Paid

Preparer

Use Only

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

▶ Do not enter social security numbers on this form as it may be made publid /) ∧ ✓ Department of the Treasury

Open to Public

Inte	rnal Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the lat	test inform	nation.	ML		pection
<u>A</u>	For th	e 2018 cale	ndar year, or tax year beginning Jun 1 , 2018, and e	nding	May	31	, 20 1 9	
В	Check	ıf applıcable	C Name of organization GEOLOGICAL SOCIETY OF NEVADA		D	Employ	er identifica	tion number
	Addres	s change	Doing business as			88-0	143056	
	Name o	hange	Number and street (or P.O box if mail is not delivered to street address)	m/suite	E	Telepho	ne number	
	Initial re	eturn	2175 RAGGIO PKWY 10	7		(775) 323-35	00
	Final reti	um/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amend	ed return	RENO, NV 89512		G	Gross re	eceipts \$	254,321.
	Applica	ition pending	F Name and address of principal officer	H(a) Is this a grou	p return for	subordinates?	Yes 🗵 No
			ROBERT KASTELIC, 2175 RAGGIO PKWY, RENO, NV 8	39512 н (г	b) Are all sul	bordinate	s included?]Yes □ No
ī	Tax-exe	empt status	☐ 501(c)(3) 🗵 501(c) (6) ◄ (Insert no) ☐ 4947(a)(1) or ☐ 52	210	If "No,"	" attach a	ı lıst. (see ıns	tructions)
J	Websit	e: ► W	WW.GSNV.ORG	/ /	c) Group ex	emption	number 🕨	
K	Form of	organization	X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of fo	ormation	1983	M State	of legal dom	iicile: NV
P	art I	Summ	ary					
	1	Briefly de	escribe the organization's mission or most significant activities: 10 P	PROMOTE THE ADV	VANCEMENT OF C	EOLOGICAL	SCIENCES, ESPEC	IALLY AS THEY RELATE
çe			ADA, BY ENCOURAGING AND SPONSORING THE DISSEM					
Jan		THROUG	H MEETINGS, FIELD TRIPS, PUBLICATIONS AND BY	SUPPOR	RTING F	CADE	MIC END	EAVORS.
err	2		is box ▶ ☐ if the organization discontinued its operations or dispos					
Governance	3	Number	of voting members of the governing body (Part VI, line 1a)			3		11
	4	Number	of independent voting members of the governing body (Part VI, line	1b) .		4		11
ties	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)	•		5		1
Activities &	6	Total nur	nber of volunteers (estimate if necessary)			6		11
Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a	-	0.
	b	Net unrel	ated business taxable income from Form 990-T, line 38	· .		7b	'	0.
			RECEIVED		Prior Year	•	Curr	ent Year
Ð	8	Contribut	tions and grants (Part VIII, line 1h)	191	76,	588.		84,562.
Revenue	9	Program	service revenue (Part VIII, line 2g)	.[0].	154,	023.		210,453.
eVe	10	Investme	nt income (Part VIII, column (A), lines 3, 4 and 7d) PR 0 2 2020	12	25,	751.		29,177.
Œ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c 9d <u>, 10c, a</u> nd 11e)	7 T I	97,	262.		-77,912.
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, ເວີນເກີກ (A), line 12	2)	353,	624.		246,280.
	13		nd similar amounts paid (Part IX, column (A),-lines 1=3)			600.		3,500.
	14	Benefits	paid to or for members (Part IX, column (A), line 4)					
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10))	76,	693.		72,490.
nse	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)					
Expenses	b		draising expenses (Part IX, column (D), line 25) ▶					
Щ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		150,	465.		209,418.
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		231,	758.		285,408.
	19	Revenue	less expenses. Subtract line 18 from line 12		121,	866.		-39,128.
٥,	3			Beginni	ing of Curre		End	of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		1,664,	182.	1,	635,974.
t As	21	Total liab	ılıtıes (Part X, Iıne 26)			0.		10,920.
ş	22	Net asset	ts or fund balances. Subtract line 21 from line 20		1,664,	182.	1,	625,054.
P	art II		ure Block					
			ry, I declare that I have examined this return, including accompanying schedules and sete. Declaration of preparer (other than officer) is based on all information of which pre				ny knowledg	e and belief, it is
Sig	an	Sign	Andrew Matter		03.	/23/2	020	
He	-	(Duit			
			BERT KASTELIC, TREASURER or print name and title					 .

