Fogm 990

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 black lung benefit trust or private foundation)

The organization may	y have to use a	copy of this return t	to satisfy state re	porting requirements

OMB No 1545-0047
2004
2004
Open to Public
Open to Public Inspection

A F	or the 2	004 calendar year, or tax year beginning		and	ending			
Bo	heck if	Please C Name of organization				D Employ	yer identification num	ber
—	Addres	use IRS INTERNATIONAL ASSOCIA		POC	c	22	-7337381	
1]change]Name]change	type Number and street (or P.O. box if mail is no			Room/suite		one number	
]Initial]return	Specific PO BOX 442504		1030)			85)842-609	2
F	Final	Instruc- tions City or town, state or country, and ZIP + 4					ng method X Cash	Accru
	Amend Jamend		3939				er ecify)	
	Applica	tion • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	trusts	H and I are not ap	_	section 527 organiz	ations.
		must attach a completed Schedule A (Form 99	0 or 990-EZ).		H(a) Is this a group		<u> </u>	s XI
<u>a v</u>	ebsite:	WWW.IAMG.ORG			H(b) If "Yes," enter r			
0	rganiza	tion type (check only one) \blacktriangleright X 501(c) (3) (insert	no) 4947(a)(1) or	52		s included?	N/A 🗌 Ye	s 🗔 I
(C	heck he	re 🕨 🥅 If the organization's gross receipts are norm	ally not more than \$25,0	00. The	(if "No," attach H(d) is this a separa	a list.) ate return fil	ed by an or-	
		ion need not file a return with the IRS; but if the organizat			ganization cov	ered by a gr	roup ruling? Ye	s 🗶 I
<u> </u>	the ma	II, It should file a return without financial data. Some state	es require a complete re	eturn.	I Group Exempt			
							nization is not require	ed to attac
		ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	124,		Sch. B (Form 9	990, 990-EZ	', or 990-PF).	,
Pa	rt I	Revenue, Expenses, and Changes in N		nd Bal	ances			
	1	Contributions, gifts, grants, and similar amounts receive	: d:	1	1			
	8	Direct public support		18				
	b	Indirect public support		<u>1b</u>				
	C	Government contributions (grants)					[~
	d	Total (add lines 1a through 1c) (cash \$	noncas			- ′ –		0
	2	Program service revenue including government fees and	I contracts (from Part VI	II, line 93)	•			,680
	3	Membership dues and assessments					3 32	,585
	4 E	Interest on savings and temporary cash investments Dividends and interest from securities			•		5 23	<u>458</u> ,496
	5 6 a	Gross rents	•	6a	1		<u> </u>	,490
	b	Less: rental expenses		<u>6</u>				
	C	Net rental income or (loss) (subtract line 6b from line 6a					Be	
	7	Other investment income (describe		SEE	STATEMENT		7	182
Revenue	-	Gross amount from sales of assets other	(A) Securities		(B) Other	*/	<u>' </u>	102
	•••	than inventory		8a			ţ	
č,	Ь	Less: cost or other basis and sales expenses		8b				
	c	Gain or (loss) (attach schedule)		8c			-	
·	d	Net gain or (loss) (combine line 8c, columns (A) and (B))}				3d (
	9	Special events and activities (attach schedule). If any am		heck here				
	a	Gross revenue (not including \$						
		reported on line 1a)		<u>9a</u>				
	b	Less: direct expenses other than fundraising expenses		9b				
	C	Net income or (loss) from special events (subtract line 9	b from line 9a)	,	1	_9	e	
	10 a	Grpss sales ging on the purns and allowances Less: cost of goods sold		102			Ì	
	b	Less: cost of doors sold		105				
	C	Gross profit or (loss) from sales of in the ory (attach sch	edule) (subtract line 10b	b from line	e 10a)	1	0c	
	11	Oth BeveniAtro 0 P9t 2009 105					11	
	12	Total revenue (add lines 1d, 2, 3, 4	2, and 11)					,401
S	13	Program services (from line 44, column (B))				· –		,876
Expenses	14	Munagement and general (from line 44, column (C))			•••••••			,063
ğ	15	Fundraising (from line 44, column (D))		•	•		15	
ш	16	Payments to affiliates (attach schedule)					6 70	020
+	<u>17</u> 18	Total expenses (add lines 16 and 44, column (A)) Excess or (deficit) for the year (subtract line 17 from line						<u>,939</u>
<u>_</u>	10	Net assets or fund balances at beginning of year (from h		-				<u>,462</u> ,614
INEL	20	Other changes in net assets or fund balances (attach exp		SEE	STATEMENT	· –		<u>, 614</u> , 182
A	21	Net assets or fund balances at end of year (combine line		066	OTAT BRENT			<u>, 104</u> , 258 .
	1-05		,, unu EU/					<u>, 4, , 0, 4</u>

