### Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For th	ne 2019 calendar y	ear, or tax year begin	ning		, 2019, a	and ending		, 20
В	Check i	f applicable:	C Name of organizatiorGe	ochemical Soc	iety			D Er	mployer identification number
	Address	s change	Doing business as						52-0783490
П	Name o	hange	Number and street (or P.	O. box if mail is not deliver	ed to street address)		Room/suite	<b>E</b> Te	elephone number
П	Initial re	•	5241 Broad Bran		,				(202)478-8836
Ħ		turn/terminated		vince, country, and ZIP or t	foreign postal code		ı	<b>G</b> G	iross receipts
П		ed return	Washington, DC		iorolgii pootai oodo			\$	1,710,409
Ħ		tion pending	F Name and address of pri		Carrin		H(a) is		turn for subordinates? Yes X No
ш	дрриса			·	Savin		1 ' '		inates included? Yes No
_	_		Same as C above	-	1047( )(4)	1 507			
<u>'</u>				) $\P$ (insert no.)	4947(a)(1) or	527			a list. (see instructions)
<u>J</u>	Websit		eochemsoc.org	🗆				i	ption number
	art I	forganization: X Cor	poration  Trust  Ass	ociation Other		L Year of formati	on: 1990	M State of	f legal domicile: DC
			the ergonization's miss	on or most significat	at activities.				
	1		the organization's miss					<u>ication</u>	n of geochemistry
e		to improvir	ng our understa	nding of the	Earth and so	lar system	m.		
Governance									
/eri	١.	0	<b>.</b> □				050/ 5:: 1		
હ	2		▶ ∐ if the organization						1
ಶ	3		g members of the gove						<del></del>
es	4		endent voting member	-					<u> </u>
Ĭ	5		individuals employed ir						<u> </u>
Activities &	6		volunteers (estimate if						70
_			ousiness revenue from					7	a <u>0</u>
		Net unrelated but	isiness taxable income	from Form 990-T, lin	ne 39 • • • • •		<del></del>	· · ·   7I	b 0
								Year	Current Year
_	8		d grants (Part VIII, line					62,73	5 48,137
an c	9	Program service	revenue (Part VIII, line	e 2g)			. 2,	460,63	9 135,177
Ver	10	Investment incor	me (Part VIII, column (A	A), lines 3, 4, and 7d	)		-	83,04	9 211,325
Revenue	11	Other revenue (F	Part VIII, column (A), Iir	nes 5, 6d, 8c, 9c, 10d	c, and 11e) • • •		-	73,96	5 71,420
	12	Total revenue - a	add lines 8 through 11 (	must equal Part VIII,	, column (A), line 12	2)	. 2,	680,38	8 466,059
	13	Grants and simil	ar amounts paid (Part I	X, column (A), lines	1-3)		-		0_
	14	Benefits paid to	or for members (Part I)		0_				
"	15	Salaries, other c	ompensation, employe		0				
Expenses	16	a Professional fun	draising fees (Part IX, o	column (A), line 11e)			-		0
oen		<b>b</b> Total fundraising	expenses (Part IX, col	umn (D), line 25) 🕨	•	76,773			
ă	17	Other expenses	(Part IX, column (A), lin	nes 11a-11d, 11f-24e	e)		. 2,	255,27	7 485,057
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colum	nn (A), line 25)			255,27	
	19		penses. Subtract line					425,11	
	s						Beginning o		
ets	<u>E</u> 20	Total assets (Par	rt X, line 16)				. 3,	114,22	4 3,389,534
Ass	20 21 22 22 22 22 22 22 22 22 22 22 22 22	Total liabilities (F	Part X, line 26)					143,39	
Net	Ē 22	Net assets or fur	nd balances. Subtract	ine 21 from line 20			. 2,	970,83	
Pa	art II	Signature	Block				-	-	
			that I have examined this retu					and belief, it	is
true	e, correc	t, and complete. Declara	tion of preparer (other than of	icer) is based on all inform	nation of which preparer h	nas any knowledge.	•		T
		Haibo 2	Zou						
Się	gn	Signature of o	officer						Date
He	re	Haibo 2	Zou, Treasurer						
			name and title						
		Print/Type prepare	r's name	Preparer's signature		Date	10	Check	if PTIN
Pa	id	John Mull	ins	John Mullins		07-09-20	<b>I</b>	elf-employed	P01429307
Pro	epare		Mullins,				Firm's Ell		
	e On			consin Avenue	1		Phone no		
				MD 20814					2-770-6371
Ma	the IF	RS discuss this retu	urn with the preparer sh		structions)				