Preparer's signature

Form 990 (2018)

X Yes
☐ No

PTIN

(775)324-2107

Check X If

self-employed

Firm's EIN ▶

► JERRY MOLINARI

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► 1325 AIRMOTIVE WAY, SUITE 280, RENO

Print/Type preparer's name

89502

3/25/20

Part		<u> </u>
		X
1	Briefly describe the organization's mission:	
	TO PROMOTE THE ADVANCEMENT OF GEOLOGICAL SCIENCES, ESPECIALLY AS THEY RELATE	
	TO NEVADA, BY ENCOURAGING AND SPONSORING THE DISSEMINATION OF INFORMATION	
	THROUGH MEETINGS, FIELD TRIPS, PUBLICATIONS AND BY SUPPORTING ACADEMIC ENDEAVORS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	10
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	lo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 41,514. including grants of \$) (Revenue \$)	
	FIELD TRIPS TO AREAS OF REGIONAL GEOLOGICAL SIGNIFICANCE	

4b	(Code:) (Expenses \$ 82,462. including grants of \$) (Revenue \$)	
	DINNER MEETINGS, SPEAKERS, & SYMPOSIUMS: MEETINGS FEATURING	
	PRESENTATION ON REGIONAL GEOLOGY AND/OR MINERAL DEPOSITS OR	
	CURRENT TECHNIQUES OR NEW DEVELOPMENTS WITHIN THE FIELD	
	•••••••••••••••••••••••••••••••••••••••	
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	······································	
4c	(Code:) (Expenses \$ 3,500. including grants of \$) (Revenue \$)	—
40		
	GRANTS AND ALLOCATIONS: DISTRIBUTIONS BENEFICIARIES NAMED AND	
	APPROVED BY THE BOARD OF DIRECTORS	
4d	Other program services (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 44,034. including grants of \$) (Revenue \$)	



Part IV Checklist of Required Schedules

			162	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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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		
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	5	×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		_×_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	×	
b	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		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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 and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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 (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? Is if the Book of the Schedule I, Parts I and II	21		×
		Forn	1 990	(2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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 Schedule J	23		×
24a	\$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 Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	_	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	,	×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	'	×

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	<u> </u>		
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country:	<u> </u>		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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. Did a donor advised fund maintained by the	-,-		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form 99	0 (2018)			F	age 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Secti	on 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 <u>11</u>			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with			· · ·
3	any other officer, director, trustee, or key employee?		2		<u>×</u>
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9	•	4		×
5	Did the organization become aware during the year of a significant diversion of the organization		5		×
6	Did the organization have members or stockholders?		6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			
	one or more members of the governing body?		7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,			
	stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions ur	dertaken during			
_	the year by the following:			· · ·	
a b	The governing body?		8a 8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be supposed in the powerful of the governing body?		05		
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		×
Secti	on B. Policies (This Section B requests information about policies not required by the		ue C	ode.)	
	· · · · · · · · · · · · · · · · · · ·			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	×	
b	If "Yes," did the organization have written policies and procedures governing the activities o				
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of t		11a	×	
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were afficient directors on trustees and key employees required to disclose applicable interests that could be	· · · · · · ·	12a 12b		<u>×</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.		12c		
13	Did the organization have a written whistleblower policy?		13		×
14	Did the organization have a written document retention and destruction policy?		14		×
15	Did the process for determining compensation of the following persons include a review a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		×
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarity during the year?		16a		~
L	with a taxable entity during the year?		IUa		×
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶			••••	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e), 990, and 990-1	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that	• • •			
	Own website Another's website Don request Other (explain in Science)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.	on's books and	nord-		
20	State the name, address, and telephone number of the person who possesses the organization LAURA RUDD. 2175 RAGGTO PKWY, RENO. NV 89512 (775) 323–3500	on a books allu fe	Jorus		