				L GEOLOGY	C/O GINA ROS	<u>s 23-7</u>	337381
Ρ	art II	Statement of All or Functional Expenses and (ganız 4) org	ations must complete colum janizations and section 4947	n (A). Columns (B), (C), and (a)(1) nonexempt charitable	d (D) are required for section e trusts but optional for oth	on 501(c)(3) Page 2 iers.
Ť		include amounts reported on line , 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22		nd allocations (attach schedule)				and general	
	(cash \$_	noncash \$	22				
23	Specific	assistance to individuals (attach schedule)	23				
		paid to or for members (attach schedule)	24				
		sation of officers, directors, etc.	25	0.	0.	. 0.	0.
		laries and wages	26				
		plan contributions	27				
		iployee benefits	28				
	Payroll ta		29				
	Accounti	onal fundraising fees	<u>30</u> 31	2,815.		2,815.	
	Legal fee	•	32	4,015.		2,015.	
	Supplies		33				
	Telephor	· · · · ·	34				
	•	and shipping	35				
	Occupan		36				
		nt rental and maintenance	37			···· ·	
		and publications	38	34,388.	34,388.		
39	Travel		39	25,657.	25,488.	169.	
40	Conferen	ces, conventions, and meetings	40				
41	Interest		41				
42	Deprecia	tion, depletion, etc. (attach schedule)	42				
		penses not covered above (itemize):					
	-	RACT LABOR	43a	6,170.		6,170.	
		STMENT	<u>43b</u>				
		NSE/BANKING FEES	43c	1,261.		1,261.	
d	<u>COMP</u>	UTER EXPENSES	<u>43d</u>	648.		648.	
e	Total funct	ional expenses (add lines 22 through 43).	<u>43e</u>	TO 000			
		ional expenses (add lines 22 through 43), s completing columns (B)-(D), carry these totals to lines 13-15	_	70,939.	59,876.	11,063.	0.
		Check 🕨 🛄 if you are following SOP 9			anta dun (B) Dua ana anu d		
		costs from a combined educational campa (i) the aggregate amount of these joint co					Yes X No
					iv) the amount allocated to	-	,
P	art III	nt allocated to Management and general \$ Statement of Program Servi	ce /	Accomplishments	IN THE ALLOUIT ALOCATED TO	ruilui aisiliy a	
		ganization's primary exempt purpose?			3		
••••		gamzator o primary oxompt purpood.			<u> </u>	·	Program Service
All o	rganizations	a must describe their exempt purpose achievemen	ts in a	clear and concise manner State t	he number of clients served, put	plications issued, etc. Discuss	Expenses (Required for 50 1(c)(3) and
	ations to ot	nat are not measurable (Section 501(c)(3) and (4) or hers)	ganiza	tions and 4947(a)(1) nonexempt c	haritable trusts must also enter t	he amount of grants and	(4) orgs , and 4947(a)(1) trusts, but optional for others)
а	SEE	STATEMENT 4					
					irants and allocations \$)	0.
b		ASSOCIATION PUBLISH				P	
		CLES AND INFORMATIC					
		ERATION IN THE APPI			<u>E OF MATHEMA</u>	TICS IN	
		OGICAL RESEARCH ANI			irants and allocations \$)	34,388.
С		ASSOCIATION PUBLISH					
		RNATIONAL COOPERATI					
	MATH	EMATICS IN GEOLOGIC	<u>:AL</u>	RESEARCH ANI		•	•
قہ	m11777	AGOATAMTON CONTOS			irants and allocations \$)	0.
đ		ASSOCIATION SPONSOR				JTE THE	
		ICATION AND USE OF		THEMATICS IN	GEOFOGICAL		
	KEOE	ARCH AND TECHNOLOGY	•				DE 400
P	Other pro	gram services (attach schedule)			rants and allocations \$	}	25,488.
		Program Service Expenses (should equal)	ine 4				59,876.
4230							Form 990 (2004)

