f		college or university	/ owned	or oper	rated by a governmen	ntal unit described in
3	section 170(b)(1)(A)(iv). (C		a conege of university	, 01100	о, оро,	atou by a governmen	
6	A federal, state, or local go		nmantal unit describer	in eacti	on 170/k	1/(1)(Δ)/ν)	
6	An organization that norma						m the general nublic
7	<del></del>			oport no	iii a gov	entinental unit of ho	in the general public
	described in section 170(b)			Dod II \			
8	A community trust describe					in consumption with a	land grant callage
9	An agricultural research org						
	or university or a non-land-	grant college of ag	riculture (see instructi	ons) En	ter the n	iame, city, and state of	the college or
	university					· <del>····································</del>	<del></del>
	An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt fi ient income and ur n after June 30, 19	unctions - subject to c nrelated business taxa 975 See <b>section 509(</b>	ertain ex able inco <b>a)(2)</b> . (C	ceptions me (less omplete	s, and (2) no more thar s section 511 tax) from Part III )	1 331/3 %of its
11	An organization organized a						
12	An organization organized a						
	of one or more publicly su						
	Check the box in lines 12a t	-					
а	Type I A supporting orga						
	the supported organization	on(s) the power to	regularly appoint or el	lect a ma	ajority of	the directors or trustee	es of the
	supporting organization						
b	Type II A supporting org						
	control or management of	of the supporting o	rganization vested in	the same	e person	s that control or man	age the supported
	organization(s) You must	complete Part IV	, Sections A and C.				
С	Type III functionally inte	grated. A supporti	ng organization opera	ited in co	nnectio	n with, and functional	ly integrated with,
	its supported organization	n(s) (see instruction	s) You must comple	te Part I'	V, Sectio	ons A, D, and E.	
d	Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its support	ted organization(s)
	that is not functionally into	egrated The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
	requirement (see instruct						
е	Check this box if the orga						I, Type III
	functionally integrated, or						• •
f	Enter the number of supported						
g	Provide the following information	_					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Amount of monetary	(VI) Amount of
			(described on lines 1-10		ur governing	support (see	other support (see
			above (see instructions))	Yes	nent?	instructions)	instructions)
			<u> </u>	1-100	110	<del></del>	<del> </del>
(A)					<b>!</b>		
				<del> </del>	<b> </b>		
(B)				1	}		]
					<del> </del>	<u> </u>	<del></del>
(C)		}		1	}		
		<del> </del>	<del></del>	<del> </del>	<del> </del>	<del></del>	<del></del>
(D)				1	1		
		<del> </del>	<del> </del>	+	<del> </del>	<del> </del>	<del> </del>
(E)		{		1	-		1
				<del> </del>	<del> </del>	<del> </del>	<del> </del>
Tota	1	1			l		

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 I f the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support					r	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			· •			
4	Total. Add lines 1 through 3		<u> </u>	<del> </del>	<del></del>	<del> </del>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6_	Public support. Subtract line 5 from line 4	L		<u> </u>	<u> </u>	<u> </u>	
	tion B. Total Support		<del>,</del>	· · · · · · · · · · · · · · · · · · ·	,	·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	<del> </del>	<del> </del>		<del> </del>	<del>                                     </del>	
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 VI)						
11	Total support. Add lines 7 through 10	L	<u>                                     </u>	L	<u> </u>	<del></del>	<u> </u>
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u> </u>				
	tion C. Computation of Public Sup			44 1 40		TaaT	
14	Public support percentage for 2016 (In	ne 6, column (	t) divided by line	e 11, column (f)	· · · · · · · · · · · · · · · · · · ·	14	% %
15	Public support percentage from 2015 331/3% support test - 2016. If the co	Scriedule A, P	art II, IIIIe 14	hov on line 13		6 331/2 % or m	
ıva	this box and stop here. The organizati	_					. 1 1
h	331/3% support test - 2015. If the o			_			
~	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -	-					
	10% or more, and if the organization	n meets the "fa	acts-and-circum:	stances" test, c	heck this box a	and stop here.	Explain in
	Part VI how the organization meets	the "facts-and-	circumstances"	test The organ	ization qualifies	s as a publicly	supported
	organization						▶ 📙
b	10%-facts-and-circumstances test - :	<b>2015.</b> If the or	rganization did	not check a bo	x on line 13, 1	6a, 16b, or 17a	i, and line
	15 is 10% or more, and if the organic						
	Explain in Part VI how the organization				_		
	supported organization						▶ 📖
18	Private foundation. If the organization instructions						J
							990 or 990-F7) 2016

