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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**2015****Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2015 calendar year, or tax year beginning , 2015, and ending , 20**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Geologic TimeScale Foundation, Incorporated**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

1224 North Salisbury Street

City or town, state or province, country, and ZIP or foreign postal code

West Lafayette, IN 47906-2416**D** Employer identification number**26-4196918****E** Telephone number**765-743-0400****F** Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ <https://engineering.purdue.edu/Stratigraphy/> and www.tscreator.org**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

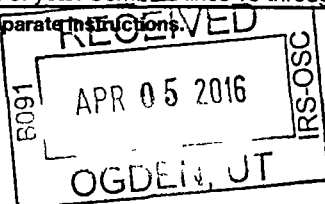
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	68,751.22
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b			
c	Less: direct expenses from gaming and fundraising events 6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d			
7a	Gross sales of inventory, less returns and allowances 7a			
b	Less: cost of goods sold 7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8	Other revenue (describe in Schedule O) 8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		68,751.22	
Expenses	10	Grants and similar amounts paid (list in Schedule O) 10		113,776.11
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12		
	13	Professional fees and other payments to independent contractors 13		
	14	Occupancy, rent, utilities, and maintenance 14		
	15	Printing, publications, postage, and shipping 15		80.09
	16	Other expenses (describe in Schedule O) 16		457.22
17	Total expenses. Add lines 10 through 16 ▶ 17		114,313.42	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		(45,562.20)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		241,437.47
	20	Other changes in net assets or fund balances (explain in Schedule O) 20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		195,875.27

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2015)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	241,437.47	22 195,875.27
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	241,437.47	25 195,875.27
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	241,437.47	27 195,875.27

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? Scientific and educational purposes

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

28 <u>Purdue University, Dept Earth & Atmos and Dept. Computer Engineering programs in Earth-history research:</u> <u>Research assistantships - 3 undergraduate (1 Colombia; 2 China), 4 graduate (2 Latino; 1 China; 1 Banglades)</u> (Grants \$ <u>100,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	100,000
29 <u>Research support for foreign researchers and Travel support for workshops to International audiences</u> <u>Summer research fellowship to 1 Chinese graduate student and an assistant for field work in Germany</u> <u>2 workshops (Brazil universities; USA Geological Society of America annual meeting Baltimore)</u> (Grants \$ <u>9,569.30</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	9,569.30
30 <u>Travel grants for students and foreign researchers</u> <u>2 graduate students (2 China) for geological climate workshop in Sicily, Italy</u> <u>1 graduate student (China) to give presentation at USA Geol. Soc. America annual meeting (Baltimore)</u> (Grants \$ <u>3,706.81</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	3,706.81
31 <u>Other program services (describe in Schedule O)</u> (Grants \$ <u>500</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	500
32 <u>Total program service expenses (add lines 28a through 31a)</u>	32	113,776.11

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>James G. Ogg (West Lafayette, IN 47906)</u> <u>professor, and Exec. Director of Foundation</u>	<u>8</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Felix Gradstein (Nat. History Museum, Oslo, Norway)</u> <u>professor, and Chair of Foundation</u>	<u>8</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Gabi M. Ogg (West Lafayette, IN 47906)</u> <u>Secr./Treasurer of Foundation</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Brian Huber (Smithsonian Inst., Washington, DC)</u> <u>Board member</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Miriam Katz (Rensselaer Institute, Troy, NY 12180)</u> <u>professor, and Board member</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Linda Hinnov (George Wash. Univ.; DC)</u> <u>professor, and Board member</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Erik Anthonissen (Statoll, Norway)</u> <u>Board member</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Adam Lugowski (San Francisco)</u> <u>Board member</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

Yes No

33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____	37a		
b	Did the organization file Form 1120-POL for this year?	37b		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____	38b		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a _____	39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____	39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ Indiana			
42a	The organization's books are in care of ▶ Gabriele M. Ogg Telephone no. ▶ 765-743-0400 Located at ▶ 1224 North Salisbury Street, West Lafayette, IN 47906-2416 ZIP + 4 ▶ 47906-2416			
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<input checked="" type="checkbox"/>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<input checked="" type="checkbox"/>

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ Yes ☒ No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** 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 **47** ☐ Yes ☒ No
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ No
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer James G. Ogg Date 25 Mar 2016
 James G. Ogg, Executive Director
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Geologic TimeScale Foundation, Incorporated

Employer identification number

26-4196918

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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)**.
- 4 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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)(vii)**. (Complete Part II.)
- 9 ☐ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **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 ☐ **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.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	178,706.00	83,381.95	180,780.00	149,248.99	68,751.22	660,868.16
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	178,706.00	83,381.95	180,780.00	149,248.99	68,751.22	660,868.16
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)						147,913.80
6 Public support. Subtract line 5 from line 4.						512,954.36

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	178,706.00	83,381.95	180,780.00	149,248.99	68,751.22	660,868.16
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						660,868.16
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	78 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	80 %
16a 33¹/₃% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Geologic TimeScale Foundation, Incorporated

Employer identification number

26-4196918

Part 1, Line 10 -- Grants and similar amounts: TOTAL = \$113,776.11

(1) Purdue University, Dept Earth & Atmos/Computer Eng. programs in Earth-history research (undergrad/graduate support) = \$100,000

Research assistantships - 3 undergraduate students (1 Colombia; 2 Chinese), 4 graduate students (2 Latino; 1 Chinese; 1 Bangladesh)

Includes research support to analyze samples at other university laboratories; travel to meetings; etc. -- by those students

(2) Travel grants for students and foreign researchers: TOTAL = \$3,706.81 [International airfare; local transit; registrations; hotel-food]

Mingsong LI (Johns Hopkins Univ., MD) -- \$1458.19 for workshop in Sicily, plus \$351.70 to visit Purdue Univ. to give reports

Yang (Wendy) Zhang (Purdue Univ., IN) -- \$904.20 for workshop in Sicily

Plus \$994.52 to give reports on her research at Geol.Soc.Amer. meeting (Baltimore) and at U.S. Geol. Survey (Washington, DC)

(3) Research support (summer) for graduate students: TOTAL = \$6,461.25 [International airfare; local transit; field gear; hotel-food]

Yang (Wendy) Zhang (Purdue Univ., IN) and field assistant = research on past climate changes at German geologic borehole center

(4) Travel support to scientists giving workshops or outreach programs to international audiences. TOTAL = \$3,108.05

Felix Gradstein (Norway) to give workshop in Brazil (and attend Foundation board meeting in Baltimore) = \$1409.00

Drs. James and Gabi Ogg (USA) to give TSCreator workshop (and attend Foundation board meeting) in Baltimore = \$1699.05

(5) Donation to Geologic Society of America Foundation for student-research fund = \$500

Part 1, Line 15 -- Printing, publications, postage and shipping: TOTAL = \$80.09

Printer cartridges (Office Depot \$21.31; Best Buy \$36.36) and US Postal Service (\$22.42)

Part 1, Line 16 -- Other expenses (excluding printing, postage): TOTAL = \$457.22

(1) Internet (Dropbox account), and Indiana fees = total of \$103.28

(2) Bank fees for international incoming/outgoing wires and "other bank service fees" (seems unfair) = total of \$343.94

Schedule B -- Only those contributors that gave over \$5000 are listed. Other contributions are from Gabi Ogg (\$316.67)