08300428 766445 273

ı

MATHEMATICAL GEOLOGY C/O GINA ROSS

Part IV Balance Sheets

		re required, attached schedules and amounts with Id be for end-of-year amounts only.	in the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		22,481.	45	51,806
	46	Savings and temporary cash investments	F	77,922.	46	61,531
	10		F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		01/001
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
- I	4 9	Grants receivable	_		49	
	50	Receivables from officers, directors, trustees,				
2		and key employees	⊦ I ⊨	···· · · · · · · · · ·	50	
Assets	51 a	•	<u>51a</u>			
	b	Less: allowance for doubtful accounts	51b		510	
	52 50	Inventories for sale or use Prepaid expenses and deferred charges	· -		52	
	53 54	Investments - securities STMT 5 STMT	6 ► Cost X FMV	579,211.	53 54	622,921
	55 a	Investments - land, buildings, and		575,211.	34	022,921
	JJ a	equipment basis	55a			
			004			
	b	Less: accumulated depreciation	55b		55c	
	56	Investments - other			56	
	57 a	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation	57b		57c	
	58	Other assets (describe 🕨)		58	
	<u>59</u>	Total assets (add lines 45 through 58) (must equal line	2 (4)	679,614.	59	736,258
	60 61	Accounts payable and accrued expenses	·		60 61	
	62	Grants payable Deferred revenue	· · · · +		62	·····
	63	Loans from officers, directors, trustees, and key emplo			63	
		Tax-exempt bond liabilities	, joos		64a	
LIADIIITIES		Mortgages and other notes payable	F		64b	
- 1	65	Other liabilities (describe ►			65	
		·	· · · · · · · · · · · · · · · · · · ·			
	66	Total liabilities (add lines 60 through 65)		0.	66	0
	Organ		and complete lines 67 through			
σ		69 and lines 73 and 74.				
ĕΙ	67	Unrestricted		679,614.	67	736,258
aia	68	Temporarily restricted			68	
	69 0	Permanently restricted			69	
	Urgan	izations that do not follow SFAS 117, check here	and complete lines		ŀ	
5	70	70 through 74.			70	
21	70 71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipm	pent fund		70	
n n	72	Retained earnings, endowment, accumulated income, of			71	
5	72 73	Total net assets or fund balances (add lines 67 through			14	
		•		679,614.	73	736,258
z		column (A) must equal line 19; column (B) must equal	line 211		/3/	/] D / D Z

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

423021 01-13-05

	IONAL ASSOCIA		5000	~~ =~~=	201 Dama
Form 990 (2004) MATHEMAT	ICAL GEOLOGY	C/O GINA	conciliation of Ex	<u>23-7337</u>	<u>381</u> Page 4 Nudited
Financial Statements wit	h Revenue per	Fin	ancial Statement	s with Expe	nses per
a Total revenue, gains, and other support		a Total expenses	and losses per		/-
per audited financial statements	a N/A	audited financi	al statements ded on line a but not on	► <u>a</u>	N/A
b Amounts included on line a but not on		line 17, Form 9	990:		
line 12, Form 990:		(1) Donated servic and use of faci			
 (1) Net unrealized gains on investments 		(2) Prior year adju	•		
(2) Donated services		reported on lin			
and use of facilities \$		Form 990	\$		
(3) Recoveries of prior		(3) Losses reporte	ed on	[]	
year grants \$		line 20, Form 9		[]	
(4) Other (specify):		(4) Other (specify)	:		
\$			\$		
Add amounts on lines (1) through (4)	b	1	on lines (1) through (4)	► b	
c Line a minus line b	C	c Line a minus li		► <u> </u>	
d Amounts included on line 12, Form 990 but not on line a:		d Amounts inclue 990 but not on	ded on line 17, Form line a:		
(1) Investment expenses		(1) Investment exp	Denses	}	
not included on		not included or	-		
line 6b, Form 990 \$		line 6b, Form 9			
(2) Other (specify):		(2) Other (specify)	: •		
Add amounts on lines (4) and (9)		Add amounto o	55		
Add amounts on lines (1) and (2) e Total revenue per line 12, Form 990	d		on lines (1) and (2) per line 17, Form 990		
(line c plus line d)	e	(line c plus line			
Part V List of Officers, Directors, T	Frustees, and Key E			insated.)	
(A) Name and address			to (If not paid, enter	(D) Contributions to employee benefit plans & deferred	
		position	-0)	compensation	other allowances
SEE ATTACHED LIST					
		1 +	0.	. 0	. 0.
			v		
				[
				·	·
					•
				<u>+</u>	+
					}
					_
				+	<u> </u>
					1
				1	
				1	
				1	
75 Did any officer, director, trustee, or key employee re					
organizations, of which more than \$10,000 was pro	vided by the related organization	ations? If "Yes," attach s	schedule. 🕨 🔄 Yes	X No	
423031 01-13-05		4			Form 990 (2004)

· ·

INTERNATIONAL	ASSOCIATION	FOR	

	990'(2004) MATHEMATICAL GEOLOGY C/O GINA ROSS 23-7337	<u>'381</u>		Page 5
Pa	t VI Other Information		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
h	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 -	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		x
	If "Yes," attach a statement			
90 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			1
OU a	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		x
L		000		
D	If "Yes," enter the name of the organization	1		
	and check whether it is a exempt or in onexempt.	1		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	7		
b	Did the organization file Form 1120-POL for this year?	<u>81b</u>		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			Í
	fair rental value?	<u>82a</u>		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II. (See instructions in Part III.)	ł		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<u>83a</u>	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	L	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	ŀ		
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.	ł		
C	Dues, assessments, and similar amounts from members	ł		İ
d	Section 162(e) lobbying and political expenditures 85d N/A	T		l I
- A	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	1		ĺ
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		1
v h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
00	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	0011		\vdash
86		1		
		ł		
87		1		
Đ	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
	· · · · · · · · · · · · · · · · · · ·	ŧ		1
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			ĺ
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	ł	l	ł
	section 4911▶O.; section 4912▶O.; section 4955▶O.	}		ſ
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			1
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b	l	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			~
	sections 4912, 4955, and 4958			<u>0.</u>
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed NONE		··	
b	Number of employees employed in the pay period that includes March 12, 2004			0
91	The books are in care of ► GINA ROSS Telephone no. ► (785)8	42-	609	2
	Located at ► PO BOX 442504, LAWRENCE, KS ZIP+4 ► 6	604	4	
				<u> </u>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		▶[
	and enter the amount of tax-exempt interest received or accrued during the tax year P 92	<u>N/</u>	_	
42304 01-13-		For	n 990	(2004)
	5	• - -		_

. .