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support			γ	<u> </u>	<del></del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	24,728	20,195	56,259	31,069	34,421	166,672
2	Gross receipts from admissions, merchandise	1					
	sold or services performed, or facilities	}		}	}		
	furnished in any activity that is related to the	}		1	}		
	organization's tax-exempt purpose	50,821	51,111	49,764	57,144	46,954	255,794
3	Gross receipts from activities that are not an				į		
	unrelated trade or business under section 513.	ĺ	ĺ				
4	Tax revenues levied for the						
	organization's benefit and either paid			i			
	to or expended on its behalf					)	
5	The value of services or facilities	-					
	furnished by a governmental unit to the						
	organization without charge				' 	1	
6	Total. Add lines 1 through 5	75,549	71,306	106,023	88,213	81,375	422,466
	Amounts included on lines 1, 2, and 3	, , , , , , ,	, 17,000	200,020	00,220		
, a	received from disqualified persons					j	
b	Amounts included on lines 2 and 3						
	received from other than disqualified					. 1	
	persons that exceed the greater of \$5,000	12,340	9,372	43,438	18,950	25,428	109,528
	or 1% of the amount on line 13 for the year	12,340	9,372	43,438	18,950	25,428	109,528
	Add lines 7a and 7b	12,540	3,312	45,450	10,930	23,420	109,328
8	Public support. (Subtract line 7c from	'				,	212 020
500	tion B. Total Support				L		312,938
	tion B. Total Support	(a) 2012	(b) 2012	(c) 2014	(4) 2015	(2) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013		(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	75,549	71,306	106,023	88,213	81,375	422,466
iva	Gross income from interest, dividends, payments received on securities loans,			)			
	rents, royalties and income from similar	256		0 204	4 245	204	7 064
	sources	356	665	2,394	4,345	204	7,964
b	Unrelated business taxable income (less			ĺ			
	section 511 taxes) from businesses			İ			
	acquired after June 30, 1975						
С	Add lines 10a and 10b	356	665	2,394	4,345	204	7,964
11	Net income from unrelated business activities not included in line 10b.					ļ	
	whether or not the business is regularly	)	]	}	Ì	] .	
	carried on			<del> </del>	<del> </del>		
12	Other income Do not include gain or					ļ	
	loss from the sale of capital assets				ĺ	1	
40	(Explain in Part VI)	<del></del>		<del> </del>	<del> </del>		
13	Total support. (Add lines 9, 10c, 11,	75 005	71 071	100 417	02 550	01 570	430 430
	and 12)	75,905		·		81,579	430,430
14	First five years. If the Form 990 is t	<del>-</del>					
<u></u>	organization, check this box and stop here			• • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	
	tion C. Computation of Public Sup					<del></del>	70.7026.00
15	Public support percentage for 2016 (line 8						72.7036 %
16	Public support percentage from 2015 Scho			<del></del>	· · · · · · · · · · · ·	16	75.9176%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2016 (le					17	1.8502 %
18	Investment income percentage from 2015					18	<u>1.9103 %</u>
19 a	33 1/3 % support tests - 2016. If the or	ganization did n	ot check the bo	x on line 14, and	d line 15 is mor	e than 331/3%,	
	17 is not more than 331/3 %, check th	ns box and sto	<b>p here</b> . The org	anızatıon qualifie	s as a publicly	supported organ	ization > X
b	33 1/3 % support tests - 2015. If the org	anization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t	b, check this b	ox and see instr	ructions >
JSA 6E122	1 1 000					Schedule A (Form S	990 or 990-EZ) 2016

### Part IV S

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Secti	on A. All Supporting Organizations			
		<del></del>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	ļ ———	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b c	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100		