	7
Page	•

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

○ Check this box if neither the organization not	or any relate	d org	anız			ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DENNIS BRYAN PRESIDENT	1.00			×				0.	0.	0.
(2) RICHARD BEDELL PAST PRESIDENT	1.00		!	×				0.	0.	0.
(3) DIANE CHEUNG-HARRIS ELKO CHAPTER PRESIDENT	1.00			×				0.	0.	0.
(4) JOSHUA BONDE SOUTHERN NEVADA PRESIDENT	1.00			×				0.	0.	0.
(5) ROBBIE ANDERSON WINNEMUCCA PRESIDENT	1.00			×				0.	0.	0.
(6) DAVID CALDWELL DIRECTOR	1.00	×						0.	0.	0.
(7) CAMILLE PRENN DIRECTOR	1.00	×						0.	0.	0.
(8) DAVID SHADDRICK DIRECTOR	1.00	×						0.	0.	0.
(9) JOHN WATSON DIRECTOR	1.00	×						0.	0.	0.
(10) GREG FRENCH DIRECTOR	1.00	×						0.	0.	0.
(11) ROBERT THOMAS DIRECTOR	1.00	×						0.	0.	0.
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any	Position (do not check more the box, unless person is officer and a director/					an tee)	Reportable compensation from	related	n from	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-		compensation from the organization and related organizations
(15)												-
(16)												
(17)								-				, <u>.</u>
(18)												
(10)												
(20)												
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total	VII, Sectio	n A					<u> </u>	0.		0.	0.
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	1	ore than \$1		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						emp	oloyee, or high	est compe	ensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1 	50,	000	? /: 	f "Ye: ·	s," · ·	complete Sch	edule J fo	or suc	4 ×
	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc		5 ×
	on B. Independent Contractors			4	ام مد				are that reading		- C10	00.000 of
1	Complete this table for your five highest compensation from the organization. Repyear.								ear ending wit			ganization's tax
	(A) Name and business address								(B) Description of s	ervices		(C) Compensation
										·-		
2	Total number of independent contractor received more than \$100,000 of compens.							th	ose listed abo	ove) who	-	