08300428 766445 273 2004.05010 INTERNATIONAL ASSOCIATION F 273___1

Form 990		EMATICAL	GEOLO	GY C/O GI	NA RO	<u>DSS 23-7</u>	7337381 Page 6
		· · · · · · · · · · · · · · · ·				ed by section 512 513 or 514	
	•	rwise		1			(E)
			Business		Exclu-		
-			code		code		function income
a <u>E</u> E	UCATIONAL PUBLI	CATION					
ь <u>RC</u>	YALTIES						67,680.
C							
A	·····						
f Medi	care/Medicard payments						
	••				-++		
		Jencies .					20 505
						450	32,585.
		investments					
					14	23,496.	
97 Net re	ental income or (loss) from real es	tate:					
a debt-	financed property						
b not d	ebt-financed property						
98 Net re	ental income or (loss) from person	al property		1			
99 Other	investment income				18	182.	
	•						
	-		· · · · · · · · · · · · · · · · · · ·				
		• •					
	Tevenue.						
					╋╌╋		
b							
C							
d							
e			_				
104 Subto	otal (add columns (B), (D), and (E))		0		24,136.	100,265.
105 Total	(add line 104, columns (B), (D), a	nd (E))					124,401.
Note: Line	105 plus line 1d, Part I, shoul	d equal the amou	int on line 1	2, Part I.			
Part VI	II Relationship of Act	ivities to the <i>l</i>	Accompl	ishment of Exem	pt Purp	DOSES (See page 34 of the II	istructions.)
Line No.	Explain how each activity for wh	uch income is repor	rted in colum	n (F) of Part VII contribut	ed imnorta	intly to the accomplishment of	the organization's
V							
94					G TTO	THE ASSOCTATE	ON
<u></u>					<u> 10</u>	THE ADDOCIAL	
Dent IV	Information Regard	ing Tayable S	Subeidiar	ies and Disregar	dod En	tition (Saa page 34 of the up	atructions)
Partix							
		Percentage of		Nature of activities		Total income	End-of-year
partr	ership, or disregarded entity						assets
			_				
	N/A						
		9	6.				
		9	6				
Part X	Information Regard	ing Transfers	Associa	ted w			
••	• • • • •	• •	-	2.			
••	• • • •	•••	•				
Pert VIII Analysis of Income -Producing Activities (Sep pag 33 of the naturations). Interlief program service revenue: 9 Program service revenue: Unrelief business bottme (0) 9 DCYALTIES (0) (0) 9 DCYALTIES (0) (0) 9 Modeated (0) (0) 9 DCYALTIES (0) (0) 9 Modeated (0) (0) 9 Modeated Adultation (September 2000) (0) (0) 9 Head Contracts from government approve (1) (1) 9 Head Contracts from government approve (1) (1) 9 Head Contracts from government approve (1) (1) (1) 9 Head Contracts from government approve (1) (1) (1) (1) 9 Head Contracts from government approve (1) (1) (1) (1) (1) 9 Other meating and tempory stati investments (1) (1) (1) (1) (1) 9 Other meating and tempory stati investments (1) (1) (1) (1) (1) 9 Other meating and tempory stati investments (1) (1) (1) (1) (1)							
-	Simoly Simoly	ove		v a			
nere	▼ Signature of officer			Date			
Paid	Preparer's 🕨 🦯 🕠	2					
		3					
•		HAL, SING	GLETON	, WE			
USE OILY	self-employed), 900 MA						
423161 01-13-05		CE, KS 60					