Other Programs - Awards program recognizing major achievements in the field; student workshops and conference travel grants; and meeting assistance program that supports topical workshops and symposia.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? • • • • • • • • • • • • • • • • • • •	2	Х	
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		Х
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		Х
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		Х
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			
7		6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	,		Х
0	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		Х
•	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			Λ
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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	х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E- · · · · · · · · · · · · · · · · · ·	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	140		Х
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		x
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		х
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		x
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	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? If "Yes," complete Schedule I, Parts I and II	21		х

Page 3

9) Geochemical Society
Checklist of Required Schedules (continued) Part IV

			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		х
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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			-
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
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, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	20.0		
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete scriedule in	29		Х
30	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> · · · · · · · · · · · · · · · · · ·	31		x
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		x
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		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? • • • • • • • • • • • • • • • • • • •	35a		х
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	20		<u>.</u> _
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
31	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		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		X
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	x	
Par				·
	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 2			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

19) Geochemical Society

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	х	
	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		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • • • • • • • • • • • • •	4a		х
b	If "Yes," enter the name of the foreign country			
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor? • • • • • • • • • • • • • • • • • • •	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $ \cdots $	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • • • • •	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		
8	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 • • • • • • • • • • • • • • • • • • •			
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			
40	against amounts due or received from them.)	46		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • • • • • • • • • • • • • • • • •	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • • • • • • • • • • • •			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
C 1/1a		140		77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
10	excess parachute payment(s) during the year?	15		v
	If "Yes," see instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • • • • • • • • • • • • • • • • • •	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		Х
	n 100, complete i omi 4120, comodulo O.			

Part VI

9) Geochemical Society 52-0783490
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · 1a 17			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent · · · · · · · · · 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body? · · · · · · · · · · · · · · · · · · ·	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • •	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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 similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion 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), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X    Own website    X    Upon request    □ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization (202)478-8836, 5241 Broad Branch Rd NW, Washington, DC 20015			

Form 990 (2019)

Geochemical Society

52-0783490

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<b>2.</b> • · · · · · · · · · · · · · · · · · ·						,				
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	٠,				han one s both a		Reportable	Reportable	Estimated amount
	hours			•		trustee		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	orc	Inst	Officer	Ke)	Hig em	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ividu	titutic	cer	/ em	hest ploye	mer			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below	ıstee	trust		e	pen				
	dotted line)		ee			sate				
						<u> </u>				
(1) Vickie Bennett	2.00									
Vice President		Х		Х				0	0	0
(2) Laurie Reisberg	2.00									
Past President		Х		Х				0	0	0
(3) Samuel Savin	2.00									
Treasurer		Х		Х				0	0	0
(4) Alexandra Turchyn	2.00									
Secretary		Х		Х				0	0	0
(5) Erdem Idiz	2.00									
Organic Geochemistry Division Chair		Х		Х				0	0	0
(6) Anna Martini	2.00									
Organic Geochemistry Division Secre		Х		Х				0	0	0
(7) Stephen Parman	2.00									
Goldschmidt Officer		Х		Х				0	0	0
(8) Ken Rubin	2.00									
Goldschmidt Officer		Х		Х				0	0	0
(9) Jeff_Catalano	2.00									
GCA Executive Editor		х		Х				0	0	0
(10)Elizabeth_Cottre	2.00									
Director		Х						0	0	0
(11)Naomi Harada	2.00									
Director		Х						0	0	0
(12)Tamsin Mather	2.00									
Director		Х						0	0	0
(13)Claudine_Stirling	2.00									
Director		Х	$\square$					0	0	0
(14)Weidong Sun	2.00									
Director		Х						0	0	0
FFΔ										Form <b>990</b> (2019)