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
		Check if Schedule O C	contains a	response or n	ote to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections					
9 0	12			4 - 1			revenue		512-514					
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	—	1a 68,9	110		i							
בַּ בַּ	b	Membership dues .]	1c 00, 3	,10.									
fts, r Aı	9	Fundraising events .		1d										
, Gi	d	Related organizations Government grants (contri) —											
Sin	e f	All other contributions, gifts		1e			-	•						
utic	'	and similar amounts not include		1f 15,6										
g i	_	Noncash contributions included	L		552.				į					
con and	g h	Total. Add lines 1a-1f				84,562.								
	!!	Total. Add lines 1a-11	<u></u>	Business C	,odo	04,302.		· · · · · · · · · · · · · · · · · · ·						
Program Service Revenue	22	MEETINCO / DINNEDO	c	900099	,oue	74 547	74 547							
}ev	2a	MEETINGS/DINNERS FIELD TRIPS	<u> </u>	900099		74,547.	74,547.	0.	, O.					
Se F	b					44,994.	44,994.							
Ž	C	ADVERTISING		900099		30,270.	30,270.	0.	0.					
ı Se	d	SYMPOSIUM		900099		60,642.	60,642.	0.	0.					
ran	e	All All and an analysis of the						<u>.</u>						
rog	7	All other program service				010 452								
-	<u>g</u> 3	Total. Add lines 2a-2f Investment income (in			root	210,453.								
	3	and other similar amou				00 177	00 177	_	•					
			•		_	29,177.	29,177.	0.	0.					
	4	Income from investment of		•	S P									
	5	Royalties	(i) Real	(ii) Persor	201		<u> </u>							
		<u> </u>	(i) neai	(ii) Fersor	Iai									
	6a	Gross rents												
	b	Less: rental expenses												
	C .	Rental income or (loss)												
	d	Net rental income or (lo												
	7a	Gross amount from sales of	(i) Securities	s (ii) Othei										
		assets other than inventory												
	b	Less: cost or other basis and sales expenses .				-	- 、							
	C	Gain or (loss)												
	d	Net gain or (loss) .		· <u>· · · · ·</u>	>									
Other Revenue	8a	Gross income from fund events (not including \$												
er Re		of contributions reported See Part IV, line 18			67.									
\$	b	Less: direct expenses		b 4,4	64.									
		Net income or (loss) fro			•	-2,097.		0.	-2,097.					
	9a	Gross income from gam See Part IV, line 19 .							-					
	b	Less: direct expenses		b					ļ					
	С	Net income or (loss) fro	m gaming	activities	•				· · <u></u>					
	10a	Gross sales of inve												
		returns and allowances		a 8,2	86.									
	b	Less: cost of goods sole	d											
		Net income or (loss) fro			•	4,709.	4,709.	0.	0.					
	_	Miscellaneous Rev		Business C	ode			<u>~</u>						
ļ	11a													
	b													
	C													
ļ	d	All other revenue	· · · ·			-80,524.	-80,524.	0.	0.					
	е	Total. Add lines 11a-11			>	-80,524.								
	12	Total revenue. See inst			▶	246,280.	163.815.	0.	-2.097					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A	Section	501(c)(3)	and 501(c))(4) orga	nızations must	complete all	columns.	All other or	ganizations	must complete c	olumn (A)).
--	---------	-----------	------------	-----------	----------------	--------------	----------	--------------	-------------	-----------------	-----------	----

	Check if Schedule O contains a respon-	se or note to any lii	ne in this Part IX .		<u>, , , , , , </u>
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,500.	3,500.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		3,300.		
4 5	Benefits paid to or for members 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 8	Other salaries and wages	72,490.	:	72,490.	
9 10 11	Other employee benefits				
a b	Management				
c d e	Accounting	1,350.		1,350.	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	12,659.	12,659.	16.061	
13 14	Office expenses	16,061.		16,061.	
15	Royalties				
16 17	Occupancy	1,083.		1,083.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,000			
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	519.		519.	
23	Insurance	15,574.		15,574.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FIELD TRIP EXPENSES	41,514.	41,514.		
b	MONTHLY MEETINGS	82,462.	82,462.		
c d	PUBLICATION PRINTING SALES TAX	5,361. 233.	5,361.	222	
e	All other evaneses	32,602.	26,014.	233. 6,588.	
25	Total functional expenses. Add lines 1 through 24e	285,408.	171,510.	113,898.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
		L			- 000

Form 990 (2018) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 58,270. 1 96,832. 134,703. 2 106,423. 2 3 3 -10,035. 4 5,240. 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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). Complete Part II of Schedule L 6 7 142,932. 145,679. 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 16,084. 15,210. 1,393. 874. **b** Less: accumulated depreciation 10b 10c 1,334,172. 1,283,673. 11 11 12 Investments—other securities, See Part IV, line 11 12 13 Investments—program-related, See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 15 15 1,664,182. 1,635,974. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 17 17 10,920. 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 10,920. 26 0. 26 Total liabilities. Add lines 17 through 25 . . Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🏿 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

1,625,054.

1,625,054.

31

32

33

1,664,182.

1,664,182.

1,664,182.