Department of the Treasury Internal Revenue Service	B) <u>°</u>	омв № 1545-004 2004					
Name of the organization	INTERNATIONAL ASSOCIATIO				Employer identification num		
Part I Compen		/O GINA ROSS		23 73373			
	sation of the Five Highest Paid Emplo of the instructions. List each one. If there are none, enter		icers, Directo	ors, and trus	tees		
	nd address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account an allowan		
<u>NONE</u>		_					
		-					
		-					
Total number of other empl	loyees paid						
		0					
over \$50,000 Part II Compens	sation of the Five Highest Paid Indepe	endent Contractors for	or Profession	al Services			
Part II Compens	sation of the Five Highest Paid Independent of the instructions. List each one (whether individuals or			al Services			
Part II Compens (See page 2 c		firms). If there are none, enter			c) Compens		
Part II Compens (See page 2 c (a) Name a	of the instructions. List each one (whether individuals or	firms). If there are none, enter ' han \$50,000	'None.")		c) Compens		
Part II Compens (See page 2 c (a) Name a	of the instructions. List each one (whether individuals or and address of each independent contractor paid more the	firms). If there are none, enter ' han \$50,000	'None.")		c) Compens		
Part II Compens (See page 2 c (a) Name a	of the instructions. List each one (whether individuals or and address of each independent contractor paid more the	firms). If there are none, enter ' han \$50,000	'None.")		c) Compens		
Part II Compens (See page 2 c (a) Name a	of the instructions. List each one (whether individuals or and address of each independent contractor paid more the	firms). If there are none, enter ' han \$50,000	'None.")		c) Compens		
Part II Compens (See page 2 c (a) Name a	of the instructions. List each one (whether individuals or and address of each independent contractor paid more the	firms). If there are none, enter ' han \$50,000	'None.")		c) Compens		
Part II Compens (See page 2 c (a) Name a	of the instructions. List each one (whether individuals or and address of each independent contractor paid more the	firms). If there are none, enter ' han \$50,000	'None.")		c) Compens		
Part II Compens (See page 2 c (a) Name a	of the instructions. List each one (whether individuals or and address of each independent contractor paid more the	firms). If there are none, enter ' han \$50,000	'None.")		c) Compens		
Part II Compens (See page 2 c (a) Name a	of the instructions. List each one (whether individuals or and address of each independent contractor paid more the	firms). If there are none, enter ' han \$50,000	'None.")		c) Compens		

. .

Part III Statements About Activities (See page 2 of the instructions.)		Yes	N
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$\$	1		x
 Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 7 			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	26		x
c Furnishing of goods, services, or facilities?	20		x
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2đ	x	
e Transfer of any part of its income or assets?	2e		x
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how SEE STATEMENT 8	3a	x	
b Do you have a section 403(b) annuity plan for your employees?	<u>3b</u>		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	. 4a		x
	4b		l x

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,
- and state ► 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).
- (Also complete the Support Schedule in Part IV-A.)
 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in:

 (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

 Provide the following information about the supported organizations, (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the in	nstructions.)

8

423111

Schedule A (Form 990 or 990-EZ) 2004

08300428 766445 273

Schedule A (Form 990 or 990-EZ) 2004 MATHEMATICAL GEOLOGY C/O GINA ROSS 23-7337381 Page 3 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the account to accounting.

Cala	ndar year (or fiscal year	e worksneet in the inst I	ructions for converting	from the accrual to the	e cash method of acco	unting.
begiı	nning in) 🔪 🕨	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16	Membership fees received	39,638.	41,754.	35,512.	37,038.	153,942.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	60,627.	56,397.	58,764.	56,311.	232,099.
18	Gross income from interest, dividends, amounts received from payments on securities loans (sec- tion 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		25,058.	29,273.	31,903.	109,244.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gaın or (loss) from sale of capital assets	1,000.	2,069.	SEE STATEME 10.	NT 9 25.	3,104.
23	Total of lines 15 through 22	124,275.			125,277.	498,389.
24	Line 23 minus line 17	63,648.	68,881.		68,966.	266,290.
25	Enter 1% of line 23	1,243.	1,253.	1,236.	1,253.	
26	Organizations described on lines 10				► 26a	N/A
b	Prepare a list for your records to sho				nmental	
	unit or publicly supported organization	on) whose total gifts for 2	000 through 2003 excee	ded the amount shown in	line 26a.	
	Do not file this list with your return.	Enter the total of all thes	e excess amounts		► 26b	N/A
C	Total support for section 509(a)(1) to	est: Enter line 24, column	(e)		► 26c	N/A
d	Add: Amounts from column (e) for lin		.,			
		22	26b		► 26d	N/A
e	Public support (line 26c minus line 2	6d total)			► 26e	N/A
<u> </u>	Public support percentage (line 26e	e (numerator) divided by	line 26c (denominator))		► 26f	N/A %
27	Organizations described on line 12: records to show the name of, and to such amounts for each year:			ualified person." Do not fil		
b	(2003) 0 For any amount included in line 17 th and amount received for each year, th described in lines 5 through 11, as w the larger amount described in (1) or	hat was received from eac hat was more than the lan rell as individuals.) Do not	h person (other than "dis ger of (1) the amount of file this list with your re	qualified persons"), prepa n line 25 for the year or (2 turn. After computing the	re a list for your records t 2) \$5,000. (Include in the difference between the a	o show the name of, list organizations
_	(2003) . 0	• (2002)	0. (20	001)	0. (2000)	0.
C	Add: Amounts from column (e) for line 172	nes: 15 32,099. 20	<u>.</u>	16 <u>153, 9</u> 21	<u>942.</u> ► 27c	386,041.
đ	Add: Line 27a total		d line 27b total		0. ► 27d	0.
e	Public support (line 27c total minus l	line 27d total)			► 27e	386,041.
f	Total support for section 509(a)(2) to	•	23, column (e)	► 27f	498,389.	
g	Public support percentage (line		,		► 27g	77.4578%
•	Investment income percentage					21.9194%
28 L	Jnusual Grants: For an organization o show, for each year, the name of the our return. Do not include these grant	described in line 10, 11, contributor, the date and is in line 15.	or 12 that received any u amount of the grant, and	nusual grants during 200	0 through 2003, prepare a	a list for your records
	1 12-03-04	N	ONE		Schedu	le A (Form 990 or 990-EZ) 2004
			9			