	90 (2019) Geochemical Socie	ty								52-0	078349	90	Pa	age 8
Part	VII Section A. Officers, Directors, Trustees	s, Key Empl	oyees	, and	Ηiς	ghes	st Con	nper	nsated Employees	(continued)				
	<b>(A)</b> Name and title	(B)  Average hours per week (list any hours for related organizations	box	, unles er and	Pos eck m	son i	han one s both a employee	n )	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-MIS	s	con fr orgar	(F) ated amo of other npensation om the nization a	on and
		below dotted line)		al trustee		уее	Highest compensated employee							
(15)Le	sley Warren ctor	2.00	х						0		0			0
(16)Ro	berta Rudnick dent	2.00	х		х				0		0			0
	gali Ader	2.00	x		х				0		0			0
<u>(18)на</u>	ibo Zou													
(19)	surer 				х				0		0			0
<u>(20)</u>														
(21)														
(22)														
(23)														
(24)														
<u>(25)</u>														
1b c	Subtotal	tion A						*						
d	Total (add lines 1b and 1c)										0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		sted a	bove	e) wr	no re	eceive	d mo	ore than \$100,000	ot		-		0
3	Did the organization list any <b>former</b> officer, director	or, trustee, ke	ey em	oloye	e, o	r hig	hest c	omp	pensated		Γ		Yes	No
	employee on line 1a? If "Yes," complete Schedule											3		Х
4	For any individual listed on line 1a, is the sum of rorganization and related organizations greater that	•												
5	individual • • • • • • • • • • • • • • • • • • •											4		Х
	for services rendered to the organization? If "Yes,			-	-			-				5		х
	on B. Independent Contractors													
1	Complete this table for your five highest compens compensation from the organization. Report compensation from the organization.										vear.			
	(A)	<del>, , , , , , , , , , , , , , , , , , , </del>			.c j	-			(B)		, ,	(C)		
	Name and business address								Description of service	ces	Co	ompens	ation	
	Total number of independent contractors (including	a but not lim	itad ta	thos	o lic	tod	abova	ار ماریر (	10					
2	Total number of independent contractors (including received more than \$100,000 of compensation for	-				ied	auuve	<i>y</i> wn	IU					

52-0783490

	Check if Schedule O contains a response or no	te to any line in thi	s Part VIII			[
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	h Total. Add lines 1a-1f	48,137 \$▶ Business Code 900099 900099	48,137 115,384 12,293 7,500	115,384 12,293 7,500		SCCIONS 012-014
<u> </u>	f All other program service revenue		135,177			
	<ul> <li>Investment income (including dividends, interest, a other similar amounts)</li> <li>Income from investment of tax-exempt bond proce</li> <li>Royalties</li> </ul>	eds · · · ▶	68,905			68,905
	6a Gross rents 6a  b Less: rental expenses 6b  c Rental income or (loss)  d Net rental income or (loss)	(ii) Personal	71,420			71,420
Revenue	7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 1,244,350 c Gain or (loss) 7c 142,420	(ii) Other				
Other Re	d Net gain or (loss)		142,420			142,420
	9a Gross income from gaming activities, See Part IV, line 19 · · · · · 9a b Less: direct expenses · · · · · · 9b					
	10a Gross sales of inventory, less returns and allowances					
Miscellanous Revenue	11a b c	Business Code				
Mis R	d All other revenue		466,059	135,177	0	282.745

 $\underline{ \ \, Section\ 501(c)(3)\ and\ 501(c)(4)\ organizations\ must\ complete\ all\ columns.\ All\ other\ organizations\ must\ complete\ column\ (A).}$ 

	check if Schedule O contains a response or note to not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		скропосс	general expenses	эхроноос
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16 · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	230,430	108,835	67,279	54,316
b	Legal	2007100		V./=.v	01,010
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16,888		16,888	
g	Other. (If line 11g amount exceeds 10% of line 25, column	==,		==,,	
•	(A) amount, list line 11g expenses on Schedule O.)	44,449	29,041	8,525	6,883
12	Advertising and promotion	11,820	9,276	1,408	1,136
13	Office expenses	18,267	8,805	4,908	4,554
14	Information technology	==,===	,,,,,,	-,,,,,	_,
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel	11,819	5,591	3,446	2,782
18	Payments of travel or entertainment expenses	==,===	7,000	-,	_,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	75,317	73,586	958	773
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization • • • • • •	702	331	206	165
23	Insurance	9,582	4,526	2,797	2,259
24	Other expenses. Itemize expenses not covered	•	·		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank and Service Charges	3,856	426	62	3,368
b	Dues and Subscriptions	59,155	57,951	667	537
С	Sponsorship	2,772	2,772		
d	-	,	,		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e · ·	485,057	301,140	107,144	76,773
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				
	following SOP 98-2 (ASC 958-720)				