Part	Supporting Organizations (continued)			
	г		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	Formation and the state of the	11a		
	, , , , , , , , , , , , , , , , , , ,	11b		
	Tree to controlled child, or a police and a first to the police and the police an	11c		
Secti	on B. Type I Supporting Organizations		Yes	No
	[		162	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization			
Secti	on C. Type II Supporting Organizations			
	ſ		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		}	
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	ļ	ļ
Sacti	on D. All Type III Supporting Organizations		L	L
36011	on D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior		}	]
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		j	]
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	ļ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ļ	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		Ì	
	significant voice in the organization's investment policies and in directing the use of the organization's		]	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard		}	
54		_3_	<u></u>	<u> </u>
	on E. Type III Functionally Integrated Supporting Organizations	4000	ional	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins  The organization satisfied the Activities Test Complete line 2 below	uuct	ioris)	
a b	The organization satisfied the Activities rest Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions	)
				No
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined	}		
	that these activities constituted substantially all of its activities	2a	<u> </u>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ļ	1	]
	reasons for the organization's position that its supported organization(s) would have engaged in these			]
	activities but for the organization's involvement	2b	<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.	]		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
<b>t.</b>	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	<del> </del>	<del> </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь		
	The second of th	, ,,,,		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income	(B) Current Year (optional)		
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		<del></del>	
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1 d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supportin	g organization (see
instructions)			

	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)	Page 7
Part	Current Year			
	on D - Distributions	Current Tear		
	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exem			
2	organizations, in excess of income from activity	ibt barboses of subborte	şu	
	Administrative expenses paid to accomplish exempt purpo	nos of supported organiz	vations	
3	Amounts paid to acquire exempt-use assets	ses of supported organiz	alions	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	Oneive	
0	(provide details in Part VI) See instructions	the organization is resp	Oligive	
9	Distributable amount for 2016 from Section C, line 6			
	<u></u>			
_10	Line 8 amount divided by Line 9 amount		(**)	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b			·	
C	From 2013	<u> </u>		
d	From 2014			
e	From 2015,			<u></u>
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			<u> </u>
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	<u> </u>		
4	Distributions for 2016 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if		ł	
	any Subtract lines 3g and 4a from line 2 For result			}
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			1
	and 4b from line 1 For result greater than zero, explain in		1	
	Part VI See instructions			<u> </u>
7	Excess distributions carryover to 2017 Add lines 3 <sub>1</sub> and 4c			
	Breakdown of line 7	<del> </del>	<del> </del>	<del></del>
_8	DIEGROOWII OI IIIIE I	<del> </del>	<del> </del>	<del> </del>
a b	Evense from 2013		<del> </del>	<del> </del>
	Excess from 2013 Excess from 2014	<del> </del>	<del> </del>	<del> </del>
<u>c</u>		<del> </del>	<del> </del>	<del> </del>
	Excess from 2015	<del> </del>	<del> </del>	<del> </del>
e	Excess from 2016	<u> </u>	<u> </u>	<del></del>

	_					
Schedule A /	Form 990 or 990-EZ) 2016					Page <b>8</b>
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Part VI	Supplemental Inf	ormation. Provi	de the explar	nations required i	by Part II, line 10; Par	t II, line 17a or 17b, Part
	III line 12 Part IV	/ Section A lin	es 1 2 3b 3	c 4b 4c 5a 6.	9a. 9b. 9c. 11a. 11b. a	and 11c; Part IV, Section
	ni, inic 12, i ait i	D. A.N. Castron	C 1	N. Castian D. In	on 2 and 2: Dort 11/ S	action Ellipse 1a 2a 2b
	B, lines 1 and 2, I	Part IV, Section	C, line 1, Part	IV, Section D, lin	es 2 and 3; Partiv, S	ection E, lines 1c, 2a, 2b,
	3a and 3h Part V	Ine 1: Part V. S	Section Billine	1e Part V. Secti	on D. lines 5, 6, and 8	3, and Part V, Section E,
	00 00, 1 010	A1			mation (Con instructi	one \
	lines 2, 5, and 6	Also complete	inis part for ar	ny additional infor	mation. (See instructi	uris )
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### SCHEDULE O (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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public

Name of the organization			23~7024819
New Mexico Geological Society, Inc			1 23-1024019
Form 990-EZ, Line 10 - Grants and si	imila	r amounts paid:	
Scholarships	\$	23,500	
Form 990-EZ, Line 16 - Other Expense	es:		
Bank and Credit Card Fees	\$	2,246	
Conferences, Conventions & Meetings		39,281	
Depreciation		1,250	
Guidebook Expense		20,070	
Insurance		2,084	
Office Supplies		394	
Taxes		10	
Total other Expenses	\$	65,335	
Total Other Expenses	<u> </u>		<del></del>
Form 990-EZ, Line 24 - Other Assets	<u>:</u>		
Inventory	\$	357,629	
Form 990-EZ, Line 28A - Expenses:			
Fall Field Conference	\$	33,404	
Spring Meeting		5,877	
Total Expenses	\$	39,281	