08300428 766445 273

.

	INTERNATIONAL ASSOCIATION FOR			
Sche	dule A (Form 990 or 990-EZ) 2004 MATHEMATICAL GEOLOGY C/O GINA ROSS 23-	733738	31 I	Page 4
Pa	rt V Private School Questionnaire (See page 7 of the instructions.)	N/		
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
			Voc	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		100	
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	ł		
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
				t i
		-		ł
		— I	ł	1
		— I		ł
32	Does the organization maintain the following:	-		ł
2	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	ł	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
- c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		-	
•	admissions, programs, and scholarships?	32c		[
đ		32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	020	<u>}</u>	
				ł
			}	
33	Does the organization discriminate by race in any way with respect to:	— Į		
2	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
- h	Scholarships or other financial assistance?	33d	<u> </u>	
ں م	Educational policies?	33e	<u> </u>	
9 4	Use of facilities?	. <u>33</u> f		<u> </u>
	Athletic programs?			<u> </u>
у г	Other extracurricular activities?	33g		<u> </u>
u	•••••••••••••••••••••••••••••••••••••••	<u>33h</u>		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		— I		
~ /		—		•
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	<u>34a</u>		
b	• • • • • • • • • • • • • • • • • • • •	<u>34b</u>		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	[
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2004

423131 11-24-04

.

.

INTERNATIONAL	ASSOCIATION	FOR
---------------	-------------	-----

È	Schedule A (For	m 990 or 990-E2)2004 <u>MA'I</u>	<u>HEMATICA</u>	<u>L GEOLOG</u>	<u>Y C/O</u>	GINA	ROSS	
I	Part VI-A	Lobbying	Expenditu	res by Elect	ing Public C	harities (Se	e page 9 of t	he instructions	:)

	(To be completed ONLY b	y an eligible organization that filed Form 5768)	,000	page o oi		N/A
Ch	eck 🕨 a 🔛 if the organization belon	gs to an affiliated group. Check 🕨	b 🗌	if you che	ecked "a" and "limited contr	ol" provisions apply.
_		Lobbying Expenditures tures' means amounts paid or incurred.)			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38 39	Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 3 Other exempt purpose expenditures	a legislative body (direct lobbying)		36 37 38 39	N/A	
40 41	Total exempt purpose expenditures (add Lobbying nontaxable amount. Enter the	, .		40		
	If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000	The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000	~	41		
42	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter 25			42		
43 44	Subtract line 42 from line 36. Enter -O- if Subtract line 41 from line 38. Enter -O- if	• •		43		
	Suburace mile 4 i north mile 30. Eliter -0- II	mie 4 nas more man mie 30		44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

			Lobbying Ex	penditures During 4-Yea	r Averaging Period		N/A
	endar year (or al year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
45	Lobbying nontaxable amount					<u> </u>	0.
46	Lobbying ceiling amount (150% of line 45(e))						0.
47	Total lobbying expenditures						0.
48	Grassroots nontaxable amount						0.
49 	Grassroots ceiling amount (150% of line 48(e))						0.
	Grassroots lobbying expenditures						0.
P		Activity by Nonelect only by organizations that div			ctions.)		N/A
Dur	ing the year, did the organizat	ion attempt to influence nati	onal, state or local legislatic	on, including any attempt	to		
	ience public opinion on a legis				Yes	No	Amount
8	Volunteers						
b	Paid staff or management (In	clude compensation in expe	nses reported on lines c th	rough h.)			
C	Media advertisements						
d	Mailings to members, legislat	tors, or the public					
e	Publications, or published or						
f	Grants to other organizations						
g							
h			s, lectures, or any other me	ans			
i					L		0.
h	Grants to other organizations Direct contact with legislators Rallies, demonstrations, sem Total lobbying expenditures (If "Yes" to any of the above, a	s, their staffs, government of mars, conventions, speeche Add lines c through h .)	s, lectures, or any other me	ans			0.

11

423141 11-24-04

08300428 766445 273

Schedule A (Form 990 or 990-EZ) 2004

23-733738

Page 5

N/A

INTERNATIONAL ASSOCIA	ATION	FOR
-----------------------	-------	-----

Schedule A (Form 990 or 990-EZ) 2004 MATHEMATICAL GEOLOGY C/O GINA ROSS 23-7337381 Page 6 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Page 6

Exempt Organizations (See page 11 of the instructions.)