Page 10

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,001,655	1	758,544
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	39,942	4	85,222
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,670	8	2,670
As	9	Prepaid expenses and deferred charges	22,981	9	81,763
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,671			
	b	Less: accumulated depreciation · · · · · · · · · · 10b 5,178	1,195	10c	493
	11	Investments - publicly traded securities	2,045,781	11	2,460,842
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,114,224	16	3,389,534
	17	Accounts payable and accrued expenses	10,898	17	25,332
	18	Grants payable		18	
	19	Deferred revenue	132,494	19	192,911
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iak		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (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	
	26	Total liabilities. Add lines 17 through 25	143,392	26	218,243
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
ces		and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	2,970,832	27	2,973,328
Ba	28	Net assets with donor restrictions		28	197,963
pur		Organizations that do not follow FASB ASC 958, check here			
ŗ.		and complete lines 29 through 33.			
0 8	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	2,970,832	32	3,171,291
	33	Total liabilities and net assets/fund balances	3,114,224	33	3,389,534

Form	1 990 (2019) Geochemical Society	52-078	3490		Page 1≱
Pa	rt 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)	. 1		466	,059
2	Total expenses (must equal Part IX, column (A), line 25)			485	,057
3	Revenue less expenses. Subtract line 2 from line 1	- 3		(18	,998)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	- 4		2,970	,832
5	Net unrealized gains (losses) on investments	. 5		219	,457
6	Donated services and use of facilities	- 6			
7	Investment expenses	. 7			
8	Prior period adjustments	- 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	- 10		3,171	,291
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🗌
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a	х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	2b x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	▼ Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2c x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		[ 3	За	х
h	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the				

#### **SCHEDULE A**

#### **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.

OMB No. 1545-0047 2019

Open to Public Inspection

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

Geochemical Society 52-0783490 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

990 or 990-EZ) 2019 Geochemical Society 52-0783490 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2019 Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
_	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities, etc. (s		•			12	
13	First five years. If the Form 990 is for the or	-			-	•	· · · ·
	organization, check this box and stop here						▶ ∐
	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 6, c					14	%
	Public support percentage from 2018 Sched					15	%
16a	33 1/3% support test - 2019. If the organiza						_
	box and <b>stop here.</b> The organization qualified			-			_
r	33 1/3% support test - 2018. If the organiza						
47-	this box and <b>stop here</b> . The organization qu	-	•	-			_
1/a	10%-facts-and-circumstances test - 2019.	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact			-	· ·		ortea 💆 🗆
	organization						···· ▶ ∐
ľ	0 10%-facts-and-circumstances test - 2018.						ııne
	15 is 10% or more, and if the organization m					<u>-</u>	ali alı
	Explain in Part VI how the organization mee						
10	supported organization						
18	<b>Private foundation.</b> If the organization did r						
	instructions	<u> </u>					· · · · • L

52-0783490

#### Geochemical Society Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	198,480	85,715	123,863	62,735	48,137	518,930
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	110,494	489,076	207,829	2,460,639	135,177	3,403,215
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 -						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	<b>Total.</b> Add lines 1 through 5	308,974	574,791	331,692	2,523,374	183,314	3,922,145
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	200	330	1,000			1,530
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	200	330	1,000			1,530
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						3,920,615
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6	308,974	574,791	331,692	2,523,374	183,314	3,922,145
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
<b>L</b>	royalties, and income from similar sources	115,407	62,963	69,683	83,049	71,420	402,522
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	115 105			00.010		400 500
	Net income from unrelated business	115,407	62,963	69,683	83,049	71,420	402,522
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)	424,381	637,754	401 375	2,606,423	254,734	4,324,667
14	First five years. If the Form 990 is for the or	rganization's fir	st. second. thir				
	organization, check this box and stop here						
Se	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8, c			column (f)) .		15	90.66 %
16	Public support percentage from 2018 Sched	lule A, Part III, I	ine 15			16	91.68 %
_	ction D. Computation of Investment In					<u>,                                    </u>	
	Investment income percentage for 2019 (line			ne 13, column	(f))	17	9.00 %
	Investment income percentage from 2018 S					18	8.00 %
	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	•	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	•	_	-	-		-