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances

31

32

33

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)		24	6,2	80.
2	Total expenses (must equal Part IX, column (A), line 25)		28	5,40	08.
3	Revenue less expenses. Subtract line 2 from line 1	<u> </u>	-3	9,12	28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	<u> </u>	L,66	4,1	82.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses	<u> </u>			
8	Prior period adjustments	<u> </u>			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	İ			
	33, column (B))	1 1	L,62	5,0	<u>54.</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
			,	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_		1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	· [:	2a 📗		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			
	reviewed on a separate basis, consolidated basis, or both:			٠	
L	Separate basis Consolidated basis Both consolidated and separate basis		2b	- 4	
D	Were the organization's financial statements audited by an independent accountant?	` =	2D		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both:	а	i		
	Separate basis Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis		1		
_	•	, bet			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the 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 Schedule O.	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?	· <u>L</u> :	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo to required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь	000	

Form **990** (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ide	ntification number
GEOI	OGICAL SOCIETY OF			88-0143	
Part	I-A Complete if the	e organization is exempt und	ler section 501(c) or is a section 527	organization.
1	Provide a description o definition of "political car	f the organization's direct and ir	ndirect political ca	ampaign activities in Par	t IV. (see instructions for
2		ty expenditures (see instructions)			\$
3		cal campaign activities (see instru			
Part		e organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	n 4955 ▶	\$
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	section 4955 🕨	\$
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this y	ear?	🗌 Yes 🔲 No
4a b	Was a correction made? If "Yes," describe in Part				Yes No
Part	I-C Complete if the	e organization is exempt und	ler section 501(c), except section 50	1(c)(3).
1		ly expended by the filing organi			\$
2		filing organization's funds contribitions		ganizations for section	
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	5
4		n file Form 1120-POL for this year			
5	organization made paymethe amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount emptly and directly	paid from the filing organded to a separate	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
(1)					
(2)					
(3)			-		
(4)					
(5)					
(6)					~

BAA

Pa	art II-A	Complete if the organization section 501(h)).	n is exempt	under section 5	01(c)(3) and filed	d Form 5768 (ele	ction under
A	Check ▶	U U				liated group memb	er's name,
_	·	address, EIN, expenses, and			· ·		
В	Check ▶	if the filing organization chec			rovisions apply.	1 '	
		Limits on Lobi			,	(a) Filing organization's totals	(b) Affiliated group totals
	te Total	(The term "expenditures" m				organization b totals	group totals
		lobbying expenditures to influence					
		lobbying expenditures to influence lobbying expenditures (add lines 1	•				
		exempt purpose expenditures.	•				
		exempt purpose expenditures (ad					
		ying nontaxable amount. Enter					
	colur	•	ino ambani		,		
	If the	amount on line 1e, column (a) or (b) is	: The lobbying	g nontaxable amoun	t is:		
		er \$500,000		mount on line 1e.			
		500,000 but not over \$1,000,000		s 15% of the excess	over \$500,000.	}	
		1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	ver \$1,500,000.		
	Over \$	17,000,000	\$1,000,000				
	g Grass	roots nontaxable amount (enter 25	5% of line 1f)				
	h Subti	act line 1g from line 1a. If zero or l	ess, enter -0-				
	i Subti	act line 1f from line 1c. If zero or le	ss, enter -0-				
	-	re is an amount other than zero		th or line 1, did	the organization	file Form 4720	¬., ¬.,
	repor	ting section 4911 tax for this year				<u> </u>	Yes No
	(So	ne organizations that made a se See the	ction 501(h) e separate ins	tructions for lines	e to complete all 2a through 2f.)	of the five column	ns below.
		Lobbying	g Expenditure:	s During 4-Year A	veraging Period		
	Ca	lendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	2a Lobb	ying nontaxable amount					
		ying ceiling amount 6 of line 2a, column (e))					
	c Total	lobbying expenditures					
	d Grass	croots nontaxable amount					
		croots ceiling amount 6 of line 2d, column (e))					
	f Grass	croots lobbying expenditures					
	RΛΛ			REV 11/14/18 PRO		Schedule C (Form	990 or 990-EZ) 2018

	(election under section 501(h)).	(6	a)		(b)	
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	No	А	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			-		
i	Other activities?					
j	Total. Add lines 1c through 1i	ļ				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	<u> </u>				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-4:		
elt	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		×
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	×	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)	prior	year?	3	<u></u>	×
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members	R (b)	Part	III-A,	line :	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of				
	political expenses for which the section 527(f) tax was paid). Current year		2a			
b	Carryover from last year		2b			
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			_
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	1			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, I	ines 1	and
	•					
						