51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section
	501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
- b Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exe	empt organization	(d) Description of transfers, transactions, and sharing arrangements
·				
		<u> </u>	<u> </u>	
Co	the organization directly or in ode (other than section 501(c) 'Yes," complete the following s)(3)) or in section 527?	ne or more tax-exempt orga	anizations described in section 501(c) of the
	(a Name of or		(b) Type of organization	(c) Description of relationship
				· · · · · · · · · · · · · · · · · · ·
	·····	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990 or 990-EZ) 2004

Yes

51a(i)

a(ii)

b(i) b(ii)

b(iii)

b(iv)

b(v)

b(vi)

C

N/A

No

Х

х

х

х

423151 11-24-04



International Association for Mathematical Geology Members of Council, 2004-2008

Officers and Members of Executive Committee President. Frits P Agterberg Vice-President: Nick Fisher Treasurer Gina Ross Secretary General Clayton V Deutsch

Past President Graeme F. Bonham-Carter Past Secretary General: Carol Gotway Crawford

Ordinary Councilors Antonella Buccianti Qiuming Cheng Roussos Dimitrakopoulos Brigitte Doligez Ian Jackson Maria João Pereira

IGC Councilor: Felix Gradstein

Non-Voting Members

Editor-in-Chief of Mathematical Geology: Edwin Sharp Editor-in-Chief of Computers & Geosciences: Graeme F Bonham-Carter Editor-in-Chief of Natural Resources Research Dan F. Merriam

Invited Observers

Webmaster: Eric Grunsky Editor of IAMG Newsletter Harald S. Poelchau Editor of Monograph Series: JoAnne De Graffenreid

IAMG Office Pamela Lyons

Addresses (in alphabetical order)

Frits P. Agterberg

Geological Survey of Canada 601 Booth Street Ottawa, Ontario K1A 0E8 Canada Tel +1 613 996 2374 Home Tel +1 613 728 0473 Fax +1 613 996 3726 E-mail: agterber@NRCan gc ca

Graeme F. Bonham-Carter Geological Survey of Canada

Geological Survey of Canada 601 Booth Street Ottawa, Ontario K1A 0E8 Canada Tel +1 613 996 3387 Fax +1 613 996 3726 E-mail: gbonhamc@NRCan gc ca

Antonella Buccianti

Dipartimento di Scienze della Terra Università di Firenze Via La Pira 4 - 50121 Firenze, Italy Tel: +39 55 2757496 Fax: +39 55 284571 E-mail buccianti@unifi it

Qiuming Cheng

Dept. of Earth and Space Science and Engineering York University

International Association for Mathematical Geology - Members of Council, 2000-2004

4700 Keele Street Toronto, Ontario M3J 1P3 Canada Tel +1 416 736 2100 (Ext. 22842) Fax +1 416 736 5817 E-mail quming@yorku ca

aiso

LEMR Lab, China University of Geosciences Tel 86-1387-1563-488 Fax 86-27-6788-5096 E-mail qiuming@cug edu cn

Jo Anne DeGraffenreid

P O Box 353 Baldwin City, KS 66006-0353 U.S A E-mail msdeg@mchsi.com

Clayton V. Deutsch

University of Alberta 204C Civil/Electrical Eng. Bidg Edmonton, Alberta T6G 2G7 Canada Tel: +1 780 492 9916 Fax: +1 780 492 0249 E-mail: cdeutsch@ualberta ca

Roussos Dimitrakopoulos

W H Bryan Mining Geology Research Centre The University of Queensland Brisbane Qid 4072 Australia Tel: +61 7 3365 3472 Fax +61 7 3365 7028 E-mail: roussos@uq edu au

Brigitte Doligez

Institut Français du Pétrole 1 et 4 avenue de Bois Preau 92506 Rueil-Malmaison, Cedex, France Tel +33 1 4752 7211 Fax +33 1 4752 7067 E-mail Brigitte Doligez@ifp fr

Nick Fisher

ValueMetrics Suite 251, 184 Blues Point Road McMahons Point, NSW 2060 Australia Tel: +61 2 9922 1623 / +61 407 017 016 Fax. +61 2 9922 1635 E-mail: nif@valuemetrics.com.au

Carol A. Gotway Crawford

National Center for Environmental Health MS E70 1600 Clifton Road NE Atlanta, GA 30333 U.S A. Tel. +1 404 498-1061 Fax +1 404 498-1066 E-mail. cdg7@cdc gov

Felix M. Gradstein

Geological and Paleontological Museum University of Oslo Sars'gate 1, N-0562, Oslo Norway Tel +47 22 851 663 Fax +47 22 851 832 E-mail felix gradstein@nhm uio no

Eric Grunsky Geological Survey of Canada 601 Booth Street Ottawa, Ontario K1A 0E8 Canada