#### Part IV

#### **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.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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.
- 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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part VI 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.
- 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 **Part VI**, 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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 Part VI.
  - 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 Part VI.
  - 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.
- 10a 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	'		
	2		
	3a		
	3b		
)	JU		
,	3с		
	4a		
	4a		
	4b		
	4c		
	-		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	35		
	9с		
	10a		
A /F	10b	66-	
A (Fo	rm 990	or 990-l	EZ) 2019

52-0783490

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019 Geochemical Society

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 52-0783490

	Type in Non-1 unctionally integrated 309(a)(3) Supporting Of			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		• •	
	instructions. All other Type III non-functionally integrated supporting organized	zatio	ns must complete Section	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior 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			
CC	llection of gross income or for management, conservation, or			
m	aintenance 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		
800	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
Sec	tion B - Millimum Asset Amount		(A) FIIOI feai	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in <b>Part VI</b> ):			
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,			
se	e 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		
Sec	tion 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		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
er	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	inte	grated Type III supporting	organization (see
	instructions).			

EEA Schedule A (Form 990 or 990-EZ) 2019

8 Breakdown of line 7: a Excess from 2015

**b** Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 . . . .

. . . .

	ule A (Form 990 or 990-EZ) 2019 Geochemical Society		52-078	<b>3490</b> Page
Par	<i>y y y y y y y y y y</i>	) Supporting Organi	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes	s of supported organiza	tions	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		(11)	<b>/**</b>
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			

EEA Schedule A (Form 990 or 990-EZ) 2019

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury

### **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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

OMB No. 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer identification number
Geo	chemical Society		52-0783490
Pa		unds or Other Similar Funds or Acc	ounts.
	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 advisors in w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organizati	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ad		
	only for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	t II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a d	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		<u> </u>
	tax year 🕨		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	nolds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	atement, and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and t	palance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthe	erance of public
	service, provide, in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ince of public service,
	provide the following amounts relating to these items:		
	(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, historical trea	_	ain, provide the
	following amounts required to be reported under FASB ASC 9 $$	•	
а	Revenue included on Form 990, Part VIII, line 1 · · · · ·		· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

	ule D (Form 990) 2019 Geochemical Soc					52-078			ge <b>2</b>
Pai	rt III Organizations Maintaining	Collections of	Art, Histor	rical Treasure	es, or O	her Similar A	Assets (d	ontinu	ıed
3	Using the organization's acquisition, accession	n, and other records	, check any of	the following that	make sign	ificant use of its			
	collection items (check all that apply):								
а	Public exhibition		d 🗌	Loan or exchang	e program	s			
b	Scholarly research		е 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they furth	er the organizatio	n's exemp	t purpose in Part			
	XIII.								
5	During the year, did the organization solicit or	receive donations of	art, historical	treasures, or othe	er similar				
	assets to be sold to raise funds rather than to		irt of the organ	nization's collectio	n?		· Yes	; <u> </u>	No
Pai	rt IV Escrow and Custodial Arra								
	Complete if the organization	answered "Yes"	on Form 99	90, Part IV, lin	e 9, or re	eported an am	nount on	Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia						_	_	
	included on Form 990, Part X?						Yes	s 📙	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:			-			
						Ar	nount		
С	Beginning balance					:			
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						_	=	No
b_	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has b	peen provided on	Part XIII			. 📙	
Pai	rt V Endowment Funds.								
	Complete if the organization	answered "Yes"	on Form 99	90, Part IV, lin	e 10.				
		(a) Current year	(b) Prior ye	ar (c) Two ye	ars back	(d) Three years back	(e) Four	years ba	ck
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses · · · · · · · · · · · · · · · · · ·								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre			nn (a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment >9	6							
С	Term endowment • %								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are he	eld and administer	ed for the		i	,	
	organization by:							Yes	No
	(i) Omerated organizations						- 3a(i)		
	()						- 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	•		e R? • • • • •			- 3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Pai	rt VI Land, Buildings, and Equip		an Farra 00	00 David IV III	- 11 - 0	Fawar 000	Dawl V II	40	
	Complete if the organization								١.
	Description of property	(a) Cost or oth	I '	o) Cost or other basis		Accumulated	( <b>d</b> ) Boo	k value	
	11	(investme	=11L)	(other)	de	epreciation			
1a	Land	• •							
b	Buildings	• •							
С	Leasehold improvements	• •							
d	Equipment	• •		5,671		5,178		4	93
<u>e</u>	Other		V (5)	<i>I</i> 40					
ıotal	I. Add lines 1a through 1e. (Column (d) must e	quai ⊢orm 990, Part	x, column (B),	ııne 10c.) • • •		•		4	93