-		·				
		-				

Part IV Supplemental Information (continued)		n 990 or 990-EZ) 2016	Page •
	Part IV	Supplemental Information (continued)	
			,
		•	
	••••		
	•		
			·
		1	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name o	the organization		Employer identification number
GEO:	OGICAL SOCIETY OF NEVADA		88-0143056
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor or donor advisor, or fo	or any other purpose
Part			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	 Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space 	,	f a historically important land area f a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
С	Number of conservation easements on a certified I	historic structure included in (a)	2c
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 7/25/06, and not	I +
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or tern	minated by the organization during the
4 5	Number of states where property subject to conse Does the organization have a written policy re- violations, and enforcement of the conservation ea	garding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports obligance sheet, and include, if applicable, the text organization's accounting for conservation easemed	of the footnote to the organization's finents.	ancial statements that describes the
Part	Organizations Maintaining Collection Complete if the organization answered		
1a	If the organization elected, as permitted under SF	, , , ,	
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relat	r assets held for public exhibition, eding to these items:	fucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art following amounts required to be reported under S		
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		

Par	III Organizations Maintaining Col									
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and othe	r recor	ds, chec	k any of the	e follov	ving that are a	signific	cant us	e of its
а	☐ Public exhibition		d [Loan	or exchang	e prog	rams			
b	☐ Scholarly research		e [
С	☐ Preservation for future generations				••••		••••••			
4	Provide a description of the organization's XIII.	s collections and	d expla	in how t	hey further	the org	anization's exe	empt p	urpose	in Part
5	During the year, did the organization solid									
	assets to be sold to raise funds rather than		ed as p	art of the	e organizatı	on's co	llection?	<u>. </u>	Yes	□ No
Part										
_	Complete if the organization ans 990, Part X, line 21.								t on Fo	orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in Part X	III and complete	the fol	lowing ta	able:	_				
								Amoun	it	
С	Beginning balance					1c				
ď	Additions during the year					1d	_			
е	Distributions during the year					1e				
f	Ending balance	· · · · · ·				<u>_1f</u>				
2a	Did the organization include an amount on									_
	If "Yes," explain the arrangement in Part X	III. Check here if	the ex	planatio	n has been	provide	ed on Part XIII	· · ·	•	.Ц
Par			- F	- 000 F	7 m at 11 / 1 m m	. 10				
	Complete if the organization ans	Current year	(b) Prio		(c) Two years		(d) Three years ba	ck (a)	Four voc	rs back
		Current year	(b) FIIO	year _	(c) Two years	S Dack	(u) Three years ba	ick (e)	- ui yea	IS DACK
1a	Beginning of year balance									
c	Contributions								-	
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f										
	Administrative expenses End of year balance						· · · · · · · · · · · · · · · · · · ·	-		
9 2 ·	Provide the estimated percentage of the ci	urrent year and h	halanaa	lino 1a	Column (a)) bold (
a	Board designated or quasi-endowment	•		ine ig	i, Columni (a)	,, neid i	23.			
h	Permanent endowment ►%		•							
c	Temporarily restricted endowment ▶	%								
·	The percentages on lines 2a, 2b, and 2c sl		%							
3a	Are there endowment funds not in the pos			ation tha	at are held a	and ad	ministered for	the		
	organization by:		- · · · · · ·						Ye	s No
	(i) unrelated organizations							. 3	a(i)	
	(ii) related organizations								ı(ii)	
b	If "Yes" on line 3a(ii), are the related organi								Bb	
4	Describe in Part XIII the intended uses of the		•					_		
Par	VI Land, Buildings, and Equipmen	nt.								
	Complete if the organization ans		n Forr	n 990, F	Part IV, line	11a.	See Form 990), Part	X, line	10.
	Description of property	(a) Cost or other (investment)	basis	(b) Cost o	or other basis ther)	(c) /	Accumulated preciation	•	Book va	
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment	16,	084.				15,210.			874.
e	Other	•					-			
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990,	Part X	column	(B), line 10	c.)	▶			874.