Tel[:] +1 613 992 7258 Fax +1 613 996 3726

E-mail egrunsky@iamg org

Michael Ed. Hohn West Virginia Geological Survey 1 Mont Chateau Rd Morgantown, WV 26508-8079 USA Tel +1 304 594 2331 Fax +1 304 594 2575 E-mail· hohn@geosrv wvnet edu Web page http://www.wvgs wvnet edu/www/hohn/

lan Jackson

British Geological Survey Kingsley Dunham Centre, Keyworth Nottingham, U K NG12 5GG Tel +44 115 936 3214 Fax. +44 115 936 3269 E-mail ij@bgs ac uk

Pamela Lyons

4 Cataraqui Street, Suite 310 Kingston, Ontario K7K 1Z7 Canada Tel +1 613 544 6878 Fax +1 613 531 0626 E-mail pylons@eventsmgt.com

Dan F. Merriam

Kansas Geological Survey University of Kansas 1930 Constant Avenue Lawrence, KS 66047 U S A Tel: (785) 864-2127 Fax: (785) 864-5317 E-mail: dmerriam@kgs.ukans edu

Ricardo A. Olea

507 Abilene Street Lawrence, KS 66047 U S A Tel: +1 785 864 2095 E-mail olea@unc edu

Maria João Pereira

Instituto Superior Técnico - CMRP Av. Rovisco Pais 1049-001 Lisboa Portugal Tel: +351 2184 17831 Fax: +351 2184 17389 E-mail: maria pereira@ist.utl pt

Harald S. Poelchau

10773 Lanett Cırcle Dallas, TX 75238 U S A Tel: +1 214 221 1080 E-mail: h.poelchau@iamg.org

Gina A. Ross

IAMG, c/o Gina Ross PO Box 442504 Lawrence, KS 66044-8939 USA Tel: +1 785 842 6092 E-mail gr_iamg@hotmail.com

W. Edwin Sharp

Department of Geology University of South Carolina Columbia, SC 29208 U S A Tel: +1 803 728 2323 Fax +1 803 777 6610

E-mail: editor@math geol sc edu

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
MUTUAL FUND	CAPITAL GAIN DISTRIBUTION	18	82.
TOTAL TO FORI	M 990, PART I, LINE 7	18	82.
FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED GA	AIN (LOSS) ON INVESTMENTS	3,18	32.
TOTAL TO FORM	M 990, PART I, LINE 20	3,18	32.
FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3

EXPLANATION

PROMOTION OF INTERNATIONAL COOPERATION IN THE APPLICATION AND USE OF MATHEMATICS IN GEOLOGICAL RESEARCH AND TECHNOLOGY.

FORM 990

DESCRIPTION OF PROGRAM SERVICE ONE THE ASSOCIATION PROVIDES AWARDS TO RECOGNIZE SENIOR SCIENTISTS FOR CAREER ACHIEVEMENTS AND MID-CAREER SCIENTISTS FOR EXCEPTIONAL POTENTIAL AND PROVEN RESEARCH ABILITY, AND TO RECOGNIZE STUDENT RESEARCH. GRANTS EXPENSES TO FORM 990, PART III, LINE A 0. FORM 990 NON-GOVERNMENT SECURITIES STATEMENT OTHER PUBLICLY TOTAL CORPORATE CORPORATE TRADED NON-GOV'T SECURITY DESCRIPTION COST/FMV STOCKS BONDS SECURITIES SECURITIES MUTUAL FUNDS 622,921. 622,921. FMV TO FORM 990, LINE 54, COL B 622,921. 622,921. FORM 990 GOVERNMENT SECURITIES STATEMENT U.S. STATE AND TOTAL GOV'T GOVERNMENT LOCAL GOV'T COST/FMV DESCRIPTION SECURITIES US TREASURY BONDS 0. FMV TOTAL TO FORM 990, LINE 54, COL B 0. = = SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH STATEMENT SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OFFICERS, EDITOR AND WEBMASTER ARE REIMBURSED FOR CONFERENCE TRAVEL AND OTHER EXPENSES INCURRED FOR THE ASSOCIATION.

4

5

6

7

STATEMENT

INTERNATIONAL ASSOCIATION FOR MATHEMATIC

. .

•

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 8 PART III, LINE 3

THE AWARDS COMMITTEE OF THE ASSOCIATION SEEKS NOMINATIONS AND SELECTS RECIPIENTS. MEMBERS OF THE AWARDS COMMITTEE ARE INELIGIBLE TO RECEIVE ANY AWARDS WHILE SERVING ON THE COMMITTEE.

SCHEDULE A	OTHER INC	OME	STATEMENT 9		
DESCRIPTION	2003 Amount	2002 Amount	2001 AMOUNT	2000 Amount	
MISCELLANEOUS	1,000.	2,069.	10.	25.	
TOTAL TO SCHEDULE A, LINE 22	1,000.	2,069.	10.	25.	