Schedule D (Form		ety			52-	0783490	Page 3
Part VII	Investments - Other Securities.  Complete if the organization answere	d "Yes" on For	m 990, Parl	t IV, line 11I	o. See Form	n 990, Part X, li	ne 12.
	(a) Description of security or category (including name of security)		( <b>b)</b> Book va		(c	e) Method of valuation:	
(1) Financial of	derivatives					<del>-</del>	
` '	eld equity interests						
(3) Other	• •						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.	)					
Part VIII	Investments - Program Related.					000 D 11/1	4.0
	Complete if the organization answere	d "Yes" on For	m 990, Parl	t IV, line 110	c. See Form	1990, Part X, III	ne 13.
	(a) Description of investment		(b) Book va	lue		e) Method of valuation: end-of-year market valu	e
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 13.	) · · · · · <b>&gt;</b>					
Part IX	Other Assets.  Complete if the organization answere	d "Voo" on For	000 Dar	+ IV / line 114	d Coo Form	OOO Dort V II	no 15
	· · · · · · · · · · · · · · · · · ·		111 990, Pan	t iv, line i it	a. See Foili		
(1)	(a) D	escription				(b) Book	value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.	)					
Part X	Other Liabilities.						<u> </u>
	Complete if the organization answere line 25.	d "Yes" on For	m 990, Parl	t IV, line 11e	e or 11f. See	e Form 990, Pa	rt X,
1.	(a) Description of liability	(b) Book v	ralue				
(1) Federal i	income taxes	, ,					
(2)							
(3)							
(4)							
(5)							
(6)			· · ·				
(7)	·						
(8)							
(9)							
Total. (Column (	(b) must equal Form 990, Part X, col. (B) line 25.) • 🕨						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) • ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII - - - - - 🕱 3

Sched	ule D (Form 990) 2019 Geochemical Society		5:	2-078349	90 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nent	s With Revenue pe	er Returr	١.
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements • • • • • •			1	668,628
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	219,457		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			

4a

219,457

449,171

16,888

466,059

3

16,888

#### c Add lines 4a and 4b ..... 4c Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	468,169
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	468,169
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 16,888		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	16,888
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	485,057
Pa	rt XIII Supplemental Information.		

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

01. Footnote for uncertain tax position under FIN 48 (Part X)

d Other (Describe in Part XIII.)

a Investment expenses not included on Form 990, Part VIII, line 7b .....

b Other (Describe in Part XIII.)

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Add lines 2a through 2d ......

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, The Society may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of The Society and various positions related to the potential sources of unrelated business income tax (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being

EEA Schedule D (Form 990) 2019

EEA Schedule D (Form 990) 2019

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Geochemical Society

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

52-0783490

01. Management duties delegation (Part VI, line 3)
The Society does not have its own payroll - staff are paid thru an unrelated organization.
All operational decisions are made by the Society's Board and staff.
02. Members or stockholder classes and rights (Part VI, line 6)
Members pay annual dues which have different dues rates for professionals, students, , and
seniors. Voting rights for members does not vary among membership categories.
03. Member election for additional members (Part VI, line 7a)
A nominating committee produces a slate of candidates on an annual basis. The board
approves the nominees and are posted on-line for membership voting.
04. Governing body decisions (Part VI, line 7b)
Certain governing body decisions are subject to membership approval.
05. Form 990 governing body review (Part VI, line 11)
The 990 is prepared by an independent accountant and reviewed in detail with the Society's
staff and Treasurer before it is provided to the full board for review.
06. Conflict of interest policy compliance (Part VI, line 12c)
Potential conflicts are immediately brought to the Board's attention. Anyone with a
potential conflict is precluded from debating or voting on the matter.
07. Governing documents, etc, available to public (Part VI, line 19)
The Society's by-laws, board minutes and 990 are posted on the Society's website.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	Employer identification number
Geochemical Society	52-0783490
08. List of other fees for services expenses (Part IX, line 1	lg)
Publications \$2,297	
Conference \$7,881	
Honorarium \$4,250	
41 000	
Meeting Assistance \$11,000	
Other \$3,613	
Other \$3,013	