Part VII	Investments—Other Securit Complete if the organization a		m 990. Part IV. line	11b. See Form 99	90. Part X. line 12.
	(a) Description of security or cate (including name of security)	egory	(b) Book value	(c) Method	of valuation: year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(/ -)					
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					······································
	b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Rela		ļ J e	···-	
	Complete if the organization a		m 990. Part IV. line	11c. See Form 99	0. Part X. line 13.
	(a) Description of investmen		(b) Book value	(c) Method	of valuation. year market value
(1)	WIII				
(2)					·
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	15 000 5 14 101	 			
	b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Part IX	Other Assets. Complete if the organization a	answered "Yes" on For	m 990, Part IV, line	11d. See Form 99	00, Part X, line 15.
(4)		(a) Description			(b) Book value
(1)					
(2)					
(4)	 · · · ·				
(5)	 :-				
(6)				-	
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part)	(, col. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization a line 25.	answered "Yes" on For	m 990, Part IV, line	11e or 11f. See F	orm 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes	- 20 0717			
(2)	<u></u> .		i		
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)	•			
	uncertain tax positions. In Part XIII, p		ote to the organization'	s financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a		: .	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e)
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses p	er Re	turn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_1 1	
b	Other (Describe in Part XIII.)	4b			
C				4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	
	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
					~
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Schedule D (Fo	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number 88-0143056 GEOLOGICAL SOCIETY OF NEVADA Pt VI, Line 6: THE GSN HAS APPROXIMATELY 900 MEMBERS Pt VI, Line 7a: THE MEMBERS OF GSN VOTED TO APPROVE THE ESTABLISHMENT OF THE BOARD OF DIRECTORS Pt VI, Line 11b: MEMBERS OF THE BOARD OF DIRECTORS REVIEW FORM 990 BEFORE FILING Pt III, Line 4d: Expenses: \$44,034 Description: MEMBERSHIP EXPENSES: INCURRED IN CONNECTION WITH GEOLOGICAL SEMINARS, SPEAKERS AND SPECIAL EVENTS Pt IX, Line 24e: Description: CREDIT CARD CHARGES Total: \$5,781 Management and general: \$5,781 Description: ADMINISTRATION Total: \$1,069 Management and general: \$1,069 Description: BANK CHARGES Total: \$78 Management and general: \$78 Description: BAD DEBT Total: -\$340 Management and general: -\$340 Description: SYMPOSIUM PRINTING Total: \$3,147 Program services: \$3,147

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
GEOLOGICAL SOCIETY OF NEVADA	88-0143056
Description: SYMPOSIUM FEES	
Total: \$1,349	
Program services: \$1,349	
Description: SYMPOSIUM ADVERTISING	
Total: \$6,167	
Program services: \$6,167	
Description: SYMPOSIUM WEB DESIGN	
Total: \$15,351	
Program services: \$15,351	
······································	
<u></u>	•••••
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part 1

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection 2018

OMB No. 1545-0047

Employer identification number

(f)
Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 88-0143056 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (9) GEOLOGICAL SOCIETY OF NEVADA

Part II

(5)

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling Sentity	(g) Section 512(b)(13) controlled entity?	2(b)(13) silled silled
						Yes	Š
(1) GSN FOUNDATION 88-0447867	PHILANTHROPIC ACTIVITIES NIV	ΛN	501(0)(3)	247	ON.		×
(2)							
(c)							
(4)							
(5)							
(9)	-						
(Δ)							

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

Schedule R (Form 990) 2018

REV 05/17/19 PRO

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 (k) Percentage å ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Yes ŝ General or managing partner? (h) Percentage Yes ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? ŝ (f) Share of total Yes income (g)
Share of end-of- [(C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year (f) Share of total income (d)
| Direct controlling entity tax under sections 512-514) (e)
Predominant
income (related,
unrelated,
excluded from REV 05/17/19 PRO (state or foreign country) (c) Legal domicile (d)

Controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) (b) Pnmary activity (7) (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part IV Part III BAA 2 ල € <u>©</u> Ξ **©** 3 (2) € 9 9 E Ξ

Page 3

	Irganizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	Complete if the organization answered "
Form 990) 2018	Transactions With Related Organizations.
Schedule R (Part V

	2	×		×	×	×	·	×	×	×	×	×	×	×	×	×	×	×	×	×	×	ds.	ved) 2018
3	res		×																			eshol	(d) Method of determining amount involved								Schedule R (Form 990) 2018
		1a	1 p	10	14	4	2	11	1g	1 h	11	1j	1k	11	ᄪ	1n	10	1p	19	 1r	18	on thr	g amou								(For
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	ited ir	,													•						\cdot	redra	c) involv								
	sil su						•	•	•									•				cove	(c) Amount involved								
	izatio		· ·									•	•	:	•	•						ding	•								
	organ		 											•								inck,									
	ated			•	•			•	•				•	•				•			-	s line	action a-s)								
	9		· ·											:					:			te th	(b) Transaction type (a - s)								
	or mo		· ·											:		:		•	:			admo									
	one		 											(s)uc	s)uc							ust co									
	with	,		•								•		nizati	nizatıc	(s)uc		•			\cdot	no or									19 PRO
	strons	antity					•	•	•	•				orga	orgar	nzatic		•	•			on &									REV 05/17/19 PRO
	ansad	rom a controlled entity							•				•	lated	lated	with related organization(s)		•				ation									RE
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	arts I	valtie	ed or	ated	orga	nizati	IIFan			tion(s	tion(s	sets t	sets f	or fun	or fun	sts, o	ganiz	on(s)	ion(s)	ed or	lated	see.	(a) ated or					ŀ			
	d in P	iii)	relate	m re	alated	Orda	5 5	(S)	n(s) .	aniza	aniza	er as	er as	ship (ship (ing li	led o	nızatı	ınizat	relat	m re	"Yes,	(a) Name of related organization								
:	liste	lies (on to	on fro	for re	lated	יים מנת	ation(zatio	d org	d org	or oth	or oth	mber	mber	, mail	rela	orga	dorga	ity to	ity fr	ve is	Name								
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;	1≓a Vear	teres	apital	apita	Juarai	, ביבודי	ם ה	relat	to rela	sets f	sets	es, ec	es, ec	fserv	fserv	ities,	emp	t paid	ıt paic	of cas	of cas	any						ŀ			
.	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 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?	Receipt of (I) interest. (II) annuities. (III) rovalties. or (iv) rent t	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s	Loans or loan quarantees to or for related organization(s)	oans or loan guarantees by related organization(s)	<u></u>	Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)	Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets	Sharing of paid employees with related organization(s)	Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses	Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)	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.									
:	nplet	sipt of	grant	grant	s or l	Jo or	5	fends	of as	hase	lange	e of t	e of 1	ormar	ormar	ing o	ing o	burs	ıburs	r trar	ır trar	ans.									
6	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1. During the tax year did the organization engage in any of the following to	Rece	Gift,	Gift,	Loan	רמט	1 2 8	DIVIG	Sale	Purc	Exc	Leas	Leas	Perf	Perf	Shar	Shar	Rein	Rein	Othe	Q Pr	If the									1/2
	Note		ם	ပ	7	۵	ט	—	6	도		-	¥	-	Ε	_	0	٥	σ	_	S	7		Ð	8		ල	€	(2)	(9)	AA.
I																					1	I		1	_	I	I	-	_		1 00

Schedule R (Form 990) 2018

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

(e)	ē	(2)) E	(9)	ì	(6)	Ξ	0	0	3
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	ָּהֻ קַּי	Share of	Disproportionate	Code V—UBI	General or	Percentage
		country)	unrelated, excluded from tax under	501(c)(3) organizations?				of Schedule K-1 (Form 1065)	partner?	
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(2)										
(8)										
(6)										
(10)										
(11)										
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(13)										
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REV 05/17/19 PRO